Ontario

Ministry of Health

COVID-19 Operational Requirements: Health Sector Restart

Version 2 – June 15, 2020

Highlights of changes

- Update to managing visitors
- Update to active and passive screening to reflect changes to visitor policies
- Update to Human Health Resources section including restrictions after travel
- Updates to Infection Prevention and Control section including cleaning between patients and considerations for multi-unit buildings

This document provides operational details and requirements as referenced in Directive #2 dated May 26, 2020. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, case definition, testing guidance, the latest 'COVID-19 Reference Document for Symptoms', 'COVID-19 Patient Screening Guidance Document', other guidance documents, mental health resources, and other COVID-19 related information.
- Please check the Directives, Memorandums and Other Resources page regularly for the most up to date Directives issued by the Chief Medical Officer of Health.
- Additional information regarding emergency orders can be found here.

This document is intended for Health Care Providers (Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals, defined in section 77.7(6), paragraph 1 of the *Health Protection and Promotion Act*.

Context

On March 19, 2020, the Chief Medical Officer of Health issued Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals) as part of the response to the COVID-19 pandemic. This Directive required that all non-essential and elective services be ceased or reduced to minimal levels, subject to allowable exceptions, until further notice.

On May 26, 2020, Directive #2 was amended to support the gradual restart of all deferred and non-essential and elective services carried out by Health Care Providers (HCPs). Where possible, HCPs are encouraged to limit the number of in-person visits for the safety of health care providers and their patients.

As part of the gradual restart of services, HCPs are in the best position to determine which services can continue to be offered remotely (virtually) and which services can safely resume in-person, assuming the necessary preconditions as set out in this Operational Requirements document are met.

The gradual restart of services should be carried out in coordination with, and adherence to guidance from, applicable health regulatory colleges. If possible, coordination should also be undertaken with local and regional Health Care Providers and Health Care Entities.

HCPs should also adhere to the guidance of their regulatory colleges when determining when and how to resume service delivery, and all decisions around service resumption should be guided by the four foundational principles in Directive #2 (included in Appendix A). Regulatory colleges should provide additional guidance to their members regarding the gradual restart of services that are essential to be provided in person, and those that can be provided virtually (e.g., phone consultations, virtual assessments, etc.).

All HCPs are encouraged to implement a system for virtual and/or telephone consultations when and where possible. HCPs should conduct an initial consultation over the phone, video, or secure messaging to determine if a virtual/telephone consultation is appropriate or whether an in-person appointment is necessary. The purpose of this is to support physical distancing and minimize contact of persons who may have COVID-19 with health care settings (i.e., other HCPs and patients) as much as possible.

HCPs are also encouraged to seek opportunities to modify the delivery of services. Modifications could include the use of services that reduce patient time spent in health care settings, use of virtual care (e.g., e-consults, virtual medical assessments, etc.), home care, and post-operative remote monitoring programs.

This document outlines measures that must be in place in order to meet public health guidelines and promote a safe environment for the provision of in-person health services by HCPs.

Recommended Risk Assessments

Organizational Risk Assessment

Each Health Care Entity should conduct an organizational risk assessment (ORA) as a precondition to restarting services. An ORA is a systematic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of infections in a health care setting.

Organizations that employ HCPs have a responsibility to provide education and training to HCPs regarding the organization's ORA.

Point of Care Risk Assessment

A Point of Care Risk Assessment (PCRA) assesses the task, the patient, and the environment. A PCRA should be completed by the HCP before every patient interaction to determine whether there is a risk to the provider or other individuals of being exposed to an infection, including COVID-19.

A PCRA is the first step in Routine Practices, which are to be used with all patients, for all care and interactions.

Hierarchy of Hazard Controls

The application of the following hierarchy of hazard controls is a recognized approach to the containment of hazards, including health hazards, and is fundamental to occupational health and safety.

1. Elimination and Substitution

Elimination and substitution are considered to be the most effective means in the hierarchy of controls. However, they are often not feasible to implement within all health care settings.

- Examples include: not having patients physically come into the office/clinic, telemedicine, etc.

