

# RESOURCE GUIDE

**Chief Medical Officer of Health’s Directive #6 for Public Hospitals within the meaning of the [Public Hospitals Act, 1990](#) , Service Providers in accordance with the [Home Care and Community Services Act, 1994](#), Local Health Integration Networks within the meaning of the [Local Health System Integration Act, 2006](#) operating as Home and Community Care Support Services (providing community services and long-term care home placement services), and Ambulance Services paramedics within the meaning of the [Ambulance Act, 1990](#) (collectively the “Covered Organizations”)**

## Introduction

Under section 77.7(1) of the [Health Protection and Promotion Act, 1990](#) (HPPA), if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he may issue a directive to any health care provider or health care entity to be followed to protect the public’s health. World Health Organization (WHO) declared COVID-19 a pandemic virus on March 11, 2020 and the spread of COVID-19 is being tracked in Ontario.

There are many health care workers (HCW) in higher risk settings (e.g., public hospitals, home or community service settings, paramedics in ambulances, etc.) who remain unvaccinated and are posing risks to patients and other HCWs as well as to the health care system capacity due to the potential (re) introduction of COVID-19 in those settings.

In addition to these concerns, the prevalence of the Delta variant of concern globally and within Ontario, has increased transmissibility and disease severity than previous COVID-19 virus strains. There is, therefore, an immediate risk to patients within hospitals and home and community care settings who are more vulnerable and medically complex than the general population, and therefore more susceptible to infection and severe outcomes from COVID-19.

The CMOH has exercised his authority to direct that:

1. All Covered Organizations must establish, implement and ensure compliance with a COVID-19 vaccination policy that requires its employees, staff, contractors, volunteers and students to provide:

- a. proof of full vaccination<sup>1</sup> against COVID-19; or
  - b. written proof of a medical reason provided by a physician or registered nurse in the extended class that sets out: (i) a documented medical reason for not being fully vaccinated against COVID-19, and (ii) the effective time period for the medical reason;
2. All Covered Organizations must also make available an educational session about the benefits of COVID-19 vaccination which addresses:
  - a. how COVID-19 vaccines work;
  - b. vaccine safety related to the development of the COVID-19 vaccines;
  - c. the benefits of vaccination against COVID-19;
  - d. risks of not being vaccinated against COVID-19; and
  - e. possible side effects of COVID-19 vaccination.
3. Despite paragraph 1, a Covered Organization's vaccine policy may allow for an employee, staff, contractor, volunteer or student to provide proof of completing the educational session described in paragraph 2, as an alternative to the requirements of paragraph 1 (a) or (b), and must comply with the requirements set out in paragraph 4.
4. Every Covered Organization's vaccination policy shall require that where an employee, staff, contractor, volunteer or student does not provide proof of being fully vaccinated against COVID-19 in accordance with paragraph 1(a), but instead relies upon the medical reason described at paragraph 1(b) or, if applicable, the educational session described at paragraph 3, the employee, staff, contractor, volunteer or student shall:
  - a. submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result, at intervals to be determined by the Covered Organization which must be at a minimum once every seven days.
  - b. Provide verification of the negative test result in a manner determined by the Covered Organization that enables the Covered Organization to confirm the result at its discretion.

The objectives of the CMOH's Directive are to set out a provincially consistent approach to COVID-19 immunization policies in Covered Organizations to:

- optimize COVID-19 immunization rates in these settings;
- ensure that individuals have access to information required to make informed decisions about COVID-19 vaccination; and
- ensure that individuals not vaccinated for COVID-19 are being monitored for COVID-19 exposure to minimize the risks for patients and other HCWs.

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<sup>1</sup> For the purposes of this document, "fully vaccinated" means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by the World Health Organization (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and having received the final dose of the COVID-19 vaccine at least 14 days ago.

The purpose of this resource guide is to support Covered Organizations in developing and implementing their immunization policies<sup>2</sup>.

The CMOH recognizes that Covered Organizations include First Nations, Inuit and Metis organizations. The CMOH supports the principles of reconciliation and recognizes that these organizations may adapt the content of this policy to reflect the experience and perspective of the Indigenous community or communities that they serve, while retaining alignment with the Directive’s objectives. The province is engaging with First Nation, Inuit and Metis leadership and will provide further advice and guidance on the implementation of this Directive based on that engagement.

## Covered organizations

The following provides additional guidance regarding which employees, staff, contractors, volunteers and students the policy applies to.

Please note that Covered Organizations may include additional workers within the scope of its policy for consistency purposes. The Directive and this guidance outlines the **minimum** requirements.

