

**Posting Date:** 2021-11-09  
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**Title: HSW - COVID-19 Vaccination Management Policy**

**Applies to:** (1) All Health Care Workers (HCW) of Hamilton Health Sciences (HHS) and (2) all businesses/entities (including their employees, staff, contractors, volunteers and students, if any) operating at hospital sites (collectively, "Participating Individuals").

**Health Care Worker (HCW)** - Any regulated health professional, staff member, contract worker, student/trainee, registered volunteer including Board members, and essential caregivers currently working in a health care organization, including workers that are not providing direct patient care. This includes cleaning staff, food services staff, information technology staff, security, research staff and other administrative staff.

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## 1.0 Purpose

The purpose of this Policy is to outline mandatory COVID-19 vaccine management directions for Participating Individuals (as defined above), including regulated health professionals and HHS staff members working remotely. Mandatory participation in COVID-19 vaccination programs reduces the transmission of [COVID-19](#) and decreases the risk of COVID-19 outbreaks.

## 2.0 Scope

Applies to all Participating Individuals. It is also expected that all third-party contract and agency services, and business or entities operating or carrying on business on the premises of any of HHS workplaces, will ensure that their employees comply with this Policy, as well as all other applicable HHS policies.

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### **3.0 Policy**

#### **3.1 General Statements**

- 3.1.1 HHS is committed to maintaining a safe work environment and protecting patients, Participating Individuals and visitors from the risk of infection and complications associated with COVID-19. HHS is further committed to helping improve the health of the communities we serve taking a population health approach, and working collaboratively with other institutions and providers. Every effort will be taken to promote the reduction of risk for acquiring and/or transmitting vaccine-preventable diseases.
- 3.1.2 Vaccination is recognized as the cornerstone for preventing or decreasing the effects of COVID-19 for those at high risk of serious illness or death from COVID-19 infection and related complications.
- 3.1.3 HHS is also committed to complying with occupational health and safety, human rights, and privacy laws in the development and implementation of this Policy.
- 3.1.4 HCWs with medical contraindications to the COVID-19 vaccine are required to provide Employee Health Services (EHS)/Medical Affairs/Contract Agencies with valid medical exemption documentation for review.
- 3.1.5 HHS will ensure education is available to all Participating Individuals on the benefits of vaccination as detailed below.
- 3.1.6 Where this Policy requires proof that a policy requirement has been met, HHS in its discretion shall determine the procedure for evidencing that such requirement has been met.
- 3.1.7 Additional measures may be implemented at the organization's discretion.

#### **3.2 Exposure and Acute Disease**

- 3.2.1 EHS must be notified of actual or suspected HCW exposure(s) to, or diagnosis of, a positive COVID-19 case, within the community or HHS Workplace(s).
- 3.2.2 EHS will undertake contact tracing related to any suspected or [confirmed COVID-19](#) HHS Workplace(s) or community exposure. Contact tracing practices will align with federal, provincial, and/or hospital guidance. Vaccination will be reinforced as an important measure to increase protection for Participating Individuals at HHS Workplace(s) and community.
- 3.2.3 Management and follow up of the exposure or acute illness will be facilitated through EHS in accordance with the Ministry of Health management of cases and contacts of COVID-19 in Ontario, and in collaboration with HHS' Infection Prevention and Control (IPAC) Committee, and Hamilton Public Health, as required. This may include testing.
- 3.2.4 All Participating Individuals who are experiencing enteric symptoms (vomiting, diarrhea) or febrile respiratory symptoms (fever, cough, shortness of breath) must contact EHS or their [Primary Employer](#).

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3.2.5 Work restrictions may be put in place in accordance with the Ministry of Health management of cases and contacts of COVID-19 in Ontario or the Hamilton Public Health guidelines and recommendations.

#### **4.0 Mandatory Vaccine Program**

Where there is evidence of a risk, it is important to protect the health and well-being of Participating Individuals, patients and visitors with identified measures for management of that risk.

