

# New Directive #5 Rules

**October 6, 2020**

“Directive 5” is the government’s rules about COVID-19 and Personal Protective Equipment (“PPE”) for healthcare staff that hospitals and long-term care homes must follow.

OCHU/CUPE, SEIU and Unifor recently sued the government to force them to increase the protections for workers. To resolve this court action, the government agreed to make changes to Directive 5. These changes mean that hospitals and long-term care homes will have to give workers clearer access to better protections when they are dealing with patients or residents who may have COVID-19. These are the rules under the new Directive 5:

**Workers at hospitals and long-term care homes who are interacting with suspected or confirmed COVID patients/residents always have to be given, at a *minimum*, the following PPE regardless of distance from the patient/resident:**

- **Surgical/procedure masks;**
- **Gloves;**
- **Face shields or goggles;**
- **Appropriate isolation gowns.**

**In long-term care homes, workers have to wear surgical masks at all times during a shift, except when on a break or when they are not in contact with residents.**

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Workers also have the right to an N-95 respirator in three situations:

## **1. When the workplace is in an “outbreak” and you are within 2 metres of a COVID patient**

When a hospital or a long-term care home has an outbreak of COVID-19, workers who may come within two metres (or six and a half feet) of a known or suspected COVID-19 patient/resident have a right to an N-95 respirator.

**You have to ask your employer for an N-95 respirator, but they must give it to you.** Ask for an N-95 mask any time you are doing work and cannot be sure that you will be able to stay more than two metres away from a COVID-19 patient or resident.

Whether or not your workplace is in an “outbreak” of COVID-19 is decided by the local medical officer of health, not your employer.

For hospitals, an outbreak is usually when two people contract COVID-19 while at the hospital within two weeks of each other.

For long-term care homes, an outbreak is usually when one staff person or resident has a positive COVID-19 test. This may change to 2 cases in the near future.

## **2. When a regulated health professional (e.g. an RPN) decides an N-95 is needed**

Every time a doctor, RN, RPN or other regulated healthcare professional interacts with a known or suspected COVID patient or resident, they have to conduct a point of care risk assessment or PCRA to decide if they need to wear an N-95 respirator.

If a regulated healthcare professional decides that an N-95 respirator is required when interacting with a COVID-19 patient, **then the hospital or long-term care home has to give an N-95 respirator to that worker and every other worker who is present for that patient interaction and this cannot be denied by the employer.**

## **3. When certain kinds of medical procedures are done on a COVID patient**

**All workers** in any room where an “Aerosol Generating Medical Procedure” (also called an AGMP) is being done or is probable to be done on a COVID-19 patient must wear an N-95 respirator.

**You also have to wear an N-95 respirator if you are in a room where AGMPs are frequently done, even if they are not doing an AGMP at the time you are in the room.**

There are many different kinds of AGMPs. If you are in a room when an AGMP is being done, you should be told that this is happening. You can always ask if an AGMP is being performed if you are not sure.