Covered Organizations	Impacted Workers
Public hospitals within the meaning of the <a href="#">Public Hospitals Act, 1990</a>	<ul style="list-style-type: none"> <li>• All employees, staff, contractors, volunteers and students</li> <li>• Any businesses or entities operating on the hospital site.</li> </ul>
<p>Service providers within the meaning of the <a href="#">Home and Community Care Act, 1994</a> with respect to their provision of community services to which that Act applies including: home care, community support services, assisted living services and services for people with acquired brain injury.</p> <p>This includes Local Health Integration Networks operating as Home and Community Care Support Services with respect to the provision of community services.</p>	<ul style="list-style-type: none"> <li>• Employees, staff, contractors, volunteers and students providing services to clients and families</li> <li>• Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families.</li> <li>• Employees, staff, contractors, volunteers and students on the premises of a congregate care setting.</li> </ul>

<sup>2</sup> The application and use of this document are the responsibility of the user. The Ministry of Health assumes no liability resulting from any such application or use. This document is not intended as a substitute for any applicable legislation, directives, or orders and does not constitute legal advice. In the event of any conflict between this document and any legislation, directive, or order, the legislation, directive, or order prevails. Additionally, this document is not intended to take the place of medical advice, diagnosis, or treatment.

Covered Organizations	Impacted Workers
Local Health Integration Networks within the meaning of the <a href="#">Local Health System Integration Act, 2006</a> operating as Home and Community Care Support Services with respect to long-term care home placement services	<ul style="list-style-type: none"> <li>• Employees, staff, contractors, volunteers and students providing long-term care home placement services to clients and families.</li> <li>• Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families.</li> </ul>
Ambulance Services within the meaning of the <a href="#">Ambulance Act, 1990</a> , with respect to paramedics	<ul style="list-style-type: none"> <li>• Paramedics and community paramedics (excluding back office staff and centralized ambulance communications centre staff)</li> </ul>

This guide also includes:

- **Appendix 1:** example minimum policy
- **Appendix 2:** resources to support the creation of a Covered Organization’s educational program
- **Appendix 3:** frequently asked questions (FAQs)

## Providing proof

### *Proof of vaccination*

After vaccination, individuals with an Ontario photo health card can log in to the provincial portal to download or print an electronic COVID-19 vaccine receipt (PDF) for each dose received.

Receipts are available:

- for first and second doses received in Ontario regardless of where you were vaccinated in Ontario (for example, at a mass immunization clinic, hospital, pharmacy, or primary care setting)
- for doses received out of province, if reported to the local public health unit (and if approved international vaccines<sup>3</sup>)

To log in, individuals will need:

- a **green photo health (OHIP) card** (you will need numbers from both the front and back of the card, expired cards will be accepted)
- date of birth
- postal code

If you have a **red and white health card**, call the Provincial Vaccine Booking Line at [1-833-943-3900](tel:1-833-943-3900). The call centre agent can email you a copy of your receipt.

<sup>3</sup> Health Canada approved vaccines are currently available online; after August 24<sup>th</sup>, all receipts for World Health Organization approved vaccines will be available.

Individuals in the following circumstances should contact their [local public health unit](#) for further information:

- Individuals without an Ontario health card (or who did not provide their Ontario health card at the time of vaccination) should contact public health for a copy of their receipt.
- Individuals who did not receive a Canadian approved vaccine
- Individuals who have received an out-of-province vaccination and have not yet contacted their local public health unit should do so to ensure their records are validated and recorded.
- Individuals who received their vaccine through Ornge and Operation Remote Immunity and received a hand-written hard copy receipt and do not have green health card or computer to print off receipt from the port.
- Individuals who have questions or concerns about the information supporting their COVID vaccine receipt

The majority of people who were vaccinated in Ontario were provided a receipt from the Ministry of Health (ministry) with the individual's name, date of vaccination and product name (i.e., Pfizer, Moderna, etc.). The physical/hard copy receipt and email version of the receipt a person would have received will resemble the following:

<b>Ontario</b> 
<b>Ministry of Health</b> <b>Ministère de la Santé</b>
Name/Nom: [REDACTED]
Health Card Number/Numéro de la carte Santé: [REDACTED]
Date of Birth/Date de naissance: [REDACTED]
Date/Date: 2021-05-16, 3:43 p.m.
Agent/Agent: COVID-19_mRNA
Product Name/Nom du produit: PFIZER-BIONTECH COVID-19 VACCINE mRNA
Diluent/Produit: PFIZER Diluent 0.9% Sodium Chloride
Lot/Lot: [REDACTED]
Dosage/Dosage: 0.3ml
Route/Voie: Intramuscular / intramusculaire
Site/Site: Left deltoid / deltoïde gauche
You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)
Vaccine Administered By/Vaccin Administré par: [REDACTED] Registered Practical Nurse
Authorized Organization/Organisme agréé: [REDACTED]
Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées
Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at 3:58 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à 3:58 PM.

