

October 19, 2021

Hon. Doug Ford  
Premier of Ontario  
Legislative Building, Queen's Park  
Toronto, ON M7A 1A1

Dear Premier,

Thank you for the opportunity to provide input on a province-wide vaccination mandate in hospitals.

We support mandatory vaccinations for healthcare staff and visitors in hospitals and a required COVID-19 test for patients. It is critical to do all we can to prevent transmission in hospitals and ensure we protect capacity. Hospitals are where providers and other staff are in regular contact with patients, and where patients are often most vulnerable. It is essential patients are comfortable pursuing care at a hospital when needed.

By not having a vaccine mandate, the risk to employees' and patients' health from outbreaks and the risks to staffing shortages are significant and unpredictable. Challenges associated with mandatory vaccinations are more predictable and less likely to impact patient care; its benefits outweigh concerns about possible impact on health human resources.

It is critical that direction on mandatory vaccinations come from the province through a clear, well communicated, province-wide mandate. This will make it easier for staff and allow hospitals to focus on what they are there to do: provide patient care.

We also support the OHA assertion that there is a need for a system-wide mandatory vaccine mandate for all healthcare workers, including those in primary care, to ensure that we have a consistent approach and protection for the most vulnerable in all parts of the healthcare system. To help support all healthcare organizations with a mandatory vaccine mandate, we have been calling for the extension of Directive #6 to provide employers with the levers they need to compel their staff to comply. Within an equity framework for a vaccine mandate for healthcare workers, we recommend that organizations retain the ability to address implementation issues according to their own circumstances and needs, including timing and consequences for failing to meet these requirements.

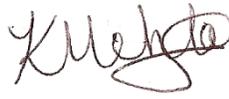
Premier, your concern about health human resources is well warranted and one we share. However, it would be remiss not to point out that this workforce has been feeling undervalued throughout the pandemic. We would ask you also consider withdrawing Bill 124 to support people on the frontlines who are exhibiting unprecedented challenges during this pandemic. This is where our concerns lie the most in retaining staff, not a mandatory vaccination policy.

Thank you for seeking our feedback. Please see our responses below to your questions, which we are happy to discuss further.

Yours Sincerely,



Sarah Hobbs  
CEO, Alliance for Healthier Communities



Kavita Mehta  
CEO, Association of Family Health Teams of Ontario



Caroline Lidstone-Jones  
CEO, Indigenous Primary Health Care Council



Katie Hogue  
President Elect, Nurse Practitioner-led Clinic Association

cc:

Hon. Christine Elliott, Deputy Premier, Minister of Health

Dr. Catherine Zahn, Deputy Minister, Ministry of Health

Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health

Patrick Dicerni, Assistant Deputy Minister and Executive Officer

Nadia Surani, Director, Primary Health Care Branch

## **Responses to the questions on mandatory vaccinations in hospitals**

### **1. How could making vaccinations mandatory benefit hospitals?**

Mandatory vaccination will protect healthcare providers and patients and promote stability in the health care workforce. This will reduce the overall burden of COVID-19 on services by helping keep staff healthy and at work to care for patients, and it will help prevent transmission to medically vulnerable patients in the hospital.

We must do all we can to protect people's health and help them regain their comfort in going to a hospital when needed. Hospitals are where providers and other staff are in regular contact, often intensive contact with patients, and where patients are most likely to be their most vulnerable, including those who are immunocompromised. It is essential that they are as safe as possible in a place where they go to receive care. It is also being seen that breakthrough cases in fully vaccinated patients are more common in hospitals, likely given an increased susceptibility in patients due to the medical condition that has brought them there.

The exception to mandatory vaccinations for visitors could be for those visiting immediate family members who are in palliative care, and the expectant partner of the woman giving birth. However, in both cases, testing should be required.

We would also like to reiterate the importance of mandatory vaccinations across all healthcare workers outside of hospitals, including primary care. We echo the OHA statement from October 1 that the time has come to adopt a mandatory approach for all healthcare workers in order to minimize the risk of potential migration of workers from one area of the healthcare system to another, due to inconsistent approaches. While Directive #6 was supportive for hospitals and long-term care, it needs to be expanded to include primary care as well. A system-wide response is critical.

As in hospitals, community providers are in regular, direct contact with patients, including those who are immunocompromised. Every illness, outbreak, ICU admission, and death we can prevent brings us closer to the end of this pandemic. We must make it clear to Ontario's healthcare workers that getting vaccinated is a top priority in keeping healthcare settings safe for everyone, including those who seek our members' care in team-based primary care settings.

### **2. Should the government make COVID-19 vaccinations mandatory in hospitals or leave staffing decisions up to individual hospitals?**

The government should make COVID-19 vaccinations mandatory in hospitals, for all staff and all visitors (exceptions noted in #1). People need to be vaccinated in hospitals to protect the community, to protect patients and caregivers, and to reduce transmission. This needs to be a very clear message, communicated with consistency across the province by the government: that we are doing all we can to reduce transmission and keep healthcare settings safe for all, and that this policy is critical to ending the pandemic. Action on such a critical issue as mandatory vaccinations for employees and visitors to enter a hospital must be clear and consistent across Ontario.

