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#### Introduction

Alexandra Hospital Ingersoll (AHI) and Tillsonburg District Memorial Hospital (TDMH) are committed to improving the health system and creating a healthier community, championing a culture of quality and safety, and supporting the health and well-being of our staff, physicians, patients, and volunteers.

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. It is characterized by fever, cough, shortness of breath and a number of other symptoms. Asymptomatic infection and subsequent transmission has been documented. COVID-19 is primarily transmitted person-to-person through respiratory droplets. The risk of severe disease increases with age and is elevated in those with underlying medical conditions.

It is the position of the National Advisory Committee on Immunization (NACI) that:

- The authorized COVID-19 vaccines recommended for use by NACI have been shown to be safe, as well as efficacious against symptomatic laboratory-confirmed COVID-19 disease.
- Everyone in Canada should be vaccinated against COVID-19 once the vaccine is available to them

### Purpose

The purpose of this policy is to outline the parameters and expectations related to COVID-19 immunization, including the tracking of vaccinations received, the medical exemption process for those who have a medical contraindication to COVID-19 vaccines, and the education required for those declining vaccination to ensure they are making an informed decision.

This policy and procedure applies to all AHI and TDMH workers (employees, physicians and credentialed staff, students, contracted staff/affiliates who work on site). This policy does not apply to patients, families or visitors with the exception of essential caregivers.

#### Policy

Unvaccinated healthcare workers in higher risk settings such as hospitals pose risks to patients, other healthcare workers, and themselves, and to the capacity of the healthcare system due to potential (re)introduction of COVID-19 into the setting. Given the COVID-19 pandemic and its impact on the health of individuals and communities, all eligible employees and professional staff are expected to be fully vaccinated against COVID-19, unless it is medically contraindicated.

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Public health and other workplace safety and infection control measures must be followed even after individuals have achieved full COVID-19 vaccination status.

#### **Definitions:**

**Affiliates:** individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g., physicians), students, volunteers, board members, contractors, or contracted staff who may be members of a third-party contract or under direct contract to the organization, and individuals working at the organization, but funded through an external source (e.g., Home and Community Care Support Services).

**Aggregate Statistical Information**: includes name of employee and reference of compliant or non-compliant with the policy.

**COVID-19**: an acute respiratory illness in humans caused by a coronavirus, capable of producing severe symptoms and in some cases death, especially in older people and those with underlying health conditions. It was originally identified in China in 2019 and became pandemic in 2020.

**COVID-19 Outbreak**: defined as two or more nosocomial-acquired, COVID-19 cases occurring within 48 hours on a specific unit. The declaration of the outbreak will be made by Infection Prevention and Control in consultation with Southwestern Public Health.

**Designated Care Partners:** A Designated Care Partner is a person identified and designated by the patient/resident – family member, friend, neighbour - who provides important personal, social, psychological and/or physical support, assistance and care, usually without pay, for people in need of support due to frailty, illness, degenerative disease, disability, or end of life circumstances. A designated care partner does not have to be living with the person they are supporting. They do not have to be biologically related to the patient; can provide support and care for short periods of time (e.g., days) or for extended periods of time (e.g., years).

**Fully Vaccinated:** For the purposes of this document, fully vaccinated means having received the full series of a COVID-19 vaccine or combination of approved COVID-19 vaccines (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.

**Herd Immunity:** occurs when a large portion of a community (the herd) becomes immune to a disease, making the spread of disease from person to person unlikely. As a result, the whole community becomes protected, not just those who are immune.

**Immunization:** A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

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**Medical Contraindication:** A medical reason preventing a person from receiving the COVID-19 vaccine. Where all Health Canada approved COVID-19 vaccines are medically contraindicated, the individual must provide written proof of the medical contraindication from their physician or nurse practitioner that indicates that the person cannot be vaccinated against COVID-19 AND the effective time period for the medical reason (i.e., permanent or time limited). Acceptable medical contraindications include those outlined in Appendix A – Medical Contraindications or Exemptions).