### ***Proof of a medical reason for not being vaccinated***

There are likely to be very few medical exemptions to COVID-19 vaccination. The largest group of individuals who receive a medical exception will be those with severe allergic reactions or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components and who have been assessed by an allergist/ immunologist to review methods for possible (re)administration of a COVID-19 vaccine. There are existing protocols to administer COVID-19 vaccines to individuals with other types of allergies. These other types of allergies do not on their own constitute the grounds for a medical exemption.

- Individuals who have had an allergic reaction within 4 hours and/or anaphylaxis that occurred with a vaccine or injectable medication that does not contain a

component or cross-reacting component of the COVID-19 vaccines can receive the COVID-19 vaccine followed by observation for a minimum of 30 minutes.

- Individuals with a history of significant allergic reactions and/or anaphylaxis to any food, drug, venom, latex or other allergens not related to the COVID-19 vaccine can receive the COVID-19 vaccine followed by observation for a minimum of 15 minutes. Individuals with allergy issues like allergic rhinitis, asthma and eczema can receive the vaccine followed by observation for a minimum of 15 minutes

Another group of individuals who may receive a medical exemption are those who are delaying their second dose because of a diagnosed episode of myocarditis/pericarditis after receipt of an initial dose of an mRNA vaccine.

In some instances, the medical reason for the person not being vaccinated may be time-limited (e.g., timing around a procedure or other medical treatment). The Directive requires that the note from the physician/nurse practitioner specifies whether the reason is permanent or time-limited. If time-limited, the note should indicate how long it is expected to last. Covered Organizations should communicate this requirement to anyone who is planning on submitting proof of a medical reason.

Proof must be provided by either a physician or a nurse practitioner (note: A nurse practitioner is a registered nurse who holds an extended certificate of registration under the [Nursing Act, 1991](#)). Referral and consultation support for Physicians and Nurse Practitioners is available through Ontario's [eConsult Service](#) and [OTN Hub](#).

More information about Medical Exemptions can be found in the Vaccine Information Sheets and Special Populations Documents available on the ministry's [website](#).

### ***Proof of completion of an educational program***

If they choose to offer an educational program option in their policy, Covered Organizations are encouraged to plan a way for people to provide proof that they have completed the educational program. Options could include having the person sign a form saying they completed the educational program (i.e., an attestation) or having them answer questions that confirm they have understood the program's content.

Covered Organizations delivering their own educational programs can record the person's participation directly.

## **Choosing the content for the educational program**

The educational program must address, at a minimum, all of the following:

- How COVID-19 vaccines work;
- Vaccine safety related to the development of the COVID-19 vaccines;
- Benefits of vaccination against COVID-19;
- Risks of not being vaccinated against COVID-19; and
- Possible side effects of COVID-19 vaccination.

When choosing the content for the educational program that they will be offering, Covered Organizations should:

- Consider whether the content meets the requirements specified in the Directive.

- Consult with the Covered Organization's senior administration, Infection Prevention and Control (IPAC) specialists who work in the hospital, and/or the local IPAC hub where appropriate/feasible.
- Consider the source of the information. Questions to ask include:
  - Is the content from a reputable source?
  - Is the content current?
  - Is the content clear and easy to understand?
  - Does the content represent the risks and benefits of vaccination fairly and in a transparent manner?
  - Does the content respect that it is an individual's personal choice as to whether to get vaccinated?
- Consider whether the content is appropriate for the linguistic and cultural characteristics of the people who will be taking the educational program.

Covered Organizations should also consider and address any accessibility needs of people who will be taking the educational program.

Resources to help support the creation of a Covered Organization's educational program are provided in **Appendix 2**.

## Implementing Antigen Point of Care Testing

Covered Organizations are required to ensure that individuals who are not fully vaccinated or do not provide proof of vaccination are undertaking regular antigen testing, and to verify the negative test results.

Individuals who are partly vaccinated (have received one dose of a two-dose vaccine series, or a final dose of a two-dose vaccine series within the last 14 days), should undertake antigen testing until they are fully vaccinated.

Antigen point-of-care tests are available to Covered Organizations free of charge and can be ordered online through the [Provincial Antigen Screening Program](#) (PASP).

The PASP also provides comprehensive [onboarding and training resources](#) to support implementation of regular antigen testing as required for employees, staff, contractors, volunteers, and/or students.

Provincial guidance on the use of antigen tests is available at [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Antigen\\_Screening\\_Guidance\\_2021-03-5.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Antigen_Screening_Guidance_2021-03-5.pdf)

## Communicating about the policy

Covered Organizations should communicate the content/requirements in the organization's policy to everyone who is subject to the policy and make it available to employees, staff, contract workers, students, volunteers and patients/residents/clients, their substitute-decision makers and family members.

While Covered Organizations should continue to encourage identified workers and anyone who enters the Covered Organizations' premises to get vaccinated, communication about the policy should be provided in a way that respects and supports education and informed choice about COVID-19 vaccination.

