

From: info@cocoo.on.ca
Subject: Gradual Restart of Services
Date: May 27, 2020 at 5:34 PM
To: bbyrne@visualantidote.com



Dear Meghan,

ATTENTION: IMPORTANT NEWS - A REVISED DIRECTIVE #2 FROM THE CHIEF MEDICAL OFFICER OF HEALTH OF ONTARIO HAS REPLACED THE DIRECTIVE ISSUED ON MARCH 19th, 2020.

The CMOH directive reflects a gradual restart of services. Where possible, Members are encouraged to limit the number of in-person visits for the safety of their patients, staff, and themselves. It remains important for Members to continue to monitor COVID-19 spread in their community and to restart services carefully and gradually.

The following steps are required by Members:

- All deferred and non-essential and elective services carried out by members may be gradually restarted, subject to the requirements of Directive#2.
- In the gradual restart of services, members must comply with the requirements as set out in COVID-19 document 'Operational Requirements: Health Sector Restart (May 26, 2020 or as current), including, but not limited to, the hierarchy of hazard controls.
- Members 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.
- Members 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.

Decisions regarding the gradual restart of services should be made using processes that are fair to all patients. Subject to the requirements of this Directive, Members 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. Members must also adhere to the guidance provided by the 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

- **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.

The following is a list of the attached documents:

Operational Requirements for Health Sector Restart May 26 2020

<http://cocoo.on.ca/wp-content/uploads/2020/05/Operational-Requirements-for-Health-Sector-Restart-May-26-2020.pdf>

COCOO Pandemic Directive Version 3.0

<http://cocoo.on.ca/wp-content/uploads/2020/05/COCOO-Pandemic-Directive-Version-3.0-May-26th-2020.pdf>

COCOO Patient Pandemic Info

<http://cocoo.on.ca/wp-content/uploads/2020/05/COCOO-Patient-Pandemic-Info.pdf>

Directive 2

<http://cocoo.on.ca/wp-content/uploads/2020/05/Directive-2-May-26-2020.pdf>

Warm Regards



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