



October 19, 2021

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

Re: OHA Response to Premier's Letter on Health Care Worker Vaccination

Dear Premier Ford,

Thank you for your October 15 letter requesting input on vaccinate mandates in hospitals.

Recommendation:

The Ontario Hospital Association (OHA) has been actively engaging its membership on this matter and recommends a provincial directive that sets out an overarching commitment requiring all health care workers to be vaccinated regardless of employer, with each organization working expeditiously to meet this goal in a manner that addresses their circumstances.

This recommendation makes it clear all hospital employees and credentialed clinicians must be vaccinated and ensures that individual employers are able to address implementation issues, including timing and consequences for failing to meet these requirements such as unpaid leaves, non-renewal of credentials, or termination of employment, to ensure stability of clinical services during this transition.

The Chief Medical Officer of Health should review the impact of individual hospital implementation efforts by no later than January 15, 2022 to assess whether additional action by the Government of Ontario is necessary.

On October 15, the OHA held a member videoconference to discuss your letter. The position outlined above was summarized at the end of the call and 120 Ontario hospitals, representing a combined total revenue of approximately \$28.5 billion and more than 166,000 full-time employees, endorsed this position in a member poll conducted between this past Friday and Monday. This represents approximately 94% of hospital sector revenue and full-time employees. As you requested, some hospital leaders will be responding to your letter in their own words too.



Precedent for Provincial Leadership

Ontario hospitals are committed to doing everything possible to keep patients and staff safe and are unified in their commitment to the objective of having all health care workers vaccinated. Requiring vaccination for COVID-19 is consistent with the approach that hospitals are required to take with respect to other infectious diseases. The *Public Hospitals Act* requires hospitals to establish policies for certain communicable diseases based on provincial protocols. There are currently 17 such provincial protocols covering a range of communicable diseases. At the time of hire, health care workers within Ontario's hospitals are required to show evidence of immunity for many communicable diseases, including measles, rubella, varicella, tuberculosis, and others.

Full Vaccination of All Hospital Employees and Staff Has Not Yet Been Achieved:

Hospitals have been working closely with the government on health care worker vaccination since December 2020 when Ontario's COVID-19 vaccine strategy was first introduced. Over the early months of 2021, the OHA worked with your officials and staff on the need for a strategy that maximizes voluntary approaches but recognizes that other approaches may be necessary to meet the goal of highest level of health care vaccine uptake.

In June 2021, the OHA convened a Health Care Worker Vaccination Advisory Group that developed recommendations calling for a consistent, province-wide framework to help the sector increase health care worker vaccination. In mid-August, the Chief Medical Officer of Health, Dr. Kieran Moore, introduced new measures (Directive 6) that would establish this minimum requirement. These measures were modeled after programs that had been conceived and previously implemented in some hospitals, demonstrating our sector's commitment to seeking innovative strategies to maximize voluntary vaccine uptake.

While Directive 6 has allowed for some meaningful improvement, we have not yet met the objective of full health care worker vaccination and, as a result, recommend renewed provincial policy leadership to meet this vital objective. Far too many health care workers remain unvaccinated or partially vaccinated, posing a significant and ongoing patient safety risk that threatens the potential introduction of COVID-19 within hospital settings and nosocomial transmission between and/or among patients and staff. With COVID-19 vaccination now mandatory in long-term care, the time has come to adopt a mandatory requirement for all health care workers to be vaccinated, including those in hospitals. This is the natural next step in the province's vaccination journey and is vital to ensuring consistency and minimizing risk across the system.



Now is the Time for a Single Provincial Policy That Drives All Hospitals Together to Full Vaccination of the Workforce:

The OHA has conducted two separate surveys of hospitals to determine vaccination rates within the sector and to better understand the impact of different vaccination practices. In our September survey, most hospitals were applying the baseline requirements under Directive 6 and were planning to review whether additional measures would be added by the end of the month. In this survey, only 39% of hospitals had a vaccination rate above 90%.

In our October survey, almost 70% of hospitals reported that they had gone beyond Directive 6 and implemented their own mandatory vaccination requirement. 81% of reporting hospitals had a vaccination rate of 90% or greater. This is more than double the rate from the September survey.

All hospitals that implemented a mandatory policy within their own organization experienced a meaningful increase in vaccination rates. All but one of the hospitals that was an early adopter with a mandatory policy in place in September is now above 90%.

