COVID-19

Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who Operate a Group Practice of Regulated Health Professionals)

Issued under Section 77.7 of the *Health Protection and Promotion Act* (HPPA), R.S.O. 1990, c. H.7

WHEREAS under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health careentity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND HAVING REGARD TO the emerging evidence about the ways COVID-19 transmits between people as well as the potential severity of illness it causes in addition to the declaration by the World Health Organization (WHO) on March 11, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario;

AND HAVING REGARD TO the potential impact of COVID-19 on the work of regulated healthprofessionals, the need to protect regulated health professionals in their workplaces, and the need to prioritize patients with urgent needs in the work that regulated health professionals undertake;

AND HAVING REGARD TO the rise of variants of concern in Ontario which compared to people infected with the earlier variants is resulting in more people with COVID-19 and an increasing number being hospitalized;

AND HAVING REGARD TO the need to take steps to optimize protection and to take a precautionary approach for the emerging and more transmissible COVID-19 Omicron variant of concern (B.1.1.529) in light of the uncertainty around the mechanisms for increased transmissibility for this variant and of its rapid replacement of previous variants of the COVID-19 virus in Ontario;

AND HAVING REGARD TO the need to ramp down non-emergent or non-urgent surgeries and procedures in order to preserve system capacity to deal effectively with COVID-19 with the rapid spread of the Omicron variant of concern;

I AM THEREFORE OF THE OPINION that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

AND DIRECT pursuant to the provisions of section 77.7 of the HPPA that:

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Date of Issuance: January 4, 2022

Effective Date of Implementation: January 5, 2022

Issued To:

Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals, referenced in paragraph 1 of the definition of "health care provider or health care entity" in section 77.7(6) of the *Health Protection and Promotion Act* including Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals in a Hospital within the meaning of the *Public Hospitals Act*, in a private hospital within the meaning of the *Private Hospitals Act*, or in an independent health facility within the meaning of the *Independent Health Facilities Act*. * Health Care Organizations must provide a copy of this directive to the co-chairs of the JointHealth & Safety Committee or the Health & Safety Representative (if any)

Introduction:

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31, 2019, the World Health Organization (WHO) was informed of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus(COVID-19) was identified as the causative agent by Chinese authorities on January 7, 2020.

On March 11, 2020 the WHO announced that COVID-19 is classified as a pandemic virus.This is the first pandemic caused by a coronavirus.

On March 19th, 2020, May 26th, 2020, and April 20th, 2021, Directives were issued, or re-issued, to require health care providers to temporarily cease non-emergent and non-urgent surgeries and procedures in response to earlier pandemic waves.

On November 28, 2021, the first case of the more transmissible Omicron variant of concern (B.1.1.529) was detected in Ontario. There is emerging evidence of community spread of the Omicron variant and it is rapidly increasing daily case counts of COVID-19 in Ontario. Hospitalizations are also increasing.

Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the COVID-19 Reference Document for Symptoms dated January 4th, 2022 or as amended. Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

Variants of Concern

The recent increase in cases of COVID-19 in Ontario are being driven by the Omicron variant of concern. Recent data and evidence estimate the Omicron variant is four to eight times more infectious than the Delta variant, and that two doses of a COVID-19 vaccine provides 70% protection against hospitalization with Omicron variant compared with 90% against the Delta variant.

Further, recent data and evidence has highlighted significant changes in the trajectory of the COVID-19 pandemic. Specifically, cases are at the highest level since the start of the pandemic (>18,000 per day) and a continued acceleration in cases, and increased hospitalizations are expected throughout January 2022. New data demonstrates two doses of a COVID-19 vaccine provide only some protection against severe Omicron infection, and three doses are needed for better protection.

COVID-19 threatens health system ability to deal with hospital admissions and the ability to care for all patients.

