Ontario

Ministry of Health

# COVID-19 Directive #2: Questions & Answers

V. 1.1 April 30th, 2021

This document is to accompany CMOH Directive #2 issued April 19, 2021. This information is current as of April 23, 2021 and may be updated as the situation on COVID-19 continues to evolve.

It is expected that this guidance will be consistently applied across all regions in Ontario to help apply Directive #2.

In the event of any conflict between this guidance document and any applicable legislation or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the legislation, order or directive prevails. Please see Ontario's COVID-19 website for more general information as well as for updates to this document.

This document is intended to provide guidance with respect to the re-issued Directive #2 and to define what constitutes a "surgery" and "procedure" under Directive #2.

## Questions & Answers

**1) Why has Directive #2 been reissued?**

The intent of Directive #2 is to maintain health system capacity and enable regulated health professionals to meet the emergent and urgent health care needs of patients with COVID-19. The cessation of non-emergent and non-urgent surgeries and procedures will help to ensure Ontario's health system can continue to meet the needs of critically ill patients.

These measures are critical and necessary to preserving health system capacity to deal effectively with COVID-19.

**2) What constitutes a "procedure" for the purposes of Directive #2?**

The following constitutes a "procedure" for the purposes of Directive #2:

- It requires surgical nursing support or anaesthetist 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.

This definition applies across all health settings.

Non-urgent/non-emergent procedures should cease. In making decisions regarding the cessation of non-emergent and non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

Note that all procedures performed in specialty pediatric hospitals are exempted from Directive #2.

**3) What constitutes a "surgery" in a hospital setting for the purposes of Directive #2?**

All surgical procedures constitute a "surgery" in a hospital setting for the purposes of Directive # 2.

Note that all surgeries performed in specialty pediatric hospitals are exempted from Directive 2.

Non-urgent/non-emergent surgeries in hospitals should cease. In making decisions regarding the cessation of non-emergent and non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

**4) What constitutes a "surgery" in a community setting (i.e., out of hospital) for the purposes of Directive 2?**

The following constitutes a "surgery" in a community setting (i.e., out of hospital):

- It requires surgical nursing support or anesthetist 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.

Non-urgent/non-emergent surgeries in community settings should cease. Health care providers should consider the principles outlined in Directive #2 (Proportionality, Minimizing harms, Equity, Reciprocity) when determining if a surgery or procedure can be deferred or canceled.
In addition, when determining whether a service is a surgery or procedure in a community setting (i.e. out of hospital) please consider the following questions:

1. Does it require surgical nursing support? OR
2. Does it require anesthesiologist health human resource support? OR
3. Does it carry 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 you answered "yes" to **any** of (1), (2) or (3), it constitutes a "surgery" or "procedure" for the purposes of Directive # 2.

**5) What constitutes a "surgery" in a dental setting for the purposes of Directive 2?**

The following constitutes a "surgery" in a dental setting for the purpose of Directive 2:

- It requires major procedures (e.g., osteotomies, use of rigid fixation) that carry 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.

Non-urgent/non-emergent surgeries in dental settings should cease. In making decisions regarding the cessation of non-emergent and non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

**6) How are other health services impacted by Directive #2?**

All urgent surgeries and procedures should continue.

All patients should continue to have access to other health services such as diagnostic services directly related to the provision of emergent or urgent surgical and

procedural care, and pain management services.

Routine, low risk health services may continue.

In making decisions regarding the health services they continue to provide, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

**7) Who is the Directive issued to and how is this group defined?**

Directive #2 applies to all 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.*

Directive #2 therefore applies beyond a hospital setting.

**8) How is the risk of a procedure determined?**

Regulated Health Professions must use their clinical judgement to assess their patient and the situation to determine the risk of a non-urgent procedure resulting in serious complications during or after the procedure.

**9) What will the impact of Directive #2 be on the surgical backlog that has resulted from COVID-19 pandemic?**

The Ministry acknowledges that ceasing non-emergent and non-urgent surgeries will impact patients and cause delayed access to non-urgent scheduled care. The Directive is a necessary step required due to the need to preserve hospital and HHR capacity. For the past year, the Ministry of Health has been working closely with its hospital and Ontario Health partners to implement strategies that will support hospitals to ramp up surgeries and address the surgical backlog. This work will continue once Ontario is through the third wave of COVID-19 and hospital capacity returns.

To date, the government has committed to support hospitals to address the surgical backlog and announced on September 25th, 2020, that, as a part of the Fall Preparedness Plan, Keeping Ontarians Safe: Preparing for Future Waves of COVID-19, 283.7 million dollars would be invested to help address the backlog of surgeries in the province. This funding provided support to hospitals for the costs of extending hours for operating rooms to evenings and weekends, helping to address lost efficiencies and continue providing surgeries through the fall and winter.

On March 24th, 2021, the government announced, as a part of the 2021 Budget, $300 million to reduce surgical backlogs from delayed or cancelled surgeries and procedures due to the COVID-19 pandemic.

**10) How long will this Directive be in place?**

The Ministry is actively and daily monitoring the situation with health system partners including Ontario Health. As the situation evolves, the Directive will be modified.

**11) What do I do if I have a question about the interpretation of the directive?**

Questions about the interpretation of this and all other directives can be sent to EOCoperatoins.moh@ontario.ca . Regulated health providers can also work with their professional colleges to seek additional information or support in applying the Directive to their practice.