

Ministry of Health

COVID-19 Directive #5: Questions and Answers

Version 1 – October 8, 2020

Regarding Directive #5 for Hospitals within the meaning of the [Public Hospitals Act](#) and Long-Term Care Homes within the meaning of the [Long-Term Care Homes Act, 2007](#); Issued under Section 77.7 of the [Health Protection and Promotion Act \(HPPA\)](#), R.S.O. 1990, c. H.7 that was issued on October 8, 2020.

Brief Summary of Updates

		Access to fit tested N95 respirator by regulated health professional (e.g., nurse)	Access to a fit tested N95 respirator by unregulated health care worker (e.g., PSW)
Non-outbreak	Before all patient/resident interactions	Must complete point-of-care risk assessment (PCRA)	Must rely on the PCRA by regulated health professional
		Fit tested N95 respirator determination based on PCRA	Fit tested N95 respirator determination based on PCRA done by regulated worker
		Applies to circumstances when a 2 metre distance cannot be maintained between the worker and patient	Applies to circumstances when a 2 metre distance cannot be maintained between the worker and patient
		Employer cannot deny if based on PCRA	Employer cannot deny if based on PCRA
In outbreak	Before all patient/resident interactions	Must complete PCRA	Not required to complete PCRA
		Fit tested N95 respirator determination based on PCRA	No PCRA determination required
		Applies to circumstances when a 2 metre distance cannot be maintained between the worker and patient	Fit tested N95 respirator determined when 2 metres cannot be assured
		Employer cannot deny if based on PCRA	Can determine fit tested N95 respirator is needed and employer must provide

1. Who does Directive 5 apply to?

- Public hospitals within the meaning of the [Public Hospitals Act](#);
- Long-term care homes within the meaning of the [Long-Term Care Homes Act](#);
- Retirement Homes within the meaning of the [Retirement Homes Act](#) further to subsection 27(5) of O. Reg 166/11 made under the [Retirement Homes Act](#), which requires retirement homes to follow any directive pertaining to COVID-19 that is issued to long-term care homes under section 77.7 of the [HPPA](#);
- The Directive also applies to regulated health professionals and other health care workers employed by or working in the above settings.

2. What are the key changes in the revised Directive 5?

A. Terminology:

- The updated Directive changes “Health care worker” to “regulated health professional” and from “other employee” to “health care worker” defined as any non-regulated employee employed by or who works in a public hospital, long-term care home or retirement home.
- For example:
 - “Regulated health professional” includes a physician, nurse, dentist, etc.
 - “Health care worker” includes a Personal Support Worker, environmental service worker, porter, aide, etc.

Previous		New as of October 8, 2020	
<i>Terminology</i>	<i>Definition</i>	<i>Terminology</i>	<i>Definition</i>
“Health Care Worker”	Regulated health professional employed by or working in applicable setting.	“Regulated health professional”	Regulated health professional employed by or working in applicable setting.
“Other Employee”	Any other worker employed by or working in applicable setting.	“Health care worker”	Any other worker employed by or working in applicable setting.

B. Personal Protective Equipment:

- Directive 5 continues to identify Droplet and Contact Precautions as the minimum requirement for worker protection when dealing with suspect, probable and confirmed COVID-19 cases where 2 metres cannot be assured.
- Public hospitals and long-term care homes, regulated health professionals and health care workers must engage on the conservation and stewardship of personal protective equipment (PPE).
- The [Occupational Health and Safety Act](#) requirements for all employers continue to include ensuring workers wear the right protective equipment and are trained on how to use it and taking all precautions reasonable in the circumstances to protect workers from being hurt or getting a work-related illness. PPE should only be used after other controls have been carefully considered and all feasible options implemented.

C. Access to Fit Tested N95 Respirators – Non-Outbreak:

- While Droplet and Contact Precautions remain the appropriate precautions based on the evidence of mode of transmission for COVID-19, there may be circumstances where worker and patient safety is improved by taking a higher form of precaution – fit tested N95 respirators – available to both regulated health professionals and other health care workers.
- The key processes for accessing fit tested N95 respirators in a non-outbreak situation are as follows:
 1. A regulated health professional must undertake a PCRA before all patient interactions;
 2. If, through the PCRA and based on professional and clinical judgement, a regulated health professional determines that a fit tested N95 respirator is needed when delivering care or services within a 2 metre distance to a patient:
 - The employer has an obligation to provide a fit tested N95 respirator to:
 - the regulated health professional interacting with the patient, **AND**
 - Other health care workers interacting with the patient.

