

# Ministry Updates Directive #2 for Health Care Providers and Operational Requirements for Health Sector Restart

## Update for York Region health care professionals as of May 27, 2020

On May 26, 2020, Ontario's Ministry of Health issued two documents relevant for health care providers in Ontario: updates to **COVID-19 Directive #2 for health care providers** and **COVID-19 Operational Requirements: Health Sector Restart**. *These are available for download at [york.ca/healthprofessionals](http://york.ca/healthprofessionals)*

On March 19, 2020, the Ministry issued a directive to all health care providers requiring all non-essential and elective services to be ceased or reduced to minimal levels due to the COVID-19 pandemic. This updated directive represents a gradual restart of those services.

It is important to continue to monitor the spread of COVID-19 in York Region as you gradually restart your services. Our COVID-19 web page, [york.ca/covid19](http://york.ca/covid19), includes an interactive dashboard that is updated daily at 5 p.m. York Region Public Health maintains one of the most transparent COVID-19 data repositories available, with an abundance of epidemiological information to help you make decisions about your practice.

The restart of services should be carried out in coordination with, and adherence to guidance from, applicable health regulatory colleges.

### Directives for a Gradual Restart of Services

As per the Ministry's directive, the following steps are required by Health Care Providers (defined as regulated health professionals or persons who operate a group practice of regulated health professionals):

- All deferred and non-essential and elective services carried out by Health Care Providers may be gradually restarted, subject to the requirements of this Directive.
- In the gradual restart of services, Health Care Providers must comply with the requirements as set out in **COVID-19 Operational Requirements: Health Sector Restart**, including, but not limited to, the hierarchy of hazard controls.
- Health Care Providers must consider which services should continue to be provided remotely and which services can safely resume in-person with appropriate hazard controls and sufficient PPE.
- Health Care Providers should be sourcing PPE through their regular supply chain. PPE allocations from the provincial pandemic stockpile will continue. PPE can also be accessed, within available supply, on an emergency basis through the established escalation process through the Ontario Health Regions.
- Subject to the requirements of this Directive, Health Care Providers are in the best position to determine which services should continue to be provided remotely (online, by telephone or other virtual means) and which should be provided in-person. This should be guided by best clinical evidence. Health Care Providers must also adhere to the guidance provided by their applicable health regulatory college, and the following principles:
  - **Proportionality.** Decision to restart services should be proportionate to the real or anticipated capacities to provide those services.
  - **Minimizing Harm to Patients.** Decisions should strive to limit harm to patients wherever possible. Activities that have higher implications for morbidity/mortality if delayed too long should be prioritized over those with fewer implications for morbidity/mortality if delayed too long. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.
  - **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.



- **Reciprocity.** Certain patients and patient populations will be particularly burdened as a result of our health system's limited capacity to restart services. Consequently, our health system has a reciprocal obligation to ensure that those who continue to be burdened have their health monitored, receive appropriate care, and be re-evaluated for emergent activities should they require them.

Decisions regarding the gradual restart of services should be made using processes that are fair to all patients.

## **COVID-19 Operational Requirements**

The Ministry of Health issued **COVID-19 Operational Requirements: Health Sector Restart**, as noted above, which provides operational details and in-depth information on measures that must be in place in order to meet the Ministry of Health's guidelines and promote a safe environment for the provision of in-person health services by Health Care Provider. Please refer to this document in combination with the Directives above when implementing a gradual restart to services.

### **For more information**

York Region Public Health will continue to provide health care professionals with the latest information on Ministry guidance as the COVID-19 pandemic progresses. If you have any questions about COVID-19, call our dedicated health professional COVID-19 line at **1-877-464-9675 ext. 77280** (8:30 a.m. to 8 p.m., seven days a week, after hours call 905-953-6478). Continue to visit [york.ca/healthprofessionals](http://york.ca/healthprofessionals), [york.ca/covid19](http://york.ca/covid19) and [Ontario.ca/covid19](http://Ontario.ca/covid19) for up to date information on COVID-19.

# APPENDIX: COVID-19 Reference for Symptoms

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## **Common symptoms of COVID-19 include:**

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

## **Other symptoms of COVID-19 can include:**

- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion - in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.

## **Other signs of COVID-19 can include:**

- Clinical or radiological evidence of pneumonia

## **Atypical symptoms/clinical pictures of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:**

- Unexplained fatigue/malaise/myalgias
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis
- Multisystem inflammatory vasculitis in children
  - Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash

## **Atypical signs can include:**

- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O<sub>2</sub> sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)