COVID-19

Directive #5 for Hospitals within the meaning of the *Public Hospitals Act*

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

THIS DIRECTIVE REPLACESTHE DIRECTIVE #5 ISSUED ON MARCH 30, 2020. THE DIRECTIVE #5 ISSUED ON MARCH 30, 2020 IS REVOKED AND THE FOLLOWING SUBSTITUTED:

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 care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND WHEREAS, under section 77.7(2) of the HPPA, for the purposes of section 77.7(1), the CMOH must consider the precautionary principle where in the opinion of the CMOH there exists or there may exist an outbreak of an infectious or communicable disease and the proposed directive relates to worker health and safety in the use of any protective clothing, equipment or device;

AND HAVING REGARD TO the emerging evidence about the ways this virus 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 the technical guidance provided by Public Health Ontario on scientific recommendations by the WHO regarding infection prevention and control measures for COVID-19 which is required to be followed by health care providers and health care entities, including hospitals, in Directive #1, dated March 12, 2020 and revised on March 30, 2020;

AND HAVING REGARD TO the precautionary principle, which in my opinion has been met, in that this directive will protect health care workers' health and safety in the use of any protective clothing, equipment and device in public hospitals and the failure to adhere to this directive may put worker health and safety at risk;

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:

COVID-19 #1 for Public Hospitals within the meaning of the *Public Hospitals Act*

Date of Issuance: March 31, 2020

Effective Date of Implementation: March 31, 2020

Issued To: Public hospitals within the meaning of the *Public Hospitals Act* referenced in section 77.7(6), paragraph 4 of the *Health Protection and Promotion Act*.

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.

Related Directive

On March 12, 2020 I issued a Directive on Personal Protective Equipment (PPE) which directed the use of droplet and contact precautions for the routine care of patients with suspected or confirmed COVID-19, and airborne precautions when aerosol generating medical procedures (AGMPs) are planned or anticipated on patients with suspected or confirmed COVID-19. That Directive was revoked and replaced with Directive #1 dated March 30, 2020.

To the extent that anything in this Directive conflicts with Directive #1, this Directive prevails.

On March 17, 2020 the Premier and Cabinet declared an emergency in Ontario under the *Emergency Management and Civil Protection Act* due to the outbreak of COVID-19 in Ontario and Cabinet made emergency orders to implement my recommendations of March 16, 2020.

Symptoms of COVID-19

Symptoms range from mild – like the flu and other common respiratory infections – to severe, and can include:

- fever
- cough
- difficulty breathing

Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

There are no specific treatments for coronaviruses, and there is no vaccine that protects against coronaviruses. Most people with common human coronavirus illnesses will recover on their own.

Required Precautions and Procedures

All public hospitals must immediately implement the following precautions and procedures, consistent with the Joint Statement: COVID-19 and Health and Safety Measures, Including Personal Protective Equipment (attached as Appendix 1) as applicable to nurses represented by the Ontario Nurses Association employed by Public Hospitals:

- A point-of-care risk assessment (PCRA) must be performed by every health care worker ("worker") before every patient interaction in a public hospital.
- If a worker determines, based on the PCRA, and based on their professional and clinical judgement, that health and safety measures may be required in the delivery of care to the patient, then the public hospital must provide that worker with access to the appropriate health and safety control measures, including an N95 respirator. The public hospital will not unreasonably deny access to the appropriate PPE.
- At a minimum, contact and droplet precautions must be used by workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.
- All workers who are within two metres of suspected, presumed or confirmed COVID-19 patients shall have access to appropriate PPE. This will include access to: surgical/procedure masks, fit tested NIOSH-approved N-95 respirators or approved equivalent or better protection, gloves, face shields with side protection (or goggles), impermeable or, at least, fluid resistant gowns.
- The PCRA should include the frequency and probability of routine or emergent Aerosol Generating Medical Procedures (AGMPs) being required. N95 respirators, or approved equivalent or better protection, must be used by all health care workers in the room where AGMPs are being performed, are frequent or probable, or with any intubated patients. AGMPs include but are not limited to; Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio pulmonary resuscitation, bronchoscopy, sputum induction, non-invasive ventilation (i.e. BiPAP), open respiratory/airway suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices (e.g. ARVO, optiflow) and autopsy.
- The Public Hospital's Organizational Risk Assessment must be continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures. This must be communicated to the Joint Health and Safety Committee including the review of the hospital environment when a material change occurs.
- Hospitals must assess the available supply of PPEs on an ongoing basis. Public hospitals must explore all available avenues to obtain and maintain a sufficient supply.
- In the event that the supply of PPEs reach a point where current supplies are anticipated to last for only 30 days (i.e. a shortage), or where utilization rates indicate that a shortage

