

COVID-19 Chief Medical Officer of Health Directive

#1: Questions and Answers

Version 1.0 – December 24, 2021

Regarding Directive 1 for Health Care Providers and Health Care Entities issued under Section 77.7 of the [Health Protection and Promotion Act](#) (HPPA), R.S.O. 1990,

1. Who does Directive 1 apply to?

Directive 1 applies to all health care providers and health care entities, as defined in subsection 77.7(6) of the HPPA.

This includes:

- A regulated health professional or a person who operates a group practice of regulated health professionals.
- A service provider within the meaning of the *Home Care and Community Services Act, 1994* who provides a community service to which that Act applies.
- A hospital within the meaning of the *Public Hospitals Act*, a private hospital within the meaning of the *Private Hospitals Act*, a psychiatric facility within the meaning of the *Mental Health Act* or an independent health facility within the meaning of the *Independent Health Facilities Act*.
- A pharmacy within the meaning of the *Drug and Pharmacies Regulation Act*.
- A laboratory or a specimen collection centre as defined in section 5 of the *Laboratory and Specimen Collection Centre Licensing Act*.
- An ambulance service within the meaning of the *Ambulance Act*.
- A paramedic under the *Ambulance Act*.
- A home for special care within the meaning of the *Homes for Special Care Act*.
- A local health integration network within the meaning of the *Local Health System Integration Act, 2006*.
- A long-term care home under the *Long-Term Care Homes Act, 2007*.

- A centre, program or service for community health or mental health whose primary purpose is the provision of health care.

2. What are the key changes in the revised Directive 1?

The revised directive outlines interim precautions for health care workers in light of the uncertainty around the mechanisms of transmission of the COVID-19 Omicron variant of concern (B.1.1.529).

The directive also provides requirements for when healthcare workers are not yet fit-tested for an N95 respirator (or equivalent) while they await fit-testing for an N95 respirator.

Required precautions for all health care workers who are fit-tested for an N95 respirator (or equivalent) and are providing direct care to or interacting with a suspect, probable or confirmed case of COVID-19 are:

- a fit-tested, seal-checked N95 respirator (or approved equivalent),
- eye protection (goggles, face shield or safety glasses with side protection),
- gown
- gloves

Required precautions for health care workers who are not yet fit-tested for an N95 respirator and are providing direct care to or interacting with a suspect, probable or confirmed case of COVID-19 are:

- a well-fitted surgical/procedure mask, a KN95 respirator or a non fit-tested N95 respirator (or equivalent)
- eye protection (goggles, face shield or safety glasses with side protection)
- gown,
- gloves.

3. What is a KN95 respirator?

KN95 respirators are non-NIOSH approved masks that filter small particles. They may be considered alternatives to a well-fitted surgical/procedure mask or a non fit-tested N95 respirator. KN95s with head straps provide a higher protection over KN95s with ear loops.

4. What are required precautions for health care workers who are not yet fit-tested for an N95 respirator?

Health care workers who are not yet fit-tested for an N95 respirator and are providing direct care to or interacting with a suspect, probable or confirmed case of COVID-19 are required to use a well-fitted surgical/procedure mask, a KN95 respirator or a non fit-tested N95 respirator (or equivalent), eye protection (goggles, face shield or safety glasses with side protection), gown and gloves.

5. Why are the required precautions different for health care workers who are fit-tested and those who are not fit-tested?

Some health care workers, especially those working in sectors where aerosol-generating medical procedures rarely or never happen, may not yet be fit-tested to an N95 respirator (or equivalent). While they await fit testing for an N95 respirator (or equivalent), the required precautions when providing care to a suspect, probable or confirmed case of COVID-19 are a well-fitted surgical/procedure mask, a KN95 respirator or a non fit-tested N95 respirator.

6. What are the expectations regarding fit testing for health care workers?

Health Care Providers and Health Care Entities must make reasonable efforts to obtain fit testing for their health care workers at the earliest opportunity.

7. When is this Directive effective?

Effective December 22, 2021, all health care providers and health care entities must implement the required precautions and procedures.

8. Why was the Directive revised?

The ministry continues to work with Public Health Ontario to review emerging evidence and information on how best to keep health care workers safe from COVID-19 infections. The revisions to Directive 1 are made in light of the uncertainty around the mechanisms for increased transmissibility of the COVID-19 Omicron variant of concern which is spreading quickly in Ontario and are based on Public Health Ontario's Technical Brief on [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#), released on December 15, 2021 and application of the precautionary principle..

These measures will continue to be reviewed based on the best emerging evidence.

Additionally, Directive 1 was also revised to provide direction to health care workers who are not yet fit-tested while they await fit-testing for an N95 respirator (or equivalent).

9. Why is this an interim measure?

The ministry is taking a precautionary approach in light of the increased transmissibility of the Omicron variant and the uncertainty around the mechanisms for increased transmissibility of this variant. The Ministry will continue to work with Public Health Ontario and experts to assess the emerging evidence and inform requirements on precautions for health care workers providing care to, or interacting with suspect, probable or confirmed cases of COVID-19.

