



19 October 2021

Hon. Doug Ford, Premier
Premier's Office
Room 281, Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Re: Your letter dated 15 October 2021

Dear Premier Ford,

Please see next RNAO's response to your questions.

1. How could making vaccinations mandatory benefit hospitals?

Mandatory vaccination for all health care workers (HCW) will improve the quality of care and the patient, caregiver and provider experience in hospital settings.

Patients, already vulnerable and many with compromised immunity, can have a greater sense of comfort and safety knowing that they will not get COVID from a HCW. Patients should be confident that their hospital will take every reasonable precaution to ensure that they do not contract an illness from the very workers and setting that is intended to provide care and improve their health. Similarly, chosen-family and caregivers, should feel confident that their loved one is not at risk of contracting a new illness from the HCWs providing care.

Mandatory vaccination will also ensure that hospital staff will trust that -- all reasonable precautions -- are being taken to protect their health and safety. Though HCWs care for others, they do not surrender their concern for their own health or that of their families. Nurses and others working with unvaccinated staff are being subjected to increased and unnecessary risk to themselves and those they go home to after their work. Staff meet with and work alongside each other when providing patient care, they convene when on break to eat and have refreshments. They do not feel safe - or respected - in the workplace when consideration is not given to their health and safety. As a consequence, the absence of mandatory vaccinations is influencing decisions of nurses to leave workplaces and even the profession. (See <https://doris-blog.rnao.ca/post/mandatory-vaccination-healthcare-workers-exploring-issues-challenges-and-supports> for RNAO's position related to rational for mandatory vaccination).

2. Should the government make COVID-19 vaccinations mandatory in hospitals or leave staffing decisions up to individual hospitals?

The issue of mandatory vaccinations for HCWs in hospitals – and across all health care setting and all sectors - rests properly with government. It is a public health issue and not one that is peculiar to any single hospital or subset of hospitals; not only to the hospital sector. The issue was the same in long-term care (LTC). The issue of mandatory vaccinations affects all nursing homes and all nursing home

residents and staff. RNAO is pleased that Minister Rod Phillips recognized this as an urgent public policy and that he made the correct decision to mandate vaccination for all LTC workers.

Further, hospitals have been – and may yet be again – in crisis through this pandemic. Their sole focus needs to be on their ability to provide care to those in acute need. Forcing consideration of such matters of policy on each and every hospital is an unwarranted burden on hospital resources and an unnecessary distraction from their central purpose. Imposing this decision on individual hospitals has also made the hospitals sites for anti-vaxx protests and add another level of strain to patients, their loved ones and hospital workers. All decisions with respect to mandatory vaccinations - and all objections to those decisions – properly rest with the government.

Government mandated vaccinations for hospital staff also ensures consistency and clarity in policy decisions made, contributing to greater uptake and the ability to focus on common public education related to the policy for mandatory vaccination for all hospital staff. (See <https://doris-blog.rnao.ca/post/media-release-mandate-vaccinations-all-health-care-and-education-workers-and-immediately> for more details for RNAO’s position on the need for a government decision on mandatory vaccination for all health care workers).

3. Currently, there are two active outbreaks in hospitals. This low prevalence is due to strong IPAC measures and robust hospital safety policies. How would you assess the risk posed by potential future outbreaks compared to the risk of widespread HHR implications that may result from a vaccine mandate?

The lower transmission of COVID-19 in Ontario is related to many factors such as testing and contact tracing, vaccination rates, having the public on-board with public health measures, and more. Most importantly the welcoming of our new Ontario CMOH Dr. Kieran Moore and his approach of upholding the precautionary principle alongside strong and clear communication, have marked a new chapter for Ontario.

As it relates to hospitals, IPAC measures and robust hospital safety policies are violated when unvaccinated staff work closely with vulnerable patients and with colleagues. While there are currently limited numbers of staff unvaccinated working in hospitals and even fewer working in direct care, the fact that this risk goes unchecked poses an unnecessary and unsettling threat.