### ***Sample key messages:***

- Given hospitals are community congregate settings and patients may have underlying medical conditions, these patients are at increased risk for contracting the COVID-19 virus and experiencing serious outcomes.
- Given home and community care services are serving vulnerable patients with complex care needs in their homes or in community aggregate settings, it is understood that these patients are at increased risk for contracting the COVID-19 virus and experiencing serious outcomes.
- Given paramedic services are responding to vulnerable patients as they are transported for continued care, it is understood that these patients are at increased risk for contracting the COVID-19 virus and experiencing serious outcomes. It is also understood that some patients may be carrying the COVID-19 virus and a risk to paramedic employee.
- High rates of vaccination in our <Covered Organization> are important to protect all people: our patients as well as those who live in, work, and visit settings where we work and to help reduce the risk of outbreaks and the need to isolate patients, their families, and other community congregate setting participants.
- Although we will respect your decision about whether to be vaccinated or not, we strongly encourage you and all people employed by or otherwise working for or entering <Covered Organization> to help protect everyone by getting vaccinated. We will support you in getting access to vaccination.

### ***Ways to support employees, staff, contractors, volunteers, and students with their decisions regarding vaccination include:***

- Facilitating one-to-one conversations with a trusted peer, community leader, or health care professional.
- Tailoring messages to the unique employee characteristics and needs within your organization/unit or group that the employee works in.
- Continuing to work with local public health units to offer onsite vaccine opportunities wherever possible.
- Identifying vaccine champions in your communities, including primary care physicians, veteran employees, and faith/cultural leaders, who can talk to your employee directly (such as, through a virtual event) and share their personal stories.
- Providing the opportunity to go to an offsite vaccination clinic during paid work time and covering the transportation costs (where onsite options are not feasible), as well as providing paid leave should a employee person experience side effects from the vaccine.
  - Note: On April 29, 2021, the government amended the [Employment Standards Act, 2000](#) (ESA) to require employers to provide employees who are covered by the ESA with up to three days of paid leave, at their regular wage, up to \$200 per day, for reasons related to COVID-19. Paid leave is



available for certain reasons related to COVID-19, including going to get vaccinated and experiencing a side effect from a COVID-vaccination.

## Statistical Information

Per the Directive, every Covered Organization must collect, maintain and disclose, statistical (non-identifiable) information as follows:

1. Documentation that includes (collectively, “the statistical information”):
  - a. the number of employees, staff, contractors, volunteers, and students that provided proof of being fully vaccinated against COVID-19;
  - b. the number of employees, staff, contractors, volunteers, and students that provided a documented medical reason for not being fully vaccinated against COVID-19; and
  - c. the number of employees, staff, contractors, volunteers, and students that completed an educational session about the benefits of COVID-19 vaccination as an alternative to 1(a) or (b), where applicable.
  - d. the total number of the Covered Organization’s employees, staff, contractors, volunteers and students to whom this Directive applies.

Upon request of the Office of the CMOH (OCMOH), disclose the statistical information to the ministry in the manner and the timelines specified in the request. The ministry may seek additional detail within the requested statistical information outlined above which will also be specified in the request. The ministry may further disclose this statistical information and may make it publicly available.

Covered Organizations must not provide any identifying information to the ministry and should communicate to all individuals who are subject to the policy that information will be shared with the ministry in aggregate form only and without any identifying information.

# Appendix 1

## Example Policy (Minimum Requirements)

### *Covered Organization ABC's COVID-19 Immunization Policy*

#### **Purpose**

The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization of employees, staff, contractors, volunteers and students.

Contingent upon vaccine availability, all eligible employees, staff, contractors, volunteers and students are strongly encouraged to receive a COVID-19 vaccine, unless it is medically contraindicated.

#### **Background**

ABC Covered Organization recognizes the importance of immunization of employees, staff, contractors, volunteers and students, due to the nature of their work with vulnerable patients and seniors and the potential for exposure in the community. This COVID-19 immunization policy aims to protect the ABC Covered Organization's population including patients, employees, staff, contractors, volunteers and students.

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It may be characterized by fever, cough, shortness of breath, and several other symptoms. Asymptomatic infection is also possible. The risk of severe disease increases with age but is not limited to the elderly and is elevated in those with underlying medical conditions.

#### **Application of the Policy**

Regardless of how often they are at ABC Covered Organization and how much time they spend there or in their respective workplace, this policy applies to:

- Employees and staff including regulated health professionals, personal support workers, and other workers that are or may be in the patient environment
- contractors (including people on contract, and people employed by an employment agency or other third party)
- students on an educational placement
- volunteers

#### **Policy**

It is important to protect the health and well-being of ABC Covered Organization's patients, employees, staff, contractors, volunteers and students where there is evidence of a risk with identified measures for management. The CMOH has directed ABC

Covered Organization to develop, implement and ensure compliance with a COVID-19 vaccination policy.