2. Engineering and Systems Control Measures

These measures help reduce the risk of exposure to a pathogen or infected source hazard by implementing methods of isolation or ventilation. These measures work to reduce exposure by isolating the hazard from the worker and by implementing physically distancing actions to reduce the opportunity for transmission.

- Examples include: physical barriers like plexiglass barriers for administrative staff. A plexiglass barrier can protect reception staff from sneezing/coughing patients.

3. Administrative Control Measures

Administrative control measures aim to reduce the risk of transmission of infection to staff and patients through implementing policies, procedures, training, and education with respect to infection prevention and control.

- Examples include: active screening, passive screening (signage), and visitor policies.

4. Personal Protective Equipment (PPE)

PPE controls are the last tier in the hierarchy of hazards controls and should not be relied on as a stand-alone primary prevention program. An employer of an HCP plays a critical role in ensuring staff have access to appropriate PPE for the task to be performed, and the necessary education/training to ensure competency on the appropriate selection, use, maintenance, and disposal of PPE.

- Examples of PPE include: gloves, gowns, facial protection (including surgical/procedure masks and N95 respirators), and/or eye protection (including safety glasses, face shields, goggles, or masks with visor attachments).

Screening

Active Screening

- Patients should be screened over the phone for symptoms of COVID-19 before coming for their appointments. If possible, any visitor accompanying a patient to an appointment, should also be screened prior to the appointment. The latest COVID-19 Patient Screening Guidance Document on the MOH COVID-19 website should be used and may be adapted as needed and appropriate for screening purposes. If a patient screens positive over the phone, the appointment should be deferred if possible and the individual referred for testing.
- Staff should conduct screening of patients and any visitor (who is accompanying or visiting a patient) on site. Staff should ideally be behind a barrier to protect from contact/droplet spread. A plexiglass barrier can protect reception staff from sneezing/coughing patients. If a plexiglass barrier is not available, staff should maintain a 2-metre distance from the patient. Screeners who do not have a barrier and cannot maintain a 2-metre distance should use Droplet and Contact Precautions. This includes the following PPE: gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield).
    - If a patient screens positive, the appointment should be deferred if possible and the patient should be referred for testing.
    - In the event a visitor screens positive, they should be referred for further assessment and testing (Assessment Centre, Telehealth (1-866-787-0000), Primary Care Provider, Self-Assessment Tool) and should not be permitted to accompany or visit the patient pending test results.
- For reference, a full list of common COVID-19 symptoms is available in the COVID-19 Reference Document for Symptoms on the MOH COVID-19 website. Atypical symptoms and signs of COVID-19 are also included in this document and should be considered, particularly in children, older persons, and people living with a developmental disability.

Passive Screening

- Signage should be posted at the entrance to the office/clinic and at reception areas requiring all patients and any visitors to wear a face covering/non-medical mask (if available and tolerated), perform hand hygiene, and then

report to reception to self-identify. Sample signage is available on the MOH COVID-19 website. Refer to fact sheets on how to wear a face covering/non-medical mask (Ontario's COVID-19 website and Public Health Ontario's (PHO) website) and how to perform hand hygiene practices.

- Signage should be accessible and accommodating to patients and visitors (e.g., plain language, pictures, symbols, languages other than English and French).

Positive Screening: Providing Care

- HCPs may offer clinical assessment and examination to patients who screen positive **only if** they are able to follow Droplet and Contact Precautions and are knowledgeable on how to properly don and doff PPE. This includes the following PPE: gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield).
- If HCPs are not able to follow Droplet and Contact Precautions and/or are not knowledgeable on how to properly don and doff PPE, they should divert the care of the patient as appropriate.
    - For urgent medical care, the patient should be referred to the emergency department (including testing and patient care).
    - For non-urgent medical care and if the screener is unable to perform testing, the patient should be directed to an assessment centre for testing, and their medical visit deferred.
- Patients who screen positive should be given a surgical/procedure mask to wear and be advised to perform hand hygiene. Ensure patients do not leave their used masks in waiting areas. The patient should be immediately placed in a room with the door closed (do not cohort with other patients), where possible, to avoid contact with other patients in common areas of the office/clinic (e.g., waiting rooms). If it is not possible to move a patient from the waiting room to an available exam room, the patient can be instructed to return outside (e.g., vehicle or parking lot, if available and appropriate) and informed that they will be texted or called when a room becomes available.
- Patients should be provided with an alcohol-based hand sanitizer (if available), access to tissues, and a hands-free waste receptacle for their used tissues and used masks. All patients should be instructed to cover their nose and mouth with a tissue when coughing and sneezing, dispose of the tissue in the receptacle and to use the hand sanitizer right afterwards. Patients may also be