Previous	New as of October 8, 2020
<i>Regulated Worker (e.g., nurse)</i> Can access fit tested N95 respirator if deemed necessary based on PCRA; <i>Unregulated Worker (e.g., PSW)</i> No access	<i>Regulated Health Professional (e.g., nurse)</i> Can access fit tested N95 respirator if deemed necessary based on PCRA, proximity and interaction with patient/resident; <i>Health Care Worker (e.g., PSW)</i> Can access if deemed necessary based on regulated health professional PCRA, proximity and interaction.
Employer can deny if request deemed "unreasonable"	Employer can deny if request not based on PCRA

D. Access to Fit Tested N95 Respirators – Outbreak:

- If an affected facility is in outbreak, as declared by the local Medical Officer of Health, and a health care worker (non-regulated health worker) is delivering care and services to a suspect, probable or confirmed COVID-19 patient where 2 metres cannot be assured, then the health care worker can request and must receive a fit tested N95 respirator.

Previous	New as of October 8, 2020
<i>Regulated Worker (e.g., nurse)</i> Can access fit tested N95 respirator if deemed necessary based on PCRA. <i>Unregulated worker (e.g. PSW)</i> No access	<i>Regulated Health Professional (e.g., nurse)</i> Can access fit tested N95 respirator if deemed necessary based on PCRA, proximity and interaction with patient/resident; <i>Health Care Worker (e.g. PSW)</i> Can access fit tested N95 respirator when in contact with suspect, probable or confirmed case where 2 meters distance can't be assured.
Employer can deny if request deemed "unreasonable"	Employer can deny if request by a regulated health professional is not based on PCRA; must provide to a health care worker if otherwise deemed needed.

3. What is a Point of Care Risk Assessment (PCRA) and how is it used? What if an AGMP needs to be performed?

A PCRA is the first step in Routine Practices, which are to be used with all patients, for all care and interactions. A PCRA assesses the task, the patient, and the environment in order to identify the most appropriate precaution that needs to be taken for that particular interaction.

It should be completed by the regulated health professional 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 by the regulated health professional should include the frequency and probability of routine or emergent Aerosol Generating Medical Procedures (AGMPs) being required.

In the event at an AGMP needs to be performed, the procedure should be performed in an airborne infection isolation rooms (AIIR) as much as possible, with the door closed and the number of people, including workers in the room, should be kept to a minimum. The procedure should be performed by the most qualified staff for that task.

4. How can my facility obtain Personal Protective Equipment (PPE), including a fit tested N95s respirator?

Ontario has been able to and continues to acquire fit tested N95 respirators and has prepositioned regional stockpiles so they can be accessed by health care organizations, such as long-term care homes.

Organizations themselves should continue to work with their own shared service and group purchasing organizations to secure their own supplies. A list of vendors is also available on the [Ontario Together](https://ontario.ca/ontario-together) website.

If you have ascertained that, despite stewardship and conservation efforts, you have a supply shortage, requests for PPE can be escalated to your Regional Table Lead.

Protocols for accessing supplies on an emergency basis from the provincial or regional stockpiles remain the same and the request form can be accessed here - <https://ehealthontario.on.ca/en/health-care-professionals/digital-health-services>

5. Is this based on new evidence? Why was the Directive changed?

The ministry is always reviewing evidence and information to best understand how to keep health care workers safe. This work is done in partnership with Public Health Ontario and other scientific advice bodies. The changes to the directive help to clarify the role of the PCRA for outbreak and non-outbreak situations in hospitals and

long-term care homes, as well as how health care workers (unregulated health workers) are supported by the PCRA process. These updates are based on the ongoing assessment of risks to the health of patients, residents and workers in these settings.

In the context of coronaviruses, and in particular COVID-19, the epidemiology of the infection has been demonstrated not to be airborne. Routine care of patients who cough or sneeze are sufficiently managed through Routine Practice and Droplet Precautions as indicated by the clinical data reviewed by Public Health Ontario.

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-aerosol-generation-coughs-sneezes.pdf?la=en>

6. What is the difference between a suspected and a probable case of COVID-19?

The current Ontario case definition for a probable case of COVID-19 includes a person with symptoms compatible with COVID-19, but has not had a laboratory test confirming that they have COVID-19 **AND** one or more of the following also apply:

They have:

- a. Traveled to an affected area in the 14 days prior to symptom onset; **OR**
- b. Had close contact with a confirmed case of COVID-19; **OR**
- c. Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison).

A probable case can also include a person with symptoms compatible with COVID-19 and in whom laboratory diagnosis of COVID-19 is inconclusive.

This case definition for a probable case includes a suspected case of COVID-19.