#### **4.1 All Volunteers, New Hires and New Physicians for the period to November 29, 2021**

For the period up to and including November 29, 2021, all new hires and new physicians commencing service on or after September 7, 2021, and all volunteers will be required to be [fully vaccinated against COVID-19](#) and provide proof of COVID-19 vaccine administration at the time of hiring/engagement (or application for volunteers), or otherwise upon request by HHS as per the following requirements:

- a) Proof of being [fully vaccinated against COVID-19](#) to the [appropriate liaison](#);
- b) Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
  - i) a documented reason why the person cannot be vaccinated against COVID-19; and
  - ii) the effective time period for the medical reason (i.e., permanent or time limited).

For the period up to and including November 29, 2021, those who accepted employment with the Hospital prior to September 7, 2021 but have a start date on or after September 7, 2021 must adhere by the requirements of this Section 4.1 above.

#### **4.2 All Existing Participating Individuals for the period to November 29, 2021**

For the period up to and including November 29, 2021, all HCWs already providing services as at September 6, 2021 and all businesses/entities (including their employees, contractors and other representatives) operating at hospital sites will be required to provide one of the following pieces of documentation to the appropriate liaison:

- a) Proof of COVID-19 vaccine administration as per the following requirements:
  - i) If the individual has only received the first dose of a two-dose COVID-19 vaccination series approved by the World Health Organization, proof that the first dose was administered and, as soon as reasonably possible, proof of administration of the second dose to the appropriate liaison; or
  - ii) Proof of all required doses of a COVID-19 vaccine approved by the World Health Organization to the appropriate liaison.

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- b) Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
  - i) a documented medical reason why that the person cannot be vaccinated against COVID-19; and
  - ii) the effective time period for the medical reason (i.e., permanent or time limited).
- c) Proof that the unvaccinated, Participating Individual has completed the mandatory COVID-19 educational programming through their Primary Employer or educational institution (in the case of students and learners).

#### **4.3 Mandatory Vaccination after November 29, 2021**

Effective November 30, 2021, all HCWs and all businesses/entities (including their employees, contractors and other representatives) operating at hospital sites will be required to be [fully vaccinated against COVID-19](#) and provide proof of COVID-19 vaccine administration upon request by HHS as per the following requirements:

- a) Proof of being [fully vaccinated against COVID-19](#) to the appropriate liaison;
- b) Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
  - i) a documented reason why that the person cannot be vaccinated against COVID-19; and
  - ii) the effective time period for the medical reason (i.e., permanent or time limited).

#### **4.4 COVID-19 Educational Program**

HHS will ensure education is available to all Participating Individuals on the benefits of vaccination. Approved educational program must address the following learning components:

- a) how COVID-19 vaccines work;
- b) vaccine safety related to the development of the COVID-19 vaccines;
- c) benefits of vaccination against COVID-19;
- d) risks of not being vaccinated against COVID-19; and
- e) possible side effects of COVID-19 vaccination.

#### **4.5 Antigen Testing**

Up to and including November 29, 2021:

- a) Participating Individuals who do not provide proof of being [fully vaccinated against COVID-19](#) are required to perform [rapid antigen testing](#).

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- b) Rapid antigen testing shall be undertaken a minimum of 2 times per week (currently Monday and Thursday), in alignment with provincial guidance.
- c) The Participating Individual shall in the case of each test be prepared to provide verification of a negative test result to EHS, their Primary Employer or educational institution.
- d) The antigen tests are not to be used by anyone with symptoms or who has a known exposure to COVID-19.
- e) Symptomatic and exposed Participating Individuals must follow current screening guidelines with EHS, their Primary Employer or educational institution, and be tested in an assessment centre with a [Polymerase Chain Reaction \(PCR\) test](#).

Effective November 30, 2021, Participating Individuals with an accepted medical or religious/creed exemption to being [fully vaccinated against COVID-19](#) are required to continue to perform [rapid antigen testing](#).

## 5.0 Collection, Use, Disclosure of Vaccination Documentation

- a) Documentation of vaccination status shall be kept in the confidential health record of Participating Individuals maintained by the Appropriate Liaison as defined in Section 8.0 and in accordance with Ontario [Occupational Health & Safety Act \(OHSA\)](#).
- b) Documentation of vaccination status will only be collected, used and disclosed for the purposes of complying with HHS vaccination management policies, including in respect of COVID-19 Directive #6 issued by the Chief Medical Officer of Health under the [Health Protection and Promotion Act](#) (as such Directive may be amended, replaced or updated from time to-time) and any other directive or like document issued by a governmental authority from time-to-time, and otherwise in accordance with applicable law and regulations, including, for example, the OHSA.
- c) Any breach of the provisions in this section 5.0 or sub-sections 7.2 (b) or (c) of this Policy will be treated as a privacy breach and must be managed as per the HHS *PRI - Privacy Breach Investigation Protocol*.