instructed to take their surgical/procedure mask home with them with instructions for doffing masks.

Testing

- Testing for COVID-19 should be undertaken for all patients as per below. The exception being runny nose or nasal congestion related to an underlying condition such as seasonal allergies or post-nasal drip. In the event a patient tests positive for COVID-19 and requires health services, the HCP should determine if services can be deferred until the patient is cleared (see Quick Reference Public Health Guidance on Testing and Clearance).
    - Symptomatic testing:
        - **All patients with at least one symptom** of COVID-19, even for mild symptoms. Please refer to the Testing Guidance for details about these symptoms.
    - Asymptomatic, risk-based testing:
        - **Patients who are concerned that they have been exposed to COVID-19**. This includes people who are contacts of or may have been exposed to a confirmed or suspected case.
        - **Patients who are at risk of exposure to COVID-19 through their employment,** including essential workers (e.g., health care workers, grocery store employees, food processing plants).
- If the HCP is properly equipped and trained to conduct testing, then testing can be conducted onsite. All other cases should be referred elsewhere for testing (Assessment Centre, Telehealth (1-866-787-0000), Primary Care Provider, etc.).
- HCPs should refer to the latest Testing Guidance and take into account the nature of the service being provided when determining whether a COVID-19 test is required prior to delivering services.

Physical Capacity/Environment

- Ensure that there is sufficient space to follow physical distancing guidelines of maintaining at least 2 metres from other people.
    - Redesign physical settings and interactions to minimize contact between individuals where possible (e.g., space out chairs in the waiting room, consider traffic flow for common spaces, limit the number of people in an

elevator, place markings in hallways, install plexiglass barrier at reception, establish an alternate service delivery site).
  - Minimize the need for patients and any visitor to wait in the waiting room (e.g., spread out appointments, have patients stay outside office/clinic until the examination room is ready for them).
  - Provide face coverings when physical distancing is not possible, and if a patient is not wearing their own face covering. Ensure that patients do not leave their used face coverings in waiting areas.

- Provide tissues and lined garbage bins for use by staff and patients. No-touch garbage cans (such as garbage cans with a foot pedal) are preferred.
- Ensure there are enough supplies on hand for proper hand hygiene, including pump liquid soap in a dispenser, running water, and paper towels. If possible and appropriate, consider adding alcohol-based hand rub (ABHR) stations throughout the setting. Use ABHRs with 70% - 90% alcohol.
- Post signage throughout the building/office reminding staff and patients about the signs and symptoms of COVID-19, and the importance of proper hand hygiene, physical distancing, and respiratory etiquette.
- Ensure there is designated space to isolate staff who develop COVID-19 symptoms and immediately send them home if possible.
- If a patient has or develops COVID-19 symptoms, the HCP should assess, provide care and test them if possible/appropriate and feasible following OHS requirements. When it is not possible/appropriate or feasible to assess and provide care, patients should be referred for further assessment and support for COVID-19 (referral to Primary Care Physician, Telehealth (1-866-787-0000), Self-Assessment Tool, etc.).

Critical Supplies and Equipment

- To support safe service delivery, HCPs and employers must ensure a stable supply of drugs, PPE, and other essential supplies and must review the supply in place considering local and regional sector inter-dependencies.
- Appropriate stewardship of PPE is required to reduce negative impacts on other parts of the health system. Employers remain responsible for sourcing and providing PPE to their frontline workers in accordance with their responsibilities to ensure workplace safety under the *Occupational Health and Safety Act*. The provincial government has created a PPE Supplier Directory website to assist

workplaces in sourcing PPE.