To facilitate this policy all employees, staff, contractors, volunteers and students will be required to provide one of the following:

1. Proof of COVID-19 vaccine administration as per the following requirements:
  - a. If the individual has only received the first dose of a two-dose COVID-19 vaccination series approved by the World Health Organization proof that the first dose was administered and, as soon as reasonably possible, proof of administration of the second dose; or
  - b. Proof of all required doses of a COVID-19 vaccine approved by the World Health Organization
2. Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
  - a. that the person cannot be vaccinated against COVID-19; **and**
  - b. the effective time period for the medical reason (i.e., permanent or time-limited).
3. Proof that the individual has completed an educational program approved by *ABC Covered Organization*.<sup>4</sup>

Employees, staff, contractors, volunteers and students who elect not to provide proof of COVID-19 vaccination per 1 above, and rely on 2 or 3, are required to perform rapid antigen testing, at a frequency of not less than X in alignment with provincial guidance, and provide verification of negative test results as specified by *ABC Covered Organization* (e.g., in person on the worksite, remotely via email or app)

## Educational Program

The educational program has been approved by an approved vendor and/or provided by *ABC Covered Organization* and addresses all of the following learning components:

- how COVID-19 vaccines work;
- vaccine safety related to the development of the COVID-19 vaccines;
- benefits of vaccination against COVID-19;
- risks of not being vaccinated against COVID-19; and
- possible side effects of COVID-19 vaccination.

## Support for Vaccination

*ABC Covered Organization* will provide the following supports for people subject to this policy to receive a vaccine: \_\_\_\_\_ (for example: paid time off, assistance with booking vaccine appointment, peer-to-peer support, etc.).

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<sup>4</sup> Per the Directive, this option is at the discretion of the Covered Organization.

## Non-compliance with the policy

In accordance with *ABC Covered Organization's* human resources policies, collective agreements and applicable legislation, directives, and policies \_\_\_\_\_.

## Confidentiality Statement

*ABC Covered Organization* is required, pursuant to the *Chief Medical Officer of Health's Directive #6 for Public Hospitals* within the meaning of the [Public Hospitals Act, 1990](#) and *Service Providers* in accordance with the [Home Care and Community Service Act, 1994](#), Local Health Integration Networks within the meaning of the [Local Health System Integration Act, 2006](#) and *Ambulance Services* within the meaning of the [Ambulance Act, 1990](#) (operating as Home and Community Care Support Services) providing long-term care home placement services *COVID-19 Immunization Policy*, to report statistical information to the OCMOH or the ministry. No identifying information will be provided to the ministry in relation to this policy; all statistical information will be provided in aggregate form.

## Disclaimer:

This document is an example of a policy based on the *Chief Medical Officer of Health's Directive #6*. It is intended for illustrative purposes only. It is the responsibility of the Covered Organization to ensure that the information included in their policy meets all requirements under the Chief Medical Officer of Health's Directive and applicable legislation and reflects the individual circumstances and needs of each Covered Organization in accordance with the Directive and other applicable legislation.

Please be advised that this example of a policy **does not constitute legal advice** and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the [Public Hospitals Act, 1990](#), the [Home Care and Community Services Act, 1994](#); the [Local Health System Integration Act, 2006](#), and the [Ambulance Act, R.S.O. 1990](#). Ministry employees will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the Covered Organization to ensure compliance with all applicable legislation, regulations, and Minister's Directives. If the Covered Organization requires assistance with respect to the interpretation of the legislation, regulations, and Minister's Directives and their application, the Covered Organization may wish to consult legal counsel.

## Appendix 2

# Resources to support the creation of a covered organization's educational program (in alphabetical order)

[About COVID-19 Vaccines](#) (Ontario Ministry of Health)

**\*\*bilingual\*\*** [Building Confidence in Vaccines](#) [English] and [Accroître la confiance à l'égard des vaccins](#) [French] (Public Health Ontario)

[Communicating effectively about immunization: Canadian Immunization Guide](#) (Government of Canada)

**\*\*multilingual\*\*** [Coronavirus disease \(COVID-19\): Awareness resources](#) (Government of Canada)

[COVID-19 Info](#) (Immunize Canada)

[COVID-19 Vaccination Education Video](#) (Dr. Nathan Stall for AdvantAge Ontario) *\*new*

[COVID-19 Vaccination: Making an Informed Decision Learning Module](#) (Lakeridge Health)

[COVID-19 Vaccination: Making an Informed Decision Learning Module](#) [**working file for download and editing**] (Lakeridge Health) Note: In order to access the workable Lakeridge Health module your computer will require an Articulate licence.

