

Ministry of Health

COVID-19 Chief Medical Officer of Health Directive #5: Questions and Answers

Version 3.0 – December 21, 2021

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. In accordance with subsection 27(5) of O. Reg 166/11 made under the [Retirement Homes Act, 2010](#), retirement homes must take all reasonable steps to follow the required precautions and procedures outlined in Directive #5.

Brief Summary of Updates

- As an interim precaution in light of the emerging evidence around the Omicron variant of concern and the uncertainty around the mechanisms for increased transmissibility of this variant, all regulated health professionals and health care workers in hospitals, long-term care homes and retirement homes providing direct care to or interacting with suspected, probable or confirmed COVID-19 patients or residents must use fit-tested, seal-checked N95 respirators (or approved equivalent), gloves, eye protection (face shields, goggles or safety glasses with side protection) and appropriate isolation gowns.

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](#) pursuant to subsection 27(5) of O. Reg. 166/11 made under the [Retirement Homes Act](#), as part of the prescribed infection prevention and control program, all reasonable steps are required to be taken in a retirement home to follow any directive pertaining to COVID-19 that is issued to long-term care homes under section 77.7 of the [HPPA](#);
- Regulated health professionals as defined under the [Regulated Health Professions Act, 1991](#) employed by or in the above settings and, where specified, any other individual employed by or in the above settings (“health care workers”).

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

As an interim precaution in light of the uncertainty around the mechanisms for increased transmissibility of the COVID-19 Omicron variant of concern (B.1.1.529), required precautions for all regulated health professionals and health care workers providing direct care to or interacting with a suspected, probable or confirmed case of COVID-19 are:

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

3. When is this Directive effective?

Effective December 22, 2021, all public hospitals, long-term care homes and retirement homes must implement the required precautions and procedures.

4. Why was the Directive changed?

The ministry continues to work with Public Health Ontario to review emerging evidence and information on how best to keep regulated health professionals and health care workers safe from COVID-19 infections. The revisions to Directive 5 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. The revisions 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 as well as an application of the precautionary principle.

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

5. 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 the 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.

6. 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 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.

7. 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 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.

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

In the event an AGMP needs to be performed, the procedure should be performed in an

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

Fit-tested, seal-checked N95 respirators (or approved equivalent), must be used by all regulated health professionals and health care workers in the room where AGMPs are being performed, are frequent or probable.

9. Can a health care worker be denied access to PPE and fit-tested N95s?

All regulated health professionals and health care workers providing direct care to or interacting with suspected, probable or confirmed COVID-19 patients or residents shall have access to appropriate PPE. This will include access to surgical/procedure masks, fit-tested, seal-checked N95 respirators (or approved equivalent), gloves, eye protection (face shields, safety glasses with side protection, or goggles) and appropriate isolation gowns.

The public hospital, long-term care home or retirement home may not deny access to a fit-tested, seal-checked N95 respirator (or approved equivalent).

10. What are the requirements regarding PPE utilization and supply?

Public hospitals, long-term care homes and as applicable, retirement homes must continue to ensure the safe utilization of all PPE and must explore all available avenues to obtain and maintain sufficient supply of PPE.

11. How can my facility obtain personal protective equipment (PPE), including a fit-tested N95 respirator?

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, such as long-term care homes.

Public hospitals, long-term care homes and as applicable, retirement homes must explore all available avenues to obtain and maintain a sufficient supply of PPE.

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

12. What happens if the provincial stockpile is running low on PPE?

In the event that the provincial supply of PPE reaches a point where utilization rates indicate that a shortage will occur, the government and employers, as appropriate, will be responsible for communicating PPE supply levels and developing contingency plans, in consultation with affected labour unions, to ensure the safety of regulated health professionals and health care workers.

13. How can health care providers 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, Sanical MS8225, FT-N058, 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@helpsafetyervices.com
Industrial Education Cooperative	519-383-1222	
Industrial Safety Trainers	1-800-219-8660	

KMC Safety Solutions	519-521-2744	info@kmcsafetysolutions.ca
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	

14. 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, 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 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 suspected case of COVID-19.

15. 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, eye protection, gown and gloves, it is not considered a high risk exposure.

16. 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.