

Ministry of Health

COVID-19 Directive #6: Questions & Answers

Version 1, February 2, 2022

This document is to accompany Chief Medical Officer of Health (CMOH) [Directive #6](#) issued February 2, 2022. This information is current as of February 2, 2022 and may be updated as the situation on COVID-19 continues to evolve.

In the event of any conflict between this document, Directive #6 and any applicable legislation, such as the [Reopening Ontario \(A Flexible Response to Ontario\) Act, 2020](#), or orders or directives issued by the Minister of Health or the CMOH, the legislation, order or directive prevails. Please see Ontario's [COVID-19 website](#) for more general information as well as for updates to this document.

Directive #6 provides flexibility for Covered Organizations to establish COVID-19 vaccination policies that extend beyond the requirements in the Directive.

General

1. Who is the Directive issued to and how is this group defined?

The CMOH's Directive #6 applies 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").

The Directive requires that Covered Organizations' vaccination policies apply to all employees, staff, contractors, students and volunteers. The following table provides additional guidance about the individuals subject to the vaccination policy. Covered Organizations may include additional individuals within the scope of its policy.

Covered Organizations	Individuals Covered
<p>Public hospitals within the meaning of the Public Hospitals Act, 1990.</p>	<ul style="list-style-type: none"> • All employees, staff, contractors, volunteers and students. • Any businesses or entities operating on the hospital site.
<p>Service providers within the meaning of the Home Care and Community Services Act, 1994 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"> • Employees, staff, contractors, volunteers and students providing services to clients and families. • Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families. • Employees, staff, contractors, volunteers and students on the premises of a congregate care setting.
<p>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 long-term care home placement services.</p>	<ul style="list-style-type: none"> • Employees, staff, contractors, volunteers and students providing long-term care home placement services to clients and families. • Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families.
<p>Ambulance Services within the meaning of the Ambulance Act, 1990, with respect to paramedics.</p>	<ul style="list-style-type: none"> • Paramedics and community paramedics (excluding back office staff and centralized ambulance communications centre staff).

2. What are the key changes in the revised Directive #6?

The key updates to the Directive include:

- Alignment of definition of fully vaccinated against COVID-19 and medical exemptions with those included in regulation;
- Inclusion of exemption for individuals participating COVID-19 clinical trials;
- Updated guidance regarding testing timelines for individuals who have tested positive for COVID-19;
- Frequency of antigen testing; and
- Reporting requirements.

3. When is the Directive effective?

Effective February 2, 2022, all Covered Organizations must implement the requirements.

4. Who is responsible for ensuring that employees, staff, contractors, students, and volunteers are notified of a COVID-19 vaccination policy?

Covered Organizations must communicate the requirements in the organization's policy to everyone who is subject to the policy and make it available to all employees, staff, contractors, and students.

Application

5. Do third party contractors, such as building maintenance or suppliers fall under the definition of "contractors" pursuant to the Directive?

Under Directive #6, every Covered Organization must establish, implement and ensure compliance with a COVID-19 vaccination policy for its employees, staff, contractors, volunteers and students. The term contractor is intended to capture employees of third parties working for the Covered Organization's site that were not directly employed by the Covered Organization.

The Covered Organization should seek legal advice with respect to the definition of contractors and the application of Directive #6.

6. Does Directive #6 apply to couriers who make delivery to Covered Organizations?

No, couriers that provide delivery would not be covered. Covered Organizations may establish COVID-19 vaccination policies that extend beyond the requirements in the Directive.

7. My hospital has volunteers that only come into the hospital a few hours per week; are they subject to the Covered Organization's COVID-19 vaccination policy?

Yes, the Directive requires that Covered Organizations' COVID-19 vaccination policies apply to all employees, staff, contractors, students and volunteers regardless of the frequency or duration in which they attend the Covered Organization.

8. Does Directive #6 apply to workers at a food establishment in a hospital?

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

9. Does Directive #6 apply to visitors, patients or their supports, including any external workers who may accompany or escort a patient?

Directive #6 does not apply to visitors, patients or their supports, including any external workers who may accompany or escort a patient. Covered Organizations may establish COVID-19 vaccination policies that extend beyond the requirements in the Directive.

Paramedics and community paramedics are included as part of Directive #6.

Proof

10. Can Covered Organizations use the Verify Ontario app to verify proof of vaccination or a legitimate exemption (medical or vaccine trial)?

Covered Organizations may choose to use the Verify Ontario app. The app was designed for specified businesses and organizations to comply with requirements of the [Proof of Vaccination Guidance under the Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) to confirm proof of vaccination for patrons before entry into those settings.

Covered Organizations must ensure that their COVID-19 vaccination policies comply with the requirements in Directive #6.

11. How do Covered Organizations confirm proof of being fully vaccinated?

Covered Organizations should establish policies and procedures for individuals subject to the vaccination policy to provide proof of being fully vaccinated (a paper or electronic version of the PDF receipt or their vaccine certificate).

Covered Organizations should ensure that their vaccination policy includes the management of information with respect to the documentation of proof of being fully vaccinated which complies with Directive #6, applicable privacy legislation and record retention requirements.