**Personal Health Information** – As defined by the Personal Health Information Protection Act, 2004 (PHIPA) "...means identifying information about an individual in oral or recorded form, if the information,

- a. relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
- b. relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,
- c. is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual,
- d. relates to payments or eligibility for health care, or eligibility in coverage for health care, in respect of the individual,
- e. relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- f. is the individual's health number, or
- g. identifies an individual's substitute decision-maker."

**Proof of Vaccination** – If an individual has received the COVID-19 vaccine in Ontario, the only acceptable proof of vaccination is the receipt provided by the Ministry of Health. For people who have been vaccinated outside of Ontario, acceptable proof is based on the criteria provided by the province/state in which they received their vaccine but only NACI approved vaccines will be accepted. Proof shall include your name, date of birth, date of vaccination, vaccine name, lot number, and name of the health care practitioner administering the vaccine. An individual who does not have a copy of their vaccination receipt can download their COVID-19 vaccine receipt here: <a href="https://covid19.ontariohealth.ca/">https://covid19.ontariohealth.ca/</a> Proof of COVID-19 vaccination must be sent to Occupational Health via email (<a href="https://covid19.ontariohealth.ca/">occhealth@ahi.ca</a> or <a href="https://covid19.ontariohealth.ca/">occhealth@ath.ca/</a> or <a href="https://covid19.ontariohealth.ca/">occhealth@ath.ca</a> or <a href="https://covid19.ontariohealth.ca/">occhealth@ath.ca</a> or <a href="https://covid19.ontariohealth.ca/">occhealth@ath.ca/</a> or <a href="https://covid19.ontariohealth.ca/

**Unvaccinated** – Anyone who is partially vaccinated (i.e. one dose or second dose received less than 14 days ago), has chosen not to be vaccinated, and anyone who has a documented medical exemption

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**Vaccination**: The act of introducing a vaccine into the body to produce immunity to a specific disease. Vaccination is a simple, safe, and effective way of protecting people against harmful diseases, before they come into contact with them. It uses your body's natural defenses to build resistance to specific infections and makes your immune system stronger.

### Procedure

- 1. All AHI and TDMH workers (employees, physicians and credentialed staff, students, contracted staff/affiliates who work on site) should make an informed decision about whether to receive a COVID-19 vaccine and are required to comply with <u>ONE</u> of the three requirements outlines below:
  - 1.1. Be fully vaccinated for COVID-19 AND provide proof of vaccination to Occupational Health:
    - If the individual has only received the first dose of a two-dose COVID-19 vaccination series approved by Health Canada, provide proof of this first dose;
    - ii. After the second dose is administered, and as soon as reasonably possible, provide proof of administration of the second dose;

### OR

1.2. Where all Health Canada approved COVID-19 vaccines are medically contraindicated, the individual must provide written proof of the medical contraindication (Refer to Appendix A – Medical Contraindications or Exemptions) from their physician or nurse practitioner to Occupational Health

### OR

- 1.3. Where a AHI or TDMH worker elects not to be vaccinated, or they are unsure of whether they want to be vaccinated they are required to complete the assigned COVID-19 vaccine training module which addresses:
  - How COVID-19 vaccines work;
  - Vaccine safety related to the development of the COVID-19 vaccines;
  - The benefits of vaccination against COVID-19;
  - Risks of not being vaccinated against COVID-19; and
  - Possible side effects of COVID-19 vaccination.

