COVID-19
Directive #6 for Public Hospitals within the meaning of the
Public Hospitals Act, 1990, 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

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 emerging evidence about the ways this virus transmits between people as well as the potential severity of illness it causes, 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 the technical guidance provided on March 12, 2020 by Public Health Ontario on scientific recommendations by the WHO regarding infection prevention and control measures for COVID-19;

AND HAVING REGARD TO the need to take interim steps to optimize protection and to take a precautionary approach for the emerging and more transmissible COVID-19 Omicron variant of concern (B.1.1.529) in light of the uncertainty around the mechanisms for increased transmissibility for this variant and of its rapid replacement of previous variants of the COVID-19 virus 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, 1990, 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: February 2, 2022

Effective Date of Implementation: February 2, 2022

Issued To:
Public hospitals within the meaning of the Public Hospitals Act, 1990, 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, 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, 1990, 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\(^1\) against COVID-19; or

   (b) a written document completed and supplied 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;

      if the effective time period of a medical exemption provided pursuant to paragraph 1 (b)(ii) has expired, every Covered Organization shall ensure, within 30 days of the medical exemption expiring, that the individual provides either proof of vaccination in accordance with paragraph 1(a) or an extension to the medical exemption with a renewed date in accordance with paragraph 1(b); 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 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;

      or

   (d) documentation that confirms current participation in a COVID-19 vaccine clinical trial authorized by Health Canada.

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\(^{1}\)For the purposes of this document, a person is fully vaccinated against COVID-19 if the person is fully vaccinated as described in section 2.2 of Schedule 1 to O. Reg. 263/20: Rules for Areas in Step 2 under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 (ROA), if the relevant public health unit is in Step 2 of reopening under the ROA, and section 2.1 of Schedule 1 to O. Reg. 364/20: Rules for Areas at Step 3 and at the Roadmap Exit Step, if the relevant public health unit is in Step 3 of reopening under the ROA.
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) or (d).

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 all 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), the educational session described at paragraph 1(c) (if applicable), or has provided documentation in accordance with paragraph 1(d), 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 twice every seven days or daily if testing is available; and

   (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 shall ensure that information on COVID-19 vaccination requirements is communicated to all employees, staff, contractors, students and volunteers.

7. Every Covered Organization must collect, maintain and disclose, statistical (nonidentifiable) information as follows:

   (a) Documentation that includes (collectively, “the statistical information”):

      (i) confirmation of Covered Organization’s vaccination policy requirements implemented;

      (1) confirmation of inclusion of an education session that satisfies the requirements of paragraph 1(c);

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2Refer to COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge for testing recommendations for individuals who have previously been diagnosed with and cleared of COVID-19 infection.
ii. the total number of employees, staff, contractors, volunteers and students that provided proof of being partially vaccinated (i.e., received first dose of a two-dose vaccine regiment) against COVID-19;

iii. the number of employees, staff, contractors, volunteers and students that provided proof of being fully vaccinated against COVID-19;

iv. the number of employees, staff, contractors, volunteers, and students who provided proof of receiving additional doses exceeding the number of doses required for full vaccination against COVID-19;

v. the number of employees, staff, contractors, volunteers and students that provided a documented medical reason for not being fully vaccinated against COVID-19;

   (1) With a specified time-period; and

   (2) Without a specified time-period;

vi. 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; and

vii. 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

Hospital Care Providers may contact the Ministry of Health by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

**Hospital Care Providers are also required to comply with applicable provisions of the *Occupational Health and Safety Act, 1990* and its Regulations.**

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Chief Medical Officer of Health