12. How do Covered Organizations confirm medical exemptions for not being vaccinated against COVID-19?

When confirming documentation of a medical exemption for not being fully vaccinated against COVID-19, the Covered Organization must verify that the physician's or registered nurse's information is complete by reviewing:

- Name and contact information of the physician or registered nurse in the extended class;
- Logo or letterhead identifying the physician or registered nurse in the extended class;
- Statement that there is a medical reason for the individual's exemption from being fully vaccinated against COVID-19; and
- Any effective time-period for the medical reason.

Please refer to the Ministry of Health's [Medical Exemptions to COVID-19 Vaccination Guidance](#) for more information.

Covered Organizations should communicate the requirement to anyone who is planning on submitting proof of a medical reason for not being vaccinated against COVID-19.

In addition to the process outlined above, a Covered Organization may choose to require an individual subject to the Directive to provide an enhanced vaccination exemption certificate with QR code, which is the strengthened process specifically intended for businesses and organizations that are captured in the Ministry of Health's [Proof of Vaccination Guidance under the Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#). In the case for Directive #6 Covered Organizations, this would allow for the employer to scan an individual's medical exemption using the Verify Ontario app as confirmation. Given that some medical exemptions are time-limited, Covered Organizations should also be following the process outlined in the first paragraph.

Covered Organizations should ensure that their vaccination policy includes the management of information with respect to the documentation of proof of a medical reason for not being vaccinated which complies with applicable privacy legislation and record retention requirements.

13. What is an acceptable proof of participation in a COVID-19 vaccine clinical trial authorized by Health Canada?

Proof of participation in a COVID-19 vaccine clinical trial would include a completed "Statement of Exemption due to Participation in a COVID-19 Vaccine Clinical Trial" signed by the Principal Investigator and Study Participant (the individual). This document must include:

- The first and last name of the individual participating in the COVID-19 vaccine clinical trial in the written documentation that matches the first and last name of the person in the identification provided.
- The date of birth of the person participating in the COVID-19 vaccine clinical trial.
- The COVID-19 vaccine clinical trial information, including:
 - Company name;
 - Control number;
 - Clinical trial start date and expected end date;
 - Business address, email address and phone number;

- A declaration to certify that the individual is participating in a COVID-19 vaccine clinical trial that is authorized by [Health Canada](#) signed and dated by the Principal Investigator; and
- A declaration that the individual is participating in a COVID-19 vaccine clinical trial detailed in the document, signed and dated by the COVID-19 vaccine clinical trial participant.

The Statement form is available through the clinical trial organizer (i.e., authorization holder).

Covered Organizations should ensure that their vaccination policy includes the management of information with respect to the documentation of proof of participation in a COVID-19 vaccine clinical trial which complies with Directive #6, applicable privacy legislation and record retention requirements.

14. How do Covered Organizations confirm proof of completing an education session?

If a Covered Organization chooses to include as part of its policy the requirement to provide proof of completion of an educational session, Covered Organizations are encouraged to plan a way for individuals subject to the vaccination policy to provide proof that they have completed the session. Options include registration and attendance tracking, having the person sign a form confirming they completed the educational session (i.e., an attestation) or having them answer questions that confirm they have understood the program's content. Covered Organizations delivering their own educational session can record the person's participation directly.

Note that if a Covered Organization chooses not to require proof of completing an educational session as part of their policy, then the educational session does not require proof of attendance unless articulated as such in the Covered Organization's policy.

Testing

15. How do Covered Organizations implement 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 partially 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.

The [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#) provides information on the use of antigen tests.

16. If an individual has one dose and has not yet had time to obtain the second dose but is in the process of doing that, does the individual have to undergo testing?

Yes, individuals who are partially vaccinated are required to complete rapid antigen testing for COVID-19 at an interval, at minimum twice every seven days or daily if testing is available as per Directive #6 or as determined by the Covered Organization, and demonstrate a negative test result for Covered Organizations to confirm.

Individuals must undertake antigen testing until they are fully vaccinated.

17. Are individuals who are medically exempt, or those currently participating in a clinical trial approved by Health Canada required to undertake rapid antigen testing?

Yes, those individuals are required to complete rapid antigen testing for COVID-19 at an interval, at minimum twice every seven days or daily if testing is available as per Directive #6 or as determined by Covered Organizations, and demonstrate a negative test result for Covered Organizations to confirm.

18. How should antigen testing be managed for unvaccinated contractors who periodically perform work for the Covered Organizations (e.g., periodically conducts home visits)?

Contractors are strongly encouraged to be fully vaccinated against COVID-19. Covered Organizations should seek legal advice with respect to the definition of contractors and the application of Directive #6.

19. What happens if an individual does not comply with the Covered Organization's COVID-19 vaccination policy?

Covered Organizations need to consider all aspects of their policy, including how to manage employees, staff, contractors, volunteers and students who choose not to participate in aspects of the policy. Covered Organizations are required to track and report on the implementation of their policies.

For Covered Organizations, Directives including Directive #6 carry legal authority. Non-compliance with orders issued under the [Health Protection and Promotion Act, 1990](#) (HPPA) constitute an offence. Penalties for non-compliance are listed in the HPPA and may be issued to corporations, officers, employees or agent.