Local, voluntarily implemented mandatory vaccination is proving to be an effective way to further increase the rate of health care worker vaccination. But it is not enough. Given this experience with voluntarily implemented mandatory vaccination policies, **now is the time for a consistent provincial policy covering all, not just some, Ontario hospitals**. This policy would be in the public interest and is strongly endorsed by the OHA and vast majority of Ontario's hospitals. It will make all Ontario's hospitals safer for patients and health care workers and reduce the risk that the COVID-19 pandemic is prolonged any further.

Vaccines Provide Patients with the Highest Level of Protection in Health Care Settings:

COVID-19 vaccines are highly effective in preventing symptomatic and asymptomatic infection:

- Data on COVID-19 vaccine coverage among health care workers in England published in the Lancet (April 2021) indicates that among 23,324 health care workers from 104 sites in England, a single dose of BNT162b2 vaccine showed vaccine effectiveness of 70% (95% CI 55–85) at 21 days after first dose and 85% (74-96) seven days after two doses.
- In Canada, the data is clear that COVID-19 vaccinations in health care workers reduced outbreaks in acute care and long-term care in early 2021. For example, in Ontario, eight weeks after the start of vaccination, the estimated relative reduction in COVID-19 incidence was 89% in long-term care residents and 79% in long-term care health care workers. The estimated relative reduction in COVID-19 mortality in long-term care residents was 96% after eight weeks.



The Government of Ontario and Chief Medical Officer of Health have acknowledged the importance and benefits of vaccination by establishing a mandatory vaccination requirement in long-term care. However, hospitals face many of the same challenges. While the number of outbreaks in long-term care homes has consistently been higher than in hospitals given the different environments and IPAC protocols, we are now seeing that the proportion of outbreaks between hospitals and long-term care homes is narrowing.

While personal protective equipment (PPE) is an effective risk mitigation strategy, COVID-19 vaccination is the best tool to reduce the spread of COVID-19. Vaccination is a higher level of protection against COVID-19 than PPE. We need to support mandatory vaccination, effective PPE, and public health measures to reduce the spread and scale of current and future waves of COVID-19.

The fourth wave of the pandemic has largely been a wave of the unvaccinated. COVID-19 spreads easily among unvaccinated individuals – as Ontario has seen throughout the pandemic, and transmission to a hospitalized patient can have significant consequences. Hospital-acquired COVID-19 has a mortality risk of more than 35%, and hospitalized patients often have co-morbidities that place them at higher risk of severe COVID-19 infection. These factors include, without limitation, age, pregnancy, diabetes, hypertension, elevated BMI, and a nexus with other social determinants of health (e.g., membership in racialized communities). These factors contribute to increased lengths of stays and ICU admissions in Ontario.

There is also significant variation in outcomes among vaccinated patients, with immunocompromised patients being the most susceptible to increased risk of COVID-19 infection, even if fully vaccinated. In addition, some populations, such as children under 12 years of age, are not able to be vaccinated at all – and others have limited access. For example, one in five (20%) of Ontarians has a disability (a physical, mental, intellectual, or sensory impairment) with the rate increasing to 40% of Ontarians over 65 years of age. Data from the U.K. indicates that 59% of COVID-19 deaths in that country occurred among people with disabilities, despite comprising just 17% of the population. A vaccinated health care worker is the best line of defence against COVID-19 for these patients.

Mandatory Health Care Worker Vaccination Will Protect Ontario's Health Care Workforce Capacity:

Many health care workers are expressing deepening concern about the risk they assume in working with unvaccinated workers, particularly in close settings for extended periods. They are exhausted from the past 20 months of work. Health care workers are threatening to leave if we cannot protect them. These are the unheard voices in this debate that deserve to be listened to.



Mandatory health care worker vaccination will stabilize and protect Ontario's health care workforce. It will allow for greater continuity of care, support wellness and ensure fewer absences.

Preventing outbreaks ensures that hospital operations are not disrupted. An outbreak has huge implications on patient flow as it can close a unit for between 14-28 days. When a health care worker tests positive for COVID-19, many patients also need to be informed of the risk of exposure to COVID-19.