The question presumes that mandatory vaccinations will result in a loss of staff in the hospital sector. However, it may very well be the case that mandatory vaccination will restore confidence in the health and safety of hospital settings and, as a consequence: a) retain hospital staff; and/or, b) assist in attracting nurses and other HCWs back into the workplace.

Further, we have had widespread nursing shortages in the hospital (and other sectors) for many years pre-pandemic. RN understaffing in hospitals has been the policy of successive governments. Had attention been paid to this issue in a timely way, we would not have had such high rates of pre-pandemic nurse burnout and we would not be experiencing the present staffing crisis in our hospitals (See RNAO’s Mind the Safety Gap in Health System Transformation, 2016, <https://rnao.ca/sites/rnao->

[ca/files/HR_REPORT_May11.pdf](#) for details on the long standing RN shortage in Ontario). To cite staffing shortages as a risk factor in making the public health decision in favour of mandatory vaccination is offensive and unfounded. Moreover, RNAO has repeatedly advised our government to repeal Bill 124 as a first and urgent step in responding to current nursing shortage in hospitals.

Finally, mandatory vaccination directives have increased uptake of vaccination in the general public will likely have the same effect among health care workers. Clear policies, firm deadlines, mandatory education, and easy access increase vaccination rates. Hospitals with mandatory vaccination policies report that, “most of the staff have risen to the challenge.”

4. Do you believe mandatory vaccines would result in a diminishment of frontline staff in other parts of our health care system? If so, where?

Mandatory vaccination will not result in staff shortages in any part of our health system. Indeed, such a policy extended across all health sectors and setting would restore confidence in the health and safety of health-care settings and will assist in retaining current staff and attracting other HCWs back to the workplace. (See response to question 3 above.)

Further, any possible decline in staffing due to a mandatory vaccination policy could be mitigated by dealing with matters that are actually causing nurses and other HCWs to leave their professions. The first and necessary step to dealing with current staff shortages is the repeal of Bill 124. (See <https://doris-blog.rnao.ca/post/october-17-2021-covid-19-report> for RNAO’s position on repeal of Bill 124)

5. Do you believe this policy could result in negative impacts in areas that face significant challenges recruiting and retaining health care workers, particularly in northern and remote parts of the province?

While some northern and remote parts of the province have a marginally lower vaccination rate it is not anticipated the policy of mandatory vaccine for health care workers would adversely affect recruitment and retention of health care workers. In fact some communities have higher vaccination rates than Toronto. Recruitment and retention are always bolstered by fair compensation, respectful work environments, reasonable workloads, healthy and safe working conditions, and organizational supports including orientation, education and mentoring programs (See RNAO’s Work and Wellbeing Survey Results, March, 2021, https://rnao.ca/sites/rnao-ca/files/Nurses_Wellbeing_Survey_Results_-_March_31.pd for details related to what will keep and attract nurses).

Mandatory vaccination is considered by virtually all nurses as a matter of respect and necessary for the protection of their health and safety and those they go home to everyday.

6. Are there other parts of the system where unvaccinated workers can be reassigned, including administrative or other non-patient facing roles?


Yes, there are roles in hospitals where unvaccinated workers can be constructively redeployed such as: administration including the administration of medical records and scheduling; research and data-related analysis; and, policy and procedure development.

7. In your opinion, is there anything else the government can or should be doing to increase vaccination uptake among health care workers?

At this stage in the pandemic, and with the length of time the vaccine has been available and the amount of support re vaccination hesitancy, the best way to increase vaccination uptake among health care workers is -- a clear, definite and across all sectors and settings mandate for mandatory vaccination from the government. We recommend:

1. A clear, comprehensive, consistent, firm mandate with a 6-week time frame for implementation.
2. Nursing-led education in the workplace for HCWs.
3. Workplace access to vaccination.
4. Engagement of relevant stakeholders like regulatory and professional bodies to assist in providing education, portals for education, and other profession specific supports, like "voices of nurses related to mandatory vaccination and why they support it".

Yours warmly,



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