[COVID-19 Vaccination Declaration Sample](#) (Lakeridge Health)

**\*\*bilingual\*\*** [COVID-19 vaccines and workplace health and safety: Learn how COVID-19 covid 19 vaccines help protect you and make your workplace safer](#) [English] and [Les vaccins contre la COVID-19 et la santé et la sécurité au travail: Découvrez comment les vaccins contre la COVID-19 covid 19 contribuent à vous protéger et à rendre votre lieu de travail plus sécuritaire](#) [French] (Ontario Ministry of Labour, Training and Skills Development)

[COVID-19: Vaccines | Centre for Effective Practice - Digital Tools](#) (Centre for Effective Practice)

[COVID-19 Vaccines Explained](#) (World Health Organization)

[COVID-19 Vaccine Information Sheet](#) (Ontario Ministry of Health)

**\*\*multilingual\*\*** [COVID-19: Vaccine Resources](#) and in [American Sign Language](#) (City of Toronto)

**\*\*multilingual\*\*** [Documents multilingues sur la vaccination contre la COVID-19](#)  
(Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux)

[Gashkiwidoon toolkit: covid-19 vaccine implementation](#) (Indigenous Primary Health Care Council)

**\*\*multilingual\*\*** [LTC COVID-19 Vaccine Promotion Toolkit](#) (Ministry of Long-Term Care)

[Ontario's doctors answer COVID-19 vaccine questions](#) (Ontario Medical Association)

[Sunnybrook COVID-19 e-learning module](#) (Sunnybrook Health Sciences Centre)

[Tools to Boost Vaccine Confidence in LTC Teams](#) (Ontario Centres for Learning, Research and Innovation in Long-Term Care)

[Updates on COVID-19](#) (National Collaborating Centre for Indigenous Health)

**Disclaimer:** The Ministry of Health and the Province of Ontario do not assume any responsibility for the content of any of the resources listed above. The inclusion of the resources in the list above does not constitute an endorsement of the resource or the organization/entity that developed the resource. Covered Organizations should seek legal advice on the use of any resources/materials that hold a patent, copyright, trademark, or other proprietary rights. If a Covered Organization wishes to use any or all of the resources in the list above, the Covered Organization should clearly and expressly attribute sources appropriately.

# Appendix 3

## FAQs

### Chief Medical Officer of Health's Directive #6 for

### Public Hospitals, Services Providers, and Ambulance Services and Paramedics COVID-19 Immunization Policy

#### 1. Who does the new Chief Medical Officer of Health's (CMOH) Directive #6 apply to?

The new CMOH's Directive #6 will apply to all public hospitals within the meaning of the [Public Hospitals Act, 1990](#) and service providers within the meaning of the [Home Care and Community Services Act, 1994](#) providing community services to which that Act applies, Local Health Integration Networks within the meaning of the [Local Health System Integration Act, 2006](#) (operating as Home and Community Care Support Services) providing long-term care home placement services and Ambulance Services within the meaning of the [Ambulance Act, 1990](#) with respect to paramedics (collectively the "Covered Organizations").

#### 2. What are the requirements in the new Chief Medical Officer of Health's (CMOH) Directive?

Under Directive #6, Covered Organizations will be required to establish and implement a COVID-19 immunization policy for employees, staff, contractors, volunteers and students. At a minimum, each Covered Organization policy must require that employees, staff, contractors, volunteers, and students do one of three things:

- **Provide proof of full vaccination** against COVID-19; **OR**
- **Provide a documented medical reason** for not being fully vaccinated against COVID-19.

The Covered Organization must also provide an educational program about the benefits of COVID-19 vaccination available to employees, staff, contractors, volunteers, and students. If they so **choose**, the Covered Organization can require staff participation as an alternative to providing proof of vaccination or of a medical exemption to vaccination, but they do not have to do so.

In addition, where an employee, staff, contractor, student or volunteer does not provide proof of being fully vaccinated against COVID-19 there is a requirement for regular point of care rapid antigen testing. The employee, staff, contractor, student or volunteer must provide the Covered Organization with proof of negative results in the manner prescribed in the policy. Testing must occur at a minimum of once every 7 days.

### **3. Why did CMOH issue this new CMOH Directive?**

Achieving high immunization rates in Ontario's Covered Organizations through vaccination is part of a range of measures and actions that can help prevent and limit the spread of COVID-19 in these settings. Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, can limit severe outcomes including hospitalizations and death due to COVID-19 in patients, employees, staff, contractors, volunteers, students, and all others who may be present in Covered Organizations.

- A provincial vaccination policy promoting vaccine uptake among health care workers in the hospital, home and community care and ambulance sectors is aligned with the goals and overall provincial response to COVID-19 in:
  - Protecting vulnerable patients who may be health compromised or at risk of being health compromised in settings that face a higher risk of contracting and transmitting COVID-19.
  - Protecting staff and health human resource (HHR) capacity
  - Reducing the potential for outbreaks, potential disruptions in service and continuity of care.