Unvaccinated health care workers are required to quarantine for 10 days in the event of a high-risk exposure. These staff absences are unpredictable, disrupt continuity of care for patients, and add pressure to an already strained health care workforce.

Given the health risks of COVID-19, patients and their families can ask whether members of their care team are vaccinated and can request that only fully vaccinated individuals provide them with their care. While hospitals would never disclose a health care worker's vaccination status, there are inherent risks and increased liability considerations associated with unvaccinated employees providing health care to hospital patients.

As noted earlier, almost 70% of hospitals that responded to our October survey have implemented policies that go beyond Directive 6, and a higher proportion require COVID-19 vaccination as a condition of employment. These hospitals have implemented a variety of consequences for employees who choose not to be vaccinated:

- In contrast to the unpredictable staffing impacts that occur during an outbreak, any staff departures under these policies are planned and hospitals are better able to develop contingency plans.
- Most of these hospitals have reported that unpaid leaves or terminations have not materially impacted health human resources capacity or patient care. In fact, many of these organizations now have vaccination rates in the high 90s with just 1-2% of employees not complying with hospital vaccine requirements.
- Reassignment of unvaccinated staff from patient-facing roles would still create risk for fellow employees and still requires hospitals to hire additional staff to fill the gap left by the unvaccinated employee.

In our member session on October 15, there was discussion about the need for individual hospitals to have flexibility to plan and implement local efforts to achieve full health care worker vaccination, rather than impose an arbitrary provincial deadline. As a result, the OHA recommends a provincial directive that sets out an overarching commitment requiring all health care workers to be vaccinated regardless of employer, with each organization working expeditiously to meet this goal in a manner that addresses their circumstances.



Improving Safety Across All Health Services:

Given a lack of consistency in government vaccination policy across the health care system (with mandatory policies in long-term care and some hospitals having moved to mandatory vaccination policies independently), there is a risk of unvaccinated staff migrating from long-term care to hospitals or home care, or from one hospital to another. A provincial directive mandating full vaccination for all health care workers, regardless of employer or work environment, would reduce instability in Ontario's health care workforce and ensure that patients, clients and residents in all settings remain as safe as possible.

One-third of Ontario's hospitals own, operate, or license a long-term care home, and the current Ministerial Directive for long-term care results in the different treatment of employees working for the same employer. While this has led many hospitals to adopt similar policies as many employees work in both settings, the lack of a clear and consistent provincial approach can breed confusion and further vaccine hesitancy.

The experiences of hospitals that have mandated vaccination after the long-term care directive is informative. These organizations report that staff are supportive and thankful for these efforts, and express concern about the possibility of vulnerable patients, residents, and clients being cared for by people who may not be vaccinated.

While the COVID-19 pandemic is now under a far higher degree of control, Ontario is still grappling with an extremely serious and risky situation. Many hospitals continue to provide support to long-term care and others could be asked to step in and partner with a long-term care home(s) in the event circumstances warrant it. Inconsistent health care worker vaccination policies across the two sectors impedes cooperation and creates barriers to ensuring that the needs of long-term care residents can be met.

Conclusion:

After more than 20 months of fighting the COVID-19 pandemic, the impact on our economy, our health care system and on human health, including almost 10,000 dead in Ontario alone, has been devastating. If there is one thing we have learned, it is that the COVID-19 virus is an incredibly dangerous enemy. We can take nothing for granted.

As you have stated on many occasions, Ontario is a world leader in vaccination against COVID-19. We encourage you and your government to demonstrate further leadership by implementing provincial policy that seeks to ensure full health care worker vaccination. All health care workers in Ontario, regardless of employer or setting, should be required to be fully vaccinated, and each organization should have the flexibility needed to work expeditiously towards this goal in a manner that addresses their circumstances. This approach will ensure that patients and health care workers are safe and will protect the capacity and capability of Ontario's health care system into the future.



Thank you for your consideration.

Sincerely,

Anthony Dale President & CEO

Sarah Downey Chair, Board of Directors

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CC: The Hon. Christine Elliott, Deputy Premier and Minister of Health

Ontario Hospital CEOs OHA Board of Directors

Dr. Kieran Moore, Chief Medical Officer of Health

Catherine Zahn, Deputy Minister of Health

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Jamie Wallace, Chief of Staff to the Premier

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Laurel Brazill, Director, Stakeholder Relations to the Minister of Health