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**From:** Nicole Zwiers | COCOO Registrar <registrar@cocoo.on.ca>  
**Sent:** January 6, 2022 8:36 PM  
**To:** MANAGER  
**Subject:** COVID-19 Update: Directive #2 for Health Care Providers & Screening

Dear MANAGER,

## **COVID-19 Update: Directive #2 for Health Care Providers & Screening**

The Chief Medical Officer of Health has issued a revised [Directive #2 for Health Care Providers](#), which is effective January 5, 2022. Please read both the Directive and this notice carefully so that you can properly determine whether and how it applies to you and the treatment you provide.

Directive #2 requires regulated health professionals (as well as other persons who operate a group practice of regulated health professionals in a hospital or other settings, including, but not limited to, private hospitals and independent health facilities) to:

- Immediately cease all non-emergent and non-urgent surgeries and procedures; and
- Continue all emergent or urgent surgeries in an effort to reduce and prevent patient morbidity and mortality.

**Importantly, the Directive goes on to specify that generally a surgery or procedure done in a private practice setting (one other than a hospital) is a surgery that meets any one of the three criteria (the “Three Criteria”):**

1. requires surgical nursing support; or
2. requires general anesthesia health human resource support; or
3. carries a risk resulting in the use of emergency medical services or other hospital services due to serious intra-operative or post-operative complications.

When determining the cessation or postponement of non-emergent or non-urgent surgeries and procedures, regulated health professionals should consider the following principles and apply them in a fair and transparent manner: (1) Proportionality; (2) Minimizing harm to patients; (3) Equity; and (4) Reciprocity. Please refer to the Directive for details on these principles.

**Routine services performed by chiropodists and podiatrists in private practice and community settings may continue provided none of the Three Criteria above are met. All emergent or urgent surgeries may continue.**

The purpose of the revised Directive #2 is to minimize the likelihood that surgeries or procedures performed in a member's practice would give rise to complications that could require the patient to need further emergency medical services or hospitalization. If the surgery or procedure is emergent or urgent, the directive is not applicable and the procedure can be performed especially if it is likely to prevent the need for emergency medical services or hospitalization. If the surgery or procedure is not emergent or urgent then the member must consider the nature of the procedure and assess the risk of complications requiring further emergency services or hospitalization to that specific patient. If there is any likelihood that there could be complications requiring emergency medical services or hospitalization to that specific patient, the non-emergent or non-urgent surgery or procedure should be deferred until Directive #2 permits the procedure to be performed.

Please also continue to follow all Ministry and public health guidance, including, but not limited to, these guidelines on screening patients and screening workers:

- [Screening Tool for Patients](#) (dated August 26, 2021);
- [Screening Tool for Workers](#) (updated December 28, 2021); and
- [COVID-19 Reference Document for Symptoms](#) (dated January 4, 2022).

Please ensure you are seeking up-to-date Ministry and public health guidance, as the COVID-19 situation is rapidly evolving and guidance is subject to changing requirements.

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