- Different services require different levels of PPE. HCPs should reference Ministry of Health guidance to ensure adherence to guidance on appropriate PPE levels based on the type of interaction with the patient and the type of health care setting.
- HCPs and employers 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.
- HCPs will need to conserve the use of PPE in their settings through the application of the hierarchy of controls as noted above.
- Additional information on Occupational Health and Safety is available below.

Health Human Resources (HHR)

- Employers and HCPs must ensure adequate staffing to provide services, including ensuring there is adequate PPE for staff members in the health setting based on the organizational risk assessment and application of the hierarchy of controls. Consideration should also be given to preserving HHR capacity where possible as part of planning for future surges/outbreaks.
- Minimize staff in the health care setting. Consider what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients. When staff are in the office together, ensure that physical distancing of at least 2 metres is maintained.
- All staff and HCPs should self-monitor for COVID-19 symptoms at home and not come to work if feeling ill.
- HCPs who have returned from travel in the last 14 days:
    - from outside of Canada **OR**
    - from a COVID-19 affected area[1] within or outside of Ontario

      AND/OR
    - have had a confirmed, unprotected exposure to a person with COVID-19

[1] Please note that the spread of COVID-19 may vary as the province re-opens. HCPs should continue to be mindful of COVID-19 spread in their local communities. The Ministry of Health will not provide specific thresholds of COVID-19 spread given the variation in COVID-19 across the province.

must self-monitor for symptoms and may continue to work with specific precautions if they are deemed critical to operations.

Refer to the How to Self-isolate while Working fact sheet and the Quick Reference Sheet Public Health Guidance on Testing and Clearance available on the MOH COVID-19 website.

Sector Inter-dependencies and Collaboration

- Employers and HCPs must ensure that the restart of services aligns with the restart of related services. For example, with the resumption of scheduled surgeries, related diagnostic, primary care, and rehabilitation services must also be able to resume service delivery.
- Employers and HCPs should plan collaboratively within their regions and communities to ensure a coordinated gradual resumption of services, ensuring a holistic approach across the health system. HCPs and employers must ensure that the gradual restart of services takes into consideration health system and community capacity.

Infection Prevention and Control

- Employers should have written measures and procedures for staff safety including for infection prevention and control. These should be easily accessible to staff and opportunities/resources for education should be provided.
- After every patient visit, shared patient equipment should be cleaned and disinfected before use on another patient. Patient-contact surfaces (i.e., areas within 2 metres of the patient) should be disinfected as soon as possible, and before another patient is seen. Treatment areas, including all horizontal surfaces, and equipment used on the patient (e.g., exam table, thermometer, BP cuff) should be cleaned and disinfected before another patient is brought into the treatment area or used on another patient. Where possible, schedule symptomatic patients for end of day visits. Clinics should comply with best practices for cleaning. Refer to Provincial Infectious Diseases Advisory Committee's Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings for more information about best practices in environmental cleaning.

- All common areas should be regularly cleaned (e.g., minimum daily) following PHO's guidance on cleaning and disinfection for public settings. In addition:
    - Plexiglass barriers are to be included in routine cleaning (e.g. minimum daily) using a cleaning product that will not affect the integrity or function of the barrier.
    - Non-essential items are recommended to be removed from patient care areas to minimize the potential for these to be contaminated and become a potential vehicle for transmission (e.g., magazines and toys).
- If a patient was in the health care setting and later tests positive for COVID-19, HCPs, if aware, are encouraged to call their local public health unit for advice on their potential exposure and implications for continuation of work.
- In multi-unit buildings (e.g., mixed use office/medical buildings), tenants should engage with landlords to ensure that the building is following best practices of cleaning in common spaces (e.g., elevators.).