## 6.0 Non-compliance

In accordance with HHS human resources policies, collective agreements and applicable legislation, contracts, directives, and policies, Participating Individuals who are not in compliance with HHS vaccination management policy will be subject to disciplinary measures up to and including dismissal.

## 7.0 Responsibilities

### 7.1 Leadership (VPs/Directors/Physician Chiefs/Managers and Supervisors)

- a) Direct reports to adhere to this Policy;
- b) Address non-compliance to the Policy in collaboration with HR; and
- c) Ensure necessary reports to regulated professional Colleges.

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## **7.2 Employee Health & Wellness and authorized designated individuals**

- a) Be prepared to appropriately educate employees in relation to specific [immunizations](#), vaccine schedules, risks/benefits, adverse events, and post-immunization care;
- b) Maintain a system that stores individual vaccine receipts in compliance with applicable law and regulations;
- c) Maintain confidentiality of health records including individual vaccine receipts or exemption from vaccine in compliance with applicable law and regulations;
- d) Monitor compliance with this policy, and applicable law and regulations and report non-compliance to appropriate leader, organization, liaison, the Privacy Office and Human Resources as appropriate; and
- e) Manage and follow up of the exposure or acute illness related to COVID-19 in accordance with the Ministry of Health management of cases and contacts of COVID-19 in Ontario and requirements set out under the OHSA.

## **7.3 Human Resources, including Human Rights & Inclusion**

- a) Administer policy requirements related to non-compliance;
- b) Facilitate accommodation, when required, for employees unable to get vaccinated due to documented bona fide medical or religious/creed-based exceptions.

## **7.4 Medical Affairs**

- a) Administer policy requirements related to physician non-compliance;
- b) Facilitate accommodation, when required, for physicians unable to get vaccinated due to documented bona fide medical or religious/creed-based exceptions.

## **7.5 All Participating Individuals as defined by this Policy**

- a) Are required to comply with this Policy.

## **7.6 Ethics Team**

- a) Provide input and support regarding ethical principles to guide decisions about vaccination for healthcare workers.

## **8.0 Definitions**

**Appropriate Liaison** - For HCWs, the appropriate liaison is Employee Health Services (EHS) and/or Medical Affairs. For Volunteers, the appropriate liaison is Volunteer Resources. For Students, the appropriate liaison is Student Services. For contractors and businesses/entities operating at HHS workplaces, it is their Primary Employer.

**COVID-19** - Is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It may be characterized by fever, cough, shortness of breath, and several other symptoms. Asymptomatic infection is also possible. The risk of severe disease increases with age but is not limited to the elderly and is elevated in those with underlying medical conditions.

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**Communicable Disease** - An infectious disease transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges or by indirect means (as by a vector).

**Confirmed Case** - A person with laboratory confirmation of COVID-19 infection.

**Fully Vaccinated against COVID-19** - "Fully vaccinated" means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by the World Health Organization (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.

**Health Care Worker (HCW)** - Any regulated health professional, staff member, contract worker, student/trainee, registered volunteer, or other essential caregiver currently working in a health care organization, including workers that are not providing direct patient care. This includes cleaning staff, food services staff, information technology staff, security, research staff, and other administrative staff.

**Immunization** - Process of protecting against vaccine preventable diseases by administration of an antigen. This induces an immune response to prevent infection from that infectious disease.

**OHSA** - The Occupational Health and Safety Act, and supporting regulations as amended from time-to-time.

**Participating Individuals** - (1) All Health Care Workers (HCW) of Hamilton Health Sciences (HHS) and (2) all businesses/entities (including their employees, contractors and other representatives) operating at hospital sites.

**Primary Employer** - Means the organization or business who the Participating Individual performs the majority of their work for in exchange for compensation.

