

## COVID-19

**Directive #6** for Public Hospitals within the meaning of the *Public Hospitals Act*, 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*, and Ambulance Services within the meaning of the *Ambulance Act, R.S.O. 1990, c. A.19*.

**Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7**

**WHEREAS** under section 77.7(1) of the 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 or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

**AND WHEREAS**, many health care workers (HCW) in higher risk settings remain unvaccinated, posing risks to patients and health care system capacity due to the potential (re) introduction of COVID-19 in those settings, placing both HCW and patients at risk due to COVID-19 infection;

**AND HAVING REGARD TO** the prevalence of the Delta variant of concern globally and within Ontario, which has increased transmissibility and disease severity than previous COVID-19 virus strains, in addition to the declaration by the World Health Organization (WHO) on March 11, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario

**AND HAVING REGARD TO** the 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

**I AM THEREFORE OF THE OPINION** that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

**AND DIRECT** pursuant to the provisions of section 77.7 of the HPPA that:

Directive #6 for Public Hospitals within the meaning of the *Public Hospitals Act*, Service Providers within the meaning of the *Home Care and Community Services 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, R.S.O. 1990 c. A19*.

**Date of Issuance:** August 17, 2021

**Effective Date of Implementation:** September 7, 2021

**Issued To:** Public hospitals within the meaning of the *Public Hospitals Act*, service providers within the meaning of the *Home and Community Care Act, 1994* with respect to their provision of 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 with respect to the provision of community services and long-term care home placement services, and Ambulance Services within the meaning of the *Ambulance Act*, with respect to paramedics (collectively the “**Covered Organizations**”).

## Required Precautions and Procedures

1. Every Covered Organization must establish, implement and ensure compliance with a COVID-19 vaccination policy requiring 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; or
  - c) proof of completing an educational session approved by the Covered Organization about the benefits of COVID-19 vaccination prior to declining vaccination for any reason other than a medical reason. The approved

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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 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.

session must, at minimum address:

- 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.
2. Despite paragraph 1, a Covered Organization may decide to remove the option set out in paragraph 1(c) and require all employees, staff, contractors, volunteers and students to either provide the proof required in paragraph 1 (a) or (b).
3. Where a Covered Organization decides to remove the option set out in paragraph 1(c) as contemplated in paragraph 2, the Covered Organization shall make available to employees, staff, contractors, volunteers and students an educational session that satisfies the requirements of paragraph 1(c).
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 the educational session at 1(c) or if applicable, 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 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.
5. Where the Covered Organization is a public hospital, the Covered Organization's vaccination policy applies to any businesses or entities operating on the hospital site.
6. Every Covered Organization must collect, maintain and disclose, statistical (non-identifiable) information as follows:
  - a) Documentation that includes (collectively, "the statistical information"):
    - i. the number of employees, staff, contractors, volunteers and students that provided proof of being fully vaccinated

against COVID-19;

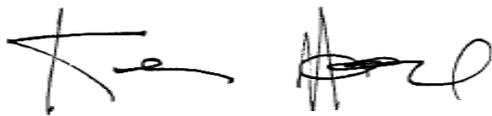
- ii. the number of employees, staff, contractors, volunteers and students that provided a documented medical reason for not being fully vaccinated against COVID-19; and
- iii. the number of employees, staff, contractors, volunteers and students that completed an educational session about the benefits of COVID-19 vaccination in accordance with 1(c), where applicable.
- iv. the total number of the Covered Organization's employees, staff, contractors, volunteers and students to whom this Directive applies.

- b) Upon request of OCMOH, disclose the statistical information to the Ministry of Health in the manner and within 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 of Health may further disclose this statistical information and may make it publicly available.

## Questions

Covered Organizations may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at [emergencymanagement.moh@ontario.ca](mailto:emergencymanagement.moh@ontario.ca) with questions or concerns about this Directive.

**Covered Organizations are also required to comply with applicable provisions of the [Occupational Health and Safety Act](#) and its Regulations.**



Kieran Moore, MD  
Chief Medical Officer of Health