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The following steps are required immediately of regulated health professionals or persons who operate a group practice of regulated health professionals in a hospital within the meaning of the *Public Hospitals Act*:

- All non-emergent or non-urgent surgeries and procedures should be ceased. Emergent and urgent surgeries should continue, in an effort to reduce and prevent patient morbidity and mortality.
- All non-emergent or non-urgent diagnostic imaging and ambulatory clinical activity should be ceased, unless directly related to the provision of emergent or urgent surgeries and procedures or to pain management services.

The following steps are required immediately of regulated health professionals or persons who operate a group practice of regulated health professionals in other settings including but not limited to a private hospital within the meaning of the *Private Hospitals Act* or in an independent health facility within the meaning of the *Independent Health Facilities Act*:

- All non-emergent or non-urgent surgeries and procedures should be ceased. Emergent or urgent surgeries should continue, in an effort to reduce and prevent patient morbidity and mortality.
    - Generally, a surgery or procedure for the purpose of this Directive (in a setting other than a hospital within the meaning of the *Public Hospitals Act*) is a surgery or procedure that meets the following three criteria* (the "Three Criteria"):
        - Requires surgical nursing support OR
        - Requires general anesthesia health human resource support OR
        - Carries a risk of resulting in the use of emergency medical services or other hospital services due to serious intra-operative or post-operative complications
            - If the surgery or procedure meets any of the Three Criteria, it must be urgent or emergent in order to proceed.
            - Dental settings outside public hospitals. For these settings, a surgery for the purpose of this Directive in a major procedure (e.g., osteotomies, use of rigid fixation) that carries a substantive risk of resulting in the use of emergency medical services or other hospital services, or procedures that require a sedation or anesthetic team. If the surgery in a dental setting meets these criteria, it must be urgent and emergent in order to proceed.

Guidance in Implementing the Directive:

- Regulated health professionals are in the best position to determine what are urgent or emergent surgeries and procedures, diagnostic imaging and ambulatory clinical activity in their specific health practice and should rely on evidence and guidance where available.
- In making decisions regarding the cessation or postponement of non-emergent or non-urgent surgeries and procedures, diagnostic imaging and ambulatory clinical activity, regulated health professionals should be guided by their regulatory College, and the following principles:

1. Proportionality. Decisions to postpone non-emergent or non-urgent surgeries and procedures, diagnostic imaging and ambulatory clinical activity should be proportionate to the real or anticipated capacity needed to maintain the health and human resources to deliver essential and urgent health services across the system.
2. Minimizing Harm to Patients. Decisions should strive to limit harm to patients. Surgeries and procedures, diagnostic imaging and ambulatory clinical activity that have higher implications for morbidity/mortality if delayed for longer periods of time should be prioritized over those with fewer implications for

morbidity/mortality if delayed for a longer period of time. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to manage symptoms and relieve pain and suffering.

3. Equity. Equity requires that all persons with the same clinical needs should be treated in the same way unless relevant differences exist (e.g., different levels of clinical urgency), and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.

4. Reciprocity. Certain patients and patient populations may be particularly burdened as a result of deferring non-emergent or non-urgent surgeries and procedures, diagnostic imaging and ambulatory clinical activity. Patients should have the ability to have their health monitored, receive appropriate alternative care, and receive care if their medical condition changes and their need becomes urgent or emergent.

- Decisions regarding the cessation or postponement of non-emergent or non-urgent surgeries and procedures, diagnostic imaging and ambulatory clinical activity should be made using processes that are fair and transparent to all patients.
- All patients should continue to have access to other health services, including services that are peripheral to surgical services, such as diagnostic services directly related to the provision of emergent or urgent surgical and procedural care or pain management services.

As this outbreak evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take to protect health care providers and patients. This willcontinue to be done in collaboration with health system partners and technical experts from Public Health Ontario and with the health system.

Questions

Health Care Workers may contact the Ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Health Care Workers are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.

Kieran Moore, MD, CCFP (EM), FCFP, MPH, DTM&H, FRCPC, FCAHS

Chief Medical Officer of Health