### **4. When are these requirements going into effect?**

To provide for a period of transition, the effective date of the CMOH's Directive is September 7, 2021. A September 7 effective date balances the need for hospitals and service providers to have some lead time to establish, implement and ensure compliance with a COVID-19 vaccination policy, with the need to have the policy in place as soon as possible to protect Covered Organizations and their populations.

### **5. Who is responsible for ensuring that employees, staff, contractors, students, and volunteers are notified of a hospital and home and community care organization's immunization policy?**

Every Covered Organization shall ensure that the policy on COVID-19 immunization is communicated to all employees, staff, contractors, students and volunteers, and a copy is made available to employees, patients and their substitute-decision makers and family members attending to the setting free of charge.

### **6. To whom do the new requirements apply?**

The Directive requires that Covered Organizations' COVID-19 immunization policies apply to all employees, staff, contractors, students and volunteers. The definition of "employee" in the Directive is the same as that under the [Public Hospitals Act, 1990](#), the [Home Care and Community Services Act, 1994](#), Local Health Integration Networks within the meaning of the [Local Health System Integration Act, 2006](#) (operating as Home and Community Care Support Services) providing long-term care home placement services and the [Ambulance Act, 1990](#).



Covered Organizations	Impacted Workers
Public hospitals within the meaning of the <a href="#">Public Hospitals Act, 1990</a>	<ul style="list-style-type: none"> <li>• All employees, staff, contractors, volunteers and students</li> <li>• Any businesses or entities operating on the hospital site.</li> </ul>
<p>Service providers within the meaning of the <a href="#">Home and Community Care Act, 1994</a> with respect to their provision of community services to which that Act applies, including: home care, community support services, assisted living services and services for people with acquired brain injury.</p> <p>This includes Local Health Integration Networks operating as Home and Community Care Support Services with respect to the provision of community services.</p>	<ul style="list-style-type: none"> <li>• Employees, staff, contractors, volunteers and students providing services to clients and families</li> <li>• Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families.</li> <li>• Employees, staff, contractors, volunteers and students on the premises of a congregate care setting.</li> </ul>
Local Health Integration Networks within the meaning of the <a href="#">Local Health System Integration Act, 2006</a> operating as Home and Community Care Support Services with respect to the provision of long-term care home placement services	<ul style="list-style-type: none"> <li>• Employees, staff, contractors, volunteers and students providing long-term care home placement services to clients and families.</li> <li>• Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families.</li> </ul>
Ambulance Services within the meaning of the <a href="#">Ambulance Act, 1990</a> , with respect to paramedics	<ul style="list-style-type: none"> <li>• Paramedics and community paramedics (excluding back office staff and central ambulance communications centre staff)</li> </ul>

**7. Do third party contractors, such as building maintenance or suppliers fall under the definition of “contractors” pursuant to the Directive?**

Yes, third party contractors such as building maintenance (e.g., HVAC, fire alarm inspection, trades, landscaping, pest control, etc.) or suppliers (e.g., Sysco/MM/Eco lab/Life Labs/Arjo, etc.) **do** fall under the definition of “contractor” for employers responsible for congregate care settings. These would, in general, fall under the category of support worker, which is commonly defined as a type of essential visitor who is visiting to perform essential support services for a hospital or other Covered Organization in the context of a congregate care setting.

**8. My hospital has volunteers that only come into the setting for 2 hours once a week; would they be subject to the Covered Organization's COVID-19 immunization policy?**

Yes. The Directive requires that Covered Organizations' immunization policies apply to all employees, staff, contractors, students and volunteers regardless of the frequency or duration they attend the Covered Organization congregate care setting(s).

**9. I work for a restaurant in the hospital cafeteria, does this new policy apply to me?**

Yes, under Directive #6, every employee, staff, contractor, volunteer and student are required to follow the Covered Organization's policy once it is developed.

**10. What must be included in Covered Organization's COVID-19 immunization policy?**

Under Directive #6, Covered Organizations will be required to establish and implement a COVID-19 immunization policy for employees, staff, contractors, volunteers and students. At a minimum, each Covered Organization policy must require that employees, staff, contractors, volunteers, and students do one of three things:

- **Provide proof of full vaccination** against COVID-19; **OR**
- **Provide a documented medical reason** for not being fully vaccinated against COVID-19.

The Covered Organization must also provide an educational program about the benefits of COVID-19 vaccination available to employees, staff, contractors, volunteers, and students. If they so **choose**, the Covered Organization can require staff participation as an alternative to providing proof of vaccination or a medical exemption to vaccination, but they do not have to do so.