**Polymerase Chain Reaction (PCR) Test** - A real-time test that detects COVID-19.

**Rapid Antigen Testing** - Is a screening tool using a nasal swab to help detect COVID-19 in people without any symptoms of COVID-19.

## 9.0 Confidentiality Statement

Hamilton Health Sciences is required pursuant to the Chief Medical Officer of Health (CMOH) Directive #6 for Public Hospitals, and may be required under other applicable rules, to report statistical information to the CMOH or the MOH.

## 10.0 Cross References

HSW - Communicable Diseases Protocols - Employee Health Services

HSW - FORM - COVID- 19 Medical Exemption

HSW - FORM - COVID- 19 Religious/Creed Exemption

HSW - Influenza Management for Health Care Workers (HCWs)

IC - Acute Respiratory Infection (ARI) Surveillance Protocol

IC - Influenza Management Protocol

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IC - Outbreak Investigation and Management Protocol  
PRI - Privacy Breach Investigation Protocol

**11.0 External References**

- [COVID-19 Directive #6 for Public Hospitals](#)
- [COVID-19 Guidance for Acute Care](#)
- [Ontario Human Rights Code - Accommodating Employees' Religious Needs](#)
- [Resource Guide for Directive #6](#)
- [Ministry of Health Management of Cases and Contacts of COVID-19 in Ontario](#)

**12.0 Developed By**

HHS Health, Safety and Wellness

**13.0 In Consultation With**

- General Counsel's Office
- Human Resources
- Labour Relations
- Infection Prevention and Control
- Joint Health & Safety Committee
- Privacy and Freedom of Information Office

**14.0 Approved By**

HHS Senior Leadership Team

**15.0 Appendices**

- [COVID-19 Medical Exemption](#)
- [COVID-19 Religious/Creed Exemption](#)

<b>Keyword Assignment</b>	covid 19, covid - 19, covid19, covid, vaccine, vaccines, vaccination
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**COVID- 19 Medical Exemption (Click [here](#) for printable version)**



**COVID 19 VACCINE MEDICAL EXEMPTION FORM**

Send completed form marked as "confidential" to:  
 Employee Health Services  
 Email: [vaccine@hpsc.ca](mailto:vaccine@hpsc.ca)

Employee Information:		
Last Name:	First Name:	Employee ID #:
Street Address:	City:	Postal Code:
Home Phone Number:	Job Description/Title:	Department:

A physician or nurse practitioner must complete a Statement of Medical Exemption for Hamilton Health Sciences (HHS) employees/physicians who require a medical exemption from COVID-19 vaccination requirements under the HHS HSW – COVID-19 Vaccination Management Policy.

**Section A – Employee Release and Signature** (to be completed by Employee)

I attest that the below information is accurate and authorize the physician or registered nurse in the extended class named in Section B and Section C below to certify as such. I further hereby authorize my physician or registered nurse in the extended class to release the information on this form to Employee Health Services at Hamilton Health Sciences. I understand that I may revoke this authorization at any time.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_


**Section B – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)**  
 (to be completed by the Physician or Registered Nurse in the Extended Class providing the Declaration)

I, \_\_\_\_\_, certify that,  
 (Name of physician or registered nurse in the extended class)

for medical reasons indicated below, the above-named employee/physician should be exempted from the COVID-19 vaccination requirements of the HHS HSW – COVID-19 Vaccination Management Policy.

Vaccine	Contraindication	Length of Exemption			
		Permanent	Temporary	From yyyy/mm/dd	To yyyy/mm/dd
COVID-19 Vaccine	<input type="checkbox"/> Documented severe reaction or anaphylaxis to a previous dose of COVID vaccine				
	<input type="checkbox"/> Documented severe reaction or anaphylaxis to one of the vaccine compounds (including polyethylene glycol [PEG], tromethamine, and polysorbates) in authorized, available COVID-19 vaccines	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Other contraindication detrimental to health (explain below)				

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Use this space for explanations of contraindications detrimental to health:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section C – Signature**  
 (to be completed by the Physician or Registered Nurse in the Extended Class providing the Declaration in Section B)