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- As of September 13, 2021, all unvaccinated AHI and TDMH workers (employees, physicians and credentialed staff, students, contracted staff/affiliates who work on site) are required to regularly undergo rapid antigen testing and demonstrate a negative test result at a minimum of three times per week. The frequency of testing is subject to change. (See Appendix B for Testing Protocols).
  - a. Those who test positive on a rapid antigen test must undergo a follow-up PCR test immediately (same day if possible) to confirm the result. The TDMH Assessment Centre has priority appointments available to AHI and TDMH staff. Employees must notify their leader and staffing that they will not be in to work. The employee will be on unpaid leave or may access banked vacation or lieu time as per the collective agreement.
  - b. Employees are not paid while undergoing the antigen testing process.
  - c. Unvaccinated AHI and TDMH workers are required to enter the hospital and be actively screened at the main Emergency Department Entrances. As of September 13, 2021, staff entrances are only available to fully vaccinated eligible employees and physicians.
- 3) Alternate compliance requirements apply to the following:
  - a) For all **new staff, physicians and affiliates** hired after September 1, 2021 vaccination will be mandatory as per the Pre-Employment Health Review process.
  - b) All volunteers are required to be fully vaccinated and submit proof of vaccination to Occupational Health by September 1, 2021. For the purposes of this policy, all Designated Care Partners will be considered as volunteers.
  - c) All unpaid students and Clinical Instructors will be required to have one dose of an approved COVID-19 vaccine by September 1, 2021 or provide proof of medical exemption. All unpaid students and Clinical Instructors will be required to be fully vaccinated by October 6, 2021 or provide proof of medical exemption. All students who are unvaccinated between the effective date of this policy and October 6, 2021 shall be required to undergo rapid testing at their own expense. Each student and Clinical Instructor's status will be managed and tracked by their respective school. Should the school have more stringent requirements in place, the school's policy will apply as per the affiliation agreement. Each school will be required to provide aggregate statistical information to Occupational Health on a monthly basis for the purposes of Ministry reporting, case and contact management, outbreak management or another reason deemed appropriate.
  - d) All tenants of AHI and TDMH are required to be compliant with the policy as outlined above. The status of each of the tenant's staff member onsite will be managed and tracked by their respective employer. Should the Tenant have more stringent requirements in place, the Tenant's policy will apply. Each Tenant will be required to provide aggregate statistical information to Occupational Health on a monthly basis for

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the purposes of Ministry reporting, case and contact management, outbreak management or another reason deemed appropriate.

- e) Staff of third-party Vendors or Contractors are required to provide proof of vaccination or a negative rapid antigen test that has been completed within 48 hours prior to coming on site. Proof is to be submitted to the Screener, or clinical leader on-site at the site on which the work is being completed.
- 4) Any person covered under this policy who is considered to be unvaccinated as per section 1.2 and section 1.3 above will not be permitted to work in an outbreak area and will follow the direction of Public Health and Infection Prevention and Control regarding outbreak management. In the event of an outbreak, individuals with a medical exemption will be redeployed as possible; any staff who are not fully vaccinated and do not have a medical exemption, will be sent home on unpaid leave for the duration of the outbreak.
- 5) The workplace accommodation process will be followed when it is determined an employee or physician cannot medically receive the vaccine.
- 6) It is the responsibility of the Leader to follow up with staff and affiliates subject to the criteria in section 1.2, section 1.3 and section 2 to ensure compliance with the education and rapid testing requirements outlined in this policy. Occupational Health will provide the Leader a report of those staff and affiliates requiring education and rapid testing on a weekly basis.
- 7) Where proof of vaccination or medical exemption is not submitted to Occupational Health, regardless of education completion, it will be assumed the staff and affiliate is unvaccinated for the purpose of contact tracing or outbreak management.
- 8) Failure to adhere to this policy may result in disciplinary action, up to and including termination of employment/contract or loss of appointment or affiliation with the organization.
- 9) This policy is not withstanding the wide authority that the Medical Officer of Health has under the Health Protection and Promotion Act (1990). The application of this policy will not violate any existing legislation.

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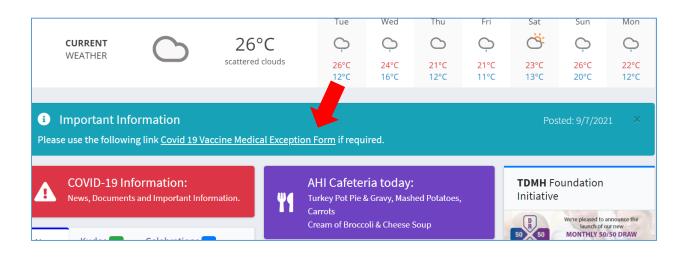
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### **APPENDIX A – Accepted Medical Contraindications or Exemptions**

There are 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.

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.

The COVID-19 Vaccine Medical Exemption form must be completed and submitted to Occupational Health. Blank forms may be obtained from your leader, Occupational Health or on the HUB:



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APPENDIX B: Rapid Testing Process (Pending)