will occur, the government and employers, as appropriate, will be responsible for developing contingency plans, in consultation with ONA, to ensure the safety of health care workers.

- Public hospitals must provide all workers with information on safe utilization of all PPE and employees must be appropriately trained to safely don and doff all PPE.

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

Questions

Hospitals and HCWs 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.

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

David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health

Appendix 1

Joint Statement: COVID-19 and Health and Safety Measures, including Personal Protective Equipment

Protecting the health and safety of health care workers and the patients they care for is an imperative for hospitals and the Ontario Nurses' Association (ONA). During the current COVID-19 pandemic, it is critical that the appropriate steps are taken to protect the health and safety of all health care workers, patients and the public in Ontario, utilizing the precautionary principle and preventing exposure to and transmission of COVID-19. It is also important to ensure that appropriate health and safety measures, including administrative and engineering controls and Personal Protective Equipment (PPE) are utilized, while also preserving supplies of specialized equipment for when they are required to safely provide care.

This joint statement issued by Chief Medical Officer of Health (CMOH), Ministry of Health (MOH), Ministry of Labour, Training and Skills Development (MLTSD), and ONA is intended to provide clarity on the approach in Ontario's hospital system. The parties acknowledge that they are guided by appropriate public health advice including consideration of the guidance on PPE usage from Public Health Ontario.

The parties agree to the following health and safety standards for front-line health care workers in Ontario's hospitals dealing with suspected, presumed, or confirmed COVID-19 patients:

1.A point-of-care risk assessment (PCRA) must be performed before every patient interaction. If a health care worker determines, based on their professional and clinical judgement that health and safety measures may be required in the delivery of care to the patient, then the worker shall have access to the appropriate health and safety control measures, including an N95 respirator. The employer will not unreasonably deny access to the appropriate PPE.

2.At a minimum, contact and droplet precautions must be used by health care workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.

3.All health care workers who are within two metres of suspected, presumed or confirmed COVID-19 patients shall have access to appropriate PPE. This will include access to: surgical/procedure masks, fit tested NIOSH-approved N-95 respirators or approved equivalent or better protection, gloves, face shields with side protection (or goggles), impermeable or, at least, fluid resistant gowns.

The employers commit to provide all health care workers with information on safe utilization of all PPE and employees shall be appropriately trained to safely don and doff all of these supplies.

4.The PCRA should include the frequency and probability of routine or emergent Aerosol Generating Medical Procedures (AGMPs) being required. N95 respirators, or approved equivalent or better protection, must be used by all health care workers in the room where AGMPs are being performed, are frequent or probable, or with any intubated patients.

AGMPs include but are not limited to; Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio pulmonary resuscitation, bronchoscopy, sputum induction, non-invasive ventilation (i.e. BiPAP), open respiratory/airway suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices (e.g. ARVO, optiflow) and autopsy.

5.The Organizational Risk Assessment must be continuously refreshed ensuring that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures. This will be communicated to the Joint Health and Safety Committee including the review of the environment when a material change occurs.

6.The parties agree with the importance of conservation and stewardship of PPE and will assess the available supply of PPEs on an ongoing basis. The parties commit to continue to explore all available avenues to obtain and maintain a sufficient supply.

In the event that the supply of PPEs reach a point where current supplies are anticipated to last for only 30 days (i.e. a shortage), or where utilization rates indicate that a shortage will occur, the government and employers, as appropriate will be responsible for developing contingency plans, in consultation with ONA, to ensure the safety of health care workers.