Signature of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)			
Name of Physician or Registered Nurse in the Extended Class		Registration/License No.	
Business Address Unit Number	Street Number	Street Name	P.O. Box
City/Town	Province/State	Country	Postal Code
Signature of Physician or Registered Nurse in the Extended Class		Date	

*Note that all employees and physicians who are not fully vaccinated (including those who have been granted a medical or religious/creed exemption) are required to participate in COVID-19 Rapid Testing.*


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**COVID- 19 Religious/Creed Exemption (Click [here](#) for printable version)**



**COVID 19 VACCINE RELIGIOUS/CREED EXEMPTION FORM**  
 Send completed form marked as "confidential" to:  
 Employee Health Services  
 Email: [vaccine@hhs.ca](mailto:vaccine@hhs.ca)

All exemption requests will be reviewed in consultation with the Human Rights & Inclusion team within the Human Resources Department.

All sections of the form must be completed in full in order to be reviewed for an exemption.

**Employee Information:**

Last Name:	First Name:	Employee ID #:
Street Address:	City:	Postal Code:
Department:	Job Description/Title:	Home Phone Number:

The Hamilton Health Sciences (HHS) HSW – COVID-19 Vaccination Management Policy requires that HHS employees and physicians must provide proof of full vaccination against COVID-19. In order to receive a valid exemption for non-medical reasons, employees/physician must complete the Statement of Conscience or Religious Belief form that is signed, sworn or affirmed.


HHS will consider, in good faith, requests for exemption from the COVID-19 vaccine based on the Ontario Human Rights Code grounds of religion/creed.

**Section A – Employee Declaration - Reason for Exemption (to be completed by the Employee)**

I, \_\_\_\_\_ attest that the requirements of the HHS HSW – COVID-19 Vaccination Management Policy conflict with my sincerely held convictions based on my religion, creed or conscience and request an exemption from these requirements for non-medical reasons as explained below.


Please explain the basis for your religion/creed exemption request below, including but not limited to:

a) What is your religious faith/creed?  
 b) How or why does your religious faith/creed prevent you from receiving the COVID-19 vaccination?  
 c) Any other information you believe Hamilton Health Sciences should consider in reviewing your exemption request?  
 \_\_\_\_\_  
 \_\_\_\_\_



**Section B – Employee Declaration – COVID-19 Risks**

By virtue of submitting this form and requesting this religious/creed exemption, I acknowledge the following:		Initial
1.	I understand that due to the nature of my occupation there may be exposure to COVID-19 virus, for which I may be at risk of acquiring.	
2.	I understand the purpose, risks, benefits, as well as possible consequences associated with declining the COVID-19 vaccine.	
3.	I understand by declining this vaccine, I continue to be at risk of acquiring the COVID-19 virus.	
4.	I am aware that by declining the COVID-19 vaccination I may not be permitted to work with certain patient populations or in certain workplace areas.	
5.	I am aware that workplace exclusions may apply as per Hamilton Health Sciences Policy & Procedures, Hamilton Region Public Health Guidelines, the Ontario Hospital Association protocols and/or Ontario Ministry of Health Management of Cases & Contact of COVID-19 in Ontario & Directives.	
6.	I have had the opportunity to ask questions concerning the COVID-19 vaccine, which were answered to my satisfaction.	
7.	If there is any change to my status, I will notify the Occupational Health and Safety Department to update my COVID-19 vaccination status.	
8.	I am aware that even if I am found to have a religious/creed exemption from the vaccination requirements of the HHS HSW – COVID-19 Vaccination Management Policy, I will be required to participate in COVID-19 Rapid Testing.	



**Section C – Declaration of Religious Leader (to be completed by the Religious Leader)**

I, \_\_\_\_\_ (Name of religious leader) certify that, due to a religious belief and/or creed, the above-named employee should be exempted from the requirements to be vaccinated against COVID-19 with a Health Canada-approved vaccine.

Please state the reason(s) for the accommodation request here. Please include a description of the religious belief(s) and/or creed(s) that preclude the employee from being vaccinated.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Religious Leader Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print name: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print name: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

As per section 366 of the Criminal Code, it is an offence to make a false document, knowing it to be false, with intent that a person should be induced, by the belief that it is genuine, to do or to refrain from doing anything.

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