This must be a clear directive from the government to hospitals. This also makes it easier for them and it reduces liability concerns, allowing them to focus more on why they are there: patient care.

**3. Currently, there are two active outbreaks in hospitals. This low prevalence is due to strong IPAC measures and robust hospital safety policies. How would you assess the risk posed by potential future outbreaks compared to the risk of widespread HHR implications that may result from a vaccine mandate?**

Infection prevention and control measures, safety policies, and vaccinations all help make hospitals and other healthcare settings safer and less likely to see outbreaks. Public health guidance in Ontario and other jurisdictions points consistently to the best protection against infection and outbreaks including a regimen with all (not some of): PPE, safety and distancing measures, and vaccinations. These all help lower the risk of COVID-19 infection and illness. Getting vaccinated is the best way to keep people safe.

By not having a vaccine mandate, the risk to employees' and patients' health from COVID-19 outbreaks and the risks to staffing shortages if staff become sick are significant and unpredictable. The risks posed by a vaccine mandate are more predictable and less likely to impact patient care.

The unpredictable risks are a concern in areas of the province with less flexibility or surge capacity, or where facilities and communities are more remote and less able to "borrow" staff from other areas. While a mandatory vaccine policy for healthcare workers would create a "one-time" challenge, if employers are given clearly delineated dates and consequences/resolutions for unvaccinated employees, it would be more predictable and manageable. In contrast, ongoing risks of outbreaks due to people being unvaccinated could impact staffing levels and service availability in unknown ways. The highest possible vaccination rates in all healthcare settings also helps to guard against the unpredictable nature of transmission as COVID-19 variants evolve.

**4. Do you believe mandatory vaccines would result in a diminishment of frontline staff in other parts of our health care system? If so, where?**

While every healthcare organization is unique in staffing level challenges, particularly due to the ongoing effects of the pandemic, broad, reasonable, and clear mandatory vaccination policies are shown to increase uptake of the vaccine while minimizing disruption to services. Outbreaks can both diminish the levels of care available – particularly vital in-person care – and can damage the perception of safe care being available to the public. Real health risks to both staff and patients, including those who are vaccinated, needs to be considered when building a policy that protects **everyone** as much as possible.

Ensuring that services are not diminished or do not become less accessible and safe during the pandemic requires extending the mandatory vaccine policy to areas where ability to follow all PPE/safety measures is not easy. These include mental health settings, such as outreach staff in harm reduction. In addition, the mandatory policies should apply to some adjacent sectors that could have direct impact on health human resources (HHR) capacity, such as daycare services. If healthcare providers are facing outbreaks among child care they depend on, this could affect the overall health system's stability and the ability to provide undiminished services.

It is far easier to redistribute staff or make advance staffing plans around unvaccinated employees, to move resources around based on predictable policies coming into place, and to have clear timelines and resolutions, than it is to manage unpredictable outbreaks and new and evolving risks without all the available protection tools in place (i.e., the highest possible vaccination rates in all health care and health care-related contexts).

The consistency in vaccinations across the healthcare sector is also important in retaining staff. As we saw when vaccines were made mandatory in long-term care homes, staff moved from that sector to others, where they were still working directly with patients. Consistency across the sector will prevent the diminishment of staff in certain healthcare sectors over others.

While we acknowledge many workers in healthcare are from communities that have historical and contemporary experiences with healthcare, that may affect the vaccination rates, we know a vaccine mandate is critical in getting Ontario health care settings to the highest levels of vaccination possible, and to protect more vulnerable Ontarians. While a vaccine mandate may have a “one-time” impact on healthcare human resources, we also recognize this impact on recruitment and retention of staff from underserved or high priority populations, which may affect our efforts to provide culturally safe services.

**5. Do you believe this policy could result in negative impacts in areas that face significant challenges recruiting and retaining health care workers, particularly in northern and remote parts of the province?**

The challenge of recruiting and retaining healthcare workers in the northern and remote parts of the province does not seem to be significantly linked to vaccination policies or subjects. As Federal Indigenous Services Minister Marc Miller stated, the nationwide push to prioritize First Nations, Métis and Inuit communities for the COVID-19 vaccine is starting to show positive results as vaccination rates in these communities are higher than those elsewhere (Tasker, 2021). Data collected has shown that COVID-19 vaccine uptake is higher for Indigenous populations living in remote areas compared to urban Indigenous populations (“COVID-19 vaccines and Indigenous peoples”, 2021).