In addition, where an employee, staff, contractor, student or volunteer does not provide proof of being fully vaccinated against COVID-19 there is a requirement for regular point of care rapid antigen testing. The employee, staff, contractor, student or volunteer must provide the Covered Organization with proof of negative results in the manner prescribed in the policy. Testing must occur at a minimum of once every 7 days.

- a) Proof of COVID-19 vaccine administration as per the following requirements:
  - i. If the individual has only received the first dose of a two-dose COVID-19 vaccination series approved by the WHO, proof that the first dose was administered and, as soon as reasonably possible, proof of administration of the second dose; or
  - ii. If the individual has received the total required number of doses of a COVID-19 vaccine approved by WHO, proof of all required doses.
- b) Written proof of a medical reason, provided by either a physician or registered nurse in the extended class, that sets out:
  - i. that the person cannot be vaccinated against COVID-19; and
  - ii. the effective time period for the medical reason.

- c) Proof that the individual has completed an educational program approved by the covered organization that addresses, at a minimum, all of the following:
- i. how COVID-19 vaccines work;
  - ii. vaccine safety related to the development of the COVID-19 vaccines;
  - iii. the benefits of vaccination against COVID-19;
  - iv. risks of not being vaccinated against COVID-19; and
  - v. possible side effects of COVID-19 vaccination.

There are also requirements regarding the reporting of statistical information related to the Directive.

## 11. What is an acceptable proof of full vaccination?

“Fully vaccinated” means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by WHO (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and having received the final dose of the COVID-19 vaccine at least 14 days ago. After vaccination, individuals with an Ontario photo health card can log in to the provincial portal to download or print an electronic COVID-19 vaccine receipt (PDF) for each dose received.

Receipts are available:

- for first and second doses received in Ontario regardless of where you were vaccinated in Ontario (for example, at a mass immunization clinic, hospital, pharmacy or primary care setting)
- for doses received out of province, if reported to the local public health unit (and if approved international vaccines<sup>5</sup>)

To log in, individuals will need:

- a **green photo health (OHIP) card** (you will need numbers from both the front and back of the card, expired cards will be accepted)
- date of birth
- postal code

If you have a **red and white health card**, call the Provincial Vaccine Booking Line at [1-833-943-3900](tel:1-833-943-3900). The call centre agent can email you a copy of your receipt.

Individuals in the following circumstances should contact their [local public health unit](#) for further information:

- Individuals without an Ontario health card (or who did not provide their Ontario health card at the time of vaccination) should contact public health for a copy of their receipt.
- Individuals who did not receive a Canadian approved vaccine

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<sup>5</sup> Health Canada approved vaccines are currently available online; after August 24<sup>th</sup>, all receipts for World Health Organization approved vaccines will be available.

- Individuals who have received an out-of-province vaccination and have not yet contacted their local public health unit should do so to ensure their records are validated and recorded.
- Individuals who received their vaccine through Ornge and Operation Remote Immunity and received a hand-written hard copy receipt and do not have green health card or computer to print off receipt from the portal.
- Individuals who have questions or concerns about the information supporting their COVID vaccine receipt

## **12. How will compliance with Directive #6 be ensured?**

Every Covered Organization must collect, maintain and disclose, statistical (non-identifiable) information as follows:

1. Documentation that includes (collectively, “the statistical information”):
  - a) the number of employees, staff, contractors and volunteers that provided proof of being fully vaccinated against COVID-19;
  - b) the number of employees, staff, contractors and volunteers that provided a documented medical reason for not being fully vaccinated against COVID-19; and
  - c) the number of employees, staff, contractors and volunteers that completed an educational session about the benefits of COVID-19 vaccination.

Upon request of OCMOH, disclose the statistical information to the OCMOH or the Ministry of Health in accordance with the manner and timelines specified in the request. The OCMOH or Ministry of Health may further disclose this statistical information and may make it publicly available.

## **13. How are Covered Organizations expected to choose content for their educational program?**

When choosing the content for the educational program that they will be offering, Covered Organizations should:

- Consider whether the content meets the requirements specified in the Directive regarding what a Covered Organization’s educational program must address.
- Consult with the Covered Organization’s medical director and/or administration, Infection Prevention and Control (IPAC) specialists who work in their Covered Organization, Occupational Health and Safety lead and/or their local IPAC hub where appropriate/feasible.
- Consider the source of the information. Questions to ask include:
  - Is the content from a reputable source?
  - Is the content current?
  - Is the content clear and easy to understand?
  - Does the content represent the risks and benefits of vaccination fairly and in a transparent manner?
  - Does the content respect that it is an individual’s personal choice as to whether to get vaccinated?

- Consider whether the content is appropriate for the linguistic and cultural characteristics of the person(s) who will be undertaking the educational session.

Covered Organizations should also consider and address any accessibility needs of people who will be taking the educational session.