10. What is known about the modes of transmission of the COVID-19 Omicron variant?

SARS-CoV-2 is transmitted most frequently and easily at short range through exposure to respiratory particles that range in size from large droplets to smaller aerosols that can be inhaled or deposited on mucous membranes. Infection can also occur by touching mucous membranes with soiled hands contaminated with the virus. There is evidence to suggest long-range transmission can occur under the right set of favourable conditions (e.g. outbreak event in a poorly ventilated space), implicating opportunistic aerosol transmission.

However, there are early estimates of significant increased transmissibility and decreased vaccine effectiveness with the Omicron variant. It is unclear at this time if there is a change in the infectiousness of aerosols as a possible explanation for this increase in transmissibility. In light of this, all layers of protection in healthcare settings should be optimized to prevent transmission until more information is available.

11. What is a point-of-care-risk-assessment (PCRA) and how is it used?

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 health care workers 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

health care worker should include the frequency and probability of routine or emergent aerosol generating medical procedures (AGMPs) being required.

12. What if an aerosol generating medical procedure (AGMP) needs to be performed?

Airborne precautions are required when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspect or confirmed COVID-19, based on a point of care risk assessment and clinical and professional judgement.

13. How can a health care provider or health care entity obtain personal protective equipment (PPE), including a fit-tested N95 respirator or equivalent?

Ontario has been able to and continues to acquire N95 respirators and has prepositioned regional stockpiles so they can be accessed by health care organizations,

If you have ascertained that, despite stewardship and conservation efforts, you have a supply shortage, requests for PPE, including fit-tested N95s or equivalent respirators, 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>

14. What is the cost to health care providers or health care entities to access PPE from the pandemic stockpile?

PPE allocated from the provincial or regional stockpiles is currently distributed at no-cost to health care providers and health care entities. The ministry will continue to re-assess the terms of the PPE supply program as the situation evolves.

15. How can health care providers or health care entities access fit testing?

Fit testing is to be conducted by a trained/accredited in-house staff or by a fit testing support organization. The list below includes some fit testing support organizations in Ontario. Fit testing stock can be accessed through the Ministry stockpile if necessary. Sites are recommended to fit test to models with greater

availability in the market, specifically the 3M 1870+. Other models include the 3M 8210, N058, Medicom SafeMask N95, Harley L188 and Harley L288.

Organization	Phone number	Email if applicable
1 Contact Safety Training and Consulting	416-822-5925	info@1contactsafety.ca
Act First Safety	416-283-7233	safety@actfirstsafety.ca
Active Training Solutions	905-767-8447	
ACUTE Environmental	519-747-5075	info@acuteservices.com
AEC Safety	519-746-3518	
Algonquin Safety Training	705-223-0120	admin@algsafety.ca
Barantas Inc	1855-FUL-SAFE	info@barantas.ca
Bullivant and Associates	289-779-6760	
Canadian Safety Group	905-321-9901 or 905-401-0088	info@canadiansafetygroup.com
Hamisco	519-652-9800	sales@hamisco.com
Hazmasters	877-747-7117	connect@hazmasters.com
HeartZap	1-866-764-8488	
Help Safety Services	905-821-8928	help@helpsafetyservices.com
Industrial Education Cooperative	519-383-1222	
Industrial Safety Trainers	1-800-219-8660	
KMC Safety Solutions	519-521-2744	info@kmcsafety.com
Levitt Safety	1-888-453-8488	csr@levitt-safety.com
Major McGuire	519-944-9999	info@majorsmcguire.com
Northern Safety Solutions	705-524-8189	info@nss4.com
Occupational Health & Safety Consultants	519-758-0146	admin@ohsconsultants.ca
Public Services Health and Safety Association	1-877-250-7444	www.pshsa.ca
Restoration Safety	416-799-9614	
Rubicon Safety	London: 519-551-9383; Burlington: 416-999-9304	
Safety Guys Ottawa	613-549-6941	
Spark Safety Solutions	844-267-8600	office@sparksafety.ca
STS Group Inc.	416-635-7800	info@stscanada.com
TGH Safety Consultants	519-383-7655	ccooper@tghsafety.com

Workplace Law Consulting	416-930-6180	wpl@workplacelawconsulting.com
Workplace Safety & Prevention Association	905-614-1400	customercare@wsps.ca
Worksite Safety Compliance Centre Inc	866-756-5551	

16. What is the difference between a suspect 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, correctional facility).

A probable case can also include a person with symptoms compatible with COVID-19 and in whom laboratory diagnosis of COVID-19 is inconclusive, or an asymptomatic person placed in precautions as a high risk contact, in an outbreak zone of a hospital, long-term care home or retirement home, or recently transferred from a facility in outbreak.

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

17. If a healthcare worker is wearing a well-fitted surgical mask, gown, gloves and eye protection during a patient interaction with a patient who turns out to be a positive case of COVID-19, is this considered a high risk exposure?

Each case has to be investigated, however if the staff member was wearing contact and droplet precautions, which includes a well-fitted procedure/surgical mask or KN95 or non fit-tested N95, eye protection, gown and gloves, it is not considered a high risk exposure.

18. Will there be more changes to this Directive?

As this pandemic 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 within the health system.