Indigenous Services Canada (ISC) is currently working with provinces and territories, First Nations, Inuit and Métis partners, the National Association of Friendship Centres and other urban community service organizations to support current planning efforts. They are identifying challenges and advocating for an increase in vaccination for Indigenous peoples, regardless of where they live.

By making the vaccines more available in locations that are welcoming and accessible to Indigenous peoples, this policy could be applicable to retain and recruit health care workers in northern and remote parts of the province.

Many northern and remote area hospitals have also implemented COVID-19 vaccine policies and reported back high employee vaccination rates. For instance, Sault Area Hospital asserts that 95% of their employees are fully vaccinated and Health Sciences North says 92% of its workers are fully vaccinated (White, 2021).

It is far easier to redistribute staff or make advance staffing plans around unvaccinated employees than it is when facing unpredictable outbreaks and managing new and evolving risks. The HHR crisis was also in northern and remote communities before COVID-19 because of poor planning and recruitment strategies. This is where improvement is needed. We feel that mandatory vaccinations would be more of a benefit to this than a challenge.

**6. Are there other parts of the system where unvaccinated workers can be reassigned, including administrative or other non-patient facing roles?**

Assigning unvaccinated workers to other parts of the healthcare system has not been the approach we have been seeing in current practice. Currently, member experience has seen hospitals placing unvaccinated workers on leave and then terminating the work contract if the unvaccinated worker chooses to remain unvaccinated at the culmination of the leave period.

The approach to reassign unvaccinated workers to administrative or non-patient facing roles would seem to “reward” the unvaccinated workers for their decision to remain unvaccinated. This is not something the healthcare system would want to promote. From a human resources perspective, it would seem to take a similar number of resources to reassign and train an unvaccinated worker to a new role than hire a new vaccinated worker for the role. The latter would be preferable in reducing the risk of COVID-19 outbreak in healthcare facilities and hiring workers that comply with the vaccine mandate.

**7. In your opinion, is there anything else the government can or should be doing to increase vaccination uptake among health care workers?**

To increase vaccination uptake, the government can address safety concerns that are associated with vaccine safety/hesitancy. An emphasis should be placed on identifying the main side effects, their severity, clarifying allergic reactions and most common reactions by providing aid via support centres to manage the aforementioned. The government should also emphasize the importance of exhibiting empathy. By normalizing fears associated with vaccination and going into the direction of developing clear action plans to address these fears, it can pave the pathway for an overall empathetic approach.

It is also important to promote the uptake of cultural safety training so that healthcare workers are more prepared to respond and interact with all patients, clients and fellow colleagues. For instance, Canada has many residential school survivors that have experienced health experiments without their consent and this fear about the healthcare system is passed forward. Many communities, including Black and racialized communities, have faced historic and contemporary experiences with the healthcare system, informing their fears or hesitancy. It is important to acknowledge this and work with communities to positively reinforce vaccine safety.

Another way to normalize vaccine uptake can be through social comparison; this can be done by identifying peers/colleagues of healthcare workers who share mutual lived experiences and work experiences and who have decided to receive the COVID-19 vaccine. This can increase the willingness of other health care workers to participate in the COVID-19 vaccination. Contacting trusted leaders and peers of different communities to engage in educational sessions about vaccine uptake in the hopes of normalizing and personalizing vaccination can be one approach for this. For example, there is a need for Indigenous representation in public health messaging to improve vaccine uptake in Indigenous communities. This can be achieved by doing the following: finding messengers who have similar occupations/background to healthcare workers and engaging in consistent messaging via multiple channels and formats to maximize reach. In addition, concerns have been identified about public health messaging pertaining to Indigenous prioritization for booster doses. It is important to acknowledge all Indigenous people, regardless of where they live, in prioritization exercises.

Finally, we need a system-wide mandatory vaccine mandate for healthcare workers, including those in primary care, to ensure that we have a consistent approach and protection for the most vulnerable in all parts of the healthcare system. We strongly recommend that Directive #6 be expanded to include all healthcare workers to provide employers with the levers they need to compel their staff to comply and so that providers can mandate policies that work best for their organizations' environments. There are ongoing challenges with this across the sector, so clear direction from government that is applicable to all healthcare workers is critical to improving staff and patient safety across the province, to reducing transmission, and to helping us move towards herd immunity.

### **References**

COVID-19 vaccines and Indigenous peoples. (2021). Retrieved 18 October 2021, from <https://www.sac-isc.gc.ca/eng/1606941379837/1606941507767#s1>

Tasker, J. (2021). Vaccination rate is 6 times higher in Indigenous communities than in general population | CBC News. Retrieved 18 October 2021, from <https://www.cbc.ca/news/politics/indigenous-vaccination-rates-1.5917161>

White, E. (2021). Dozens of unvaccinated hospital workers in northeastern Ontario could be sent home without pay | CBC News. Retrieved 18 October 2021, from <https://www.cbc.ca/news/canada/sudbury/hospital-vaccination-workers-northeastern-ontario-1.6195206>