Managing Visitors

- In order to reduce the risk of COVID-19 transmission, consideration should be given to managing visitors. This should be accomplished through visitor policies that are based on balancing the need to mitigate risks to patients, staff and visitors, with the mental, physical and spiritual needs of patients for their quality of life.
- Where applicable, existing visitor policies regarding essential visitors should be revised accordingly to allow visits by family/caregivers and other types of visitors.
- Visitor policies should:
    - Be adaptive and flexible to:
        - Respond to the local COVID-19 situation.
        - The setting in which the policy is being applied.
        - The visitor's role.
        - Patient's circumstance.
    - Reinforce that public health measures (proper hand hygiene, respiratory etiquette, physical distancing, masking for source control) be followed.

- Follow infection prevention and control practices in order to minimize the risk of COVID-19 transmission.
- Support the ongoing provision of public education/communication on COVID-19 risks.
- Be shared with and with patients, family/caregivers, other visitors and staff.

Occupational Health & Safety

HCPs must comply with Directives as applicable.

Personal Protective Equipment (PPE)

Summary of required precautions are displayed in the table below

Activity	**HCP Precautions**
Before every patient interaction	HCP must conduct a point-of-care risk assessment to determine the level of precautions required
All interactions with and within 2 metres of patients **who screen positive**	Droplet and Contact precautions: • Surgical/procedure mask* • Isolation gown • Gloves • Eye protection (goggles or face shield) • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE
All interactions with and within 2 metres of patients **who screen negative**	• Surgical/procedure mask required • Use of eye protection (goggles or a face shield) should be considered • Perform hand hygiene before and after contact with the patient and

Activity	HCP Precautions
	the patient environment and after the removal of PPE

*N95 respirator must be worn for Aerosol-Generating Medical Procedures (AGMPs)

- Given community spread of COVID-19 within Ontario and evidence that transmission may occur from those who have few or no symptoms, masking (surgical/procedure mask) for the full duration of shifts for HCPs and other staff working in direct patient care areas is recommended.
- The use of a surgical/procedure mask is also recommended for all staff working outside of direct patient care areas when interacting with other HCPs and staff and physical distancing cannot be maintained. The rationale for full-shift masking is to reduce the risk of transmitting COVID-19 infection from HCPs to patients or other facility staff. This is a form of source control. Use of eye protection (e.g., goggles or a face shield) for the duration of shifts should be strongly considered in order to protect staff when there is COVID-19 infection occurring in the community.
- Detailed precautions for HCPs by activity and procedure are listed in PHO's Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19.
- HCPs should assess the availability of PPE and other infection prevention and control supplies that are used for the safe management of suspected and confirmed COVID-19 cases. HCPs should inspect PPE before use.
- HCPs who are required to wear PPE must be trained in the use, care, and limitations of PPE, including the proper sequence of donning and doffing PPE. Visual factsheets for 'Putting on PPE' and 'Taking off PPE' are available on PHO's website. Videos are also available on PHO's website.

Staff Illness

- Where a case involves staff considered likely to have been infected as a result of a workplace exposure, employers are reminded of their duty to notify the Ministry of Labour, Training and Skills Development for occupational illnesses.
- Staff, including HCPs, who test positive for COVID-19 should report their illness to their manager/supervisor or to Employee Health/Occupational Health and Safety as per usual practice.

- In accordance with the *Occupational Health and Safety Act* and its regulations, an employer must provide written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of, the worker with respect to an occupational illness or infection, to the:
    - Ministry of Labour, Training and Skills Development,
    - Joint Health and Safety Committee (or health and safety representative), and
    - Trade union, if any.
- Occupationally-acquired infections and illnesses are reportable to the WSIB.

Work Restrictions for HCPs

- For guidance regarding work restrictions and when to return to work, HCPs should refer to the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance document. The recommendations in the document take into account the HCW's symptoms or lack thereof, test results, and the staffing capacity of the facility.
- HCPs should also report to their Employee Health/Occupational Health and Safety department before returning to work.

Resources

Public Health Ontario:

- Infection Prevention and Control (IPAC) On-Line Learning
- Infection Prevention and Control Fundamentals

Ontario Government:

- Workplace PPE Supplier Directory

Appendix A

Decisions related to the gradual restart of services should be made using fair, inclusive and transparent processes for all patients following the principles articulated in Directive #2 (May 26, 2020):

- **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.