

Requirements for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

The following steps are required by Health Care Providers:

- All deferred and non-essential and elective services carried out by Health Care Providers may be gradually restarted, subject to the requirements of this Directive.
- In the gradual restart of services, Health Care Providers must comply with the requirements as set out in [COVID-19 Operational Requirements: Health Sector Restart \(May 26, 2020 or as current\)](#), including, but not limited to, the hierarchy of hazard controls.
- Health Care Providers must consider which services should continue to be provided remotely and which services can safely resume in-person with appropriate hazard controls and sufficient PPE.
- Health Care Providers 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.
- Subject to the requirements of this Directive, Health Care Providers are in the best position to determine which services should continue to be provided remotely (online, by telephone or other virtual means) and which should be provided in-person. This should be guided by best clinical evidence. Health Care Providers must also adhere to the guidance provided by their applicable health regulatory college, and the following principles:
 - **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.

Decisions regarding the gradual restart of services should be made using processes that are fair to all patients.

Questions

Health Care Providers subject to this Directive may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Health Care Providers are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health