



## **COVID-19 Vaccines Questions and Answers for ONA Members**

The Ontario Nurses' Association (ONA) held a telephone town hall meeting and Facebook live event on January 13, 2021 to answer members' questions regarding COVID-19 vaccines. The event was co-hosted by ONA President, Vicki McKenna, RN, and ONA Chief Executive Officer, Bev Mathers, RN.

Below are questions that were asked by members who participated via phone and online. More information can be found on the [ONA.org website](https://www.ona.org).

Please note that the answers to some of the questions, provided below, may change and we will provide updates as the guidance, directives, and orders from government change and as the science develops throughout the course of the pandemic.

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### **Question: Is COVID-19 spread via aerosol transmission?**

**Answer:** Yes.

Since November 5, 2020 when the Public Health Agency of Canada (PHAC) updated its [guidance](#) on this issue, the government of Canada has said:

“SARS-CoV-2, the virus that causes COVID-19, spreads from an infected person to others through respiratory droplets **and aerosols** created when an infected person coughs, sneezes, sings, shouts, or talks. The droplets vary in size from large droplets that fall to the ground rapidly (within seconds or minutes) near the infected person, to smaller droplets, sometimes called aerosols, which linger in the air under some circumstances.” [emphasis added]

The World Health Organization (WHO) [first recognized aerosol transmission](#) in July 2020.

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**Question: Does every nurse who treats a COVID-19 patient need to wear an N95 mask?**

**Answer:** Yes. ONA's position on personal protective equipment (PPE) has been clear from the beginning of the COVID-19 pandemic. When a nurse or health-care worker is screening or treating a patient or resident who is suspected or confirmed to have COVID-19, they should wear an N95 respirator. This cannot be denied by the employer as set out in Directive 5.

N95 respirators must be fit-tested to be effective.

If you are unable to get a fit-tested, NIOSH approved N95 respirator or equivalent or above provided to you in your workplace, please [contact your ONA bargaining unit president](#) right away. The provincial government has continuously assured your elected ONA representatives that there is no shortage of PPE, including N95s, during this second phase of the pandemic.

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**Question: Because many hospital nurses and health-care professionals are working in COVID-19 outbreak settings, should we be completing WSIB paperwork? Is there a difference between the Exposure Incident Form and Form 6?**

**Answer:** Yes. With a possible exposure you should fill out the [WSIB's Worker's Exposure Incident Form \(Form 3958A\)](#) because it does establish your claim.

At the same time, you should also fill out [WSIB Worker's Report of Injury/Disease \(Form 6\)](#). It may not go anywhere, but at least you have it filed and it then put some obligations on the employer to investigate.

Completing and submitting these WSIB forms covers you if something happens down the road when you're no longer working. At least you have established the claim.

The WSIB's guide for Form 6 explains:

*If you have an accident/illness at work, you may be entitled to WSIB insurance benefits. The WSIB insurance benefits may pay for:*

- *health care to treat the injury/illness (for example – physiotherapy, chiropractic treatment, etc...)*
- *medications prescribed for your injury/illness; and*
- *temporary income (wages lost while recovering)*

*It is important to claim benefits as soon as possible. You have six months from the date of the accident to claim benefits or, for occupational diseases, from the start of the illness*

**Question: Do I still need to wear personal protective equipment (PPE) after I get a COVID-19 vaccine? If I'm caring for patients or residents who have all been vaccinated, do I still need to wear proper PPE?**

**Answer:** Yes. The vaccines only have reported about 95 per cent efficacy. Risk continues to exist with vaccine and unknowns remain as variants emerge.

According to the National Advisory Committee on Immunization (NACI), an external advisory body that provides independent medical, scientific, and public health advice to the Public Health Agency of Canada (PHAC):

*Efficacy against asymptomatic infection and transmission*

*Preliminary data from the ongoing Moderna COVID-19 vaccine trial showed a lower prevalence of SARS-CoV-2 positivity by PCR in asymptomatic participants at one particular time point (before Dose 2), and therefore viral shedding, in the group that received the vaccine compared to the placebo group. However, the current data is insufficient to draw conclusions and studies are ongoing.*

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**Question: What is in the COVID-19 vaccine? How do the COVID-19 vaccines work?**

**Answer:** The information about COVID-19 vaccines that are approved for use is available directly from the [provincial](#) and [federal](#) governments.

There are several different types of vaccines being studied to fight COVID-19. Three key types include: mRNA vaccines, viral vector-based vaccines, and virus-like particle vaccines.

The Pfizer-BioNTech and Moderna vaccines approved for use by Health Canada – the two vaccines currently being administered in Ontario – are both mRNA type vaccines.

mRNA vaccines teach our cells how to make a protein from the virus that will trigger an immune response and create antibodies. These antibodies help us fight the infection if the real virus does enter our body in the future as they recognize this protein.

The ingredients of COVID-19 vaccines are listed in their respective product monographs: the [Pfizer-BioNTech](#) vaccine ingredients are listed on Page 23 and the [Moderna](#) vaccine ingredients are listed on Page 20.

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**Question: Is getting a COVID-19 vaccine going to be mandatory or voluntary?**

**Answer:** The vaccine is not mandatory, but we recommend you get inoculated to help protect yourself, your family, your co-workers, and your patients/residents/clients.

As [reported by the Toronto Star](#) on January 19, 2021, the Ontario government has no plans to make the COVID-19 mandatory.

Carly Luis, a spokesperson for Health Minister Christine Elliott was quoted saying, “but we are strongly encouraging people to embrace the opportunity.”

Anthony Dale, President of the Ontario Hospital Association (OHA) – the organization that represents hospital CEOs and presidents, was quoted saying: “While we do not believe the vaccine should be mandatory, there is a strong need for government to implement strategies to address vaccine hesitancy, remove barriers to vaccine uptake and establish clear and consistent parameters around protocols for workers who do refuse to be vaccinated.”

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**Question: Can my employer force me to get a COVID-19 vaccine, even if I choose not to be vaccinated for health reasons? Will those of us who don't get vaccinated risk losing our jobs or face repercussions as some of our colleagues have faced when they chose not to get the flu vaccine?**

**Answer:** ONA is recommending that nurses and health-care professionals get a COVID-19 vaccine if they can and that any decision to vaccinate must be based on voluntary and informed consent.

According to the government of Canada, “Vaccination is a choice you should make to protect yourself, your family, and community. Vaccination is a personal choice that the vast majority of Canadians agree is part of good health and important for prevention of serious disease.”

In general, nurses or health-care professionals who do not get vaccinated should not lose their jobs. We continue to advocate that COVID-19 vaccination must be voluntary and that health-care workers who are contraindicated due to an allergy or a health condition, or who have a sincerely held religious belief should be accommodated by their employers for deciding not to get a COVID-19 vaccine.

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**Question: Does receiving a COVID-19 vaccine mean you won't get COVID-19?**

**Answer:** No, not necessarily. It is still possible for someone who is vaccinated to carry and spread the novel coronavirus that causes COVID-19. Though when someone who has been vaccinated gets COVID-19, their symptoms should be less severe.

It is important to keep following the precautionary principle and continue wearing appropriate personal protective equipment (PPE) even after receiving a COVID-19 vaccine.

CBC News has reported that most of the clinical trials for COVID-19 vaccines were not designed to test the post-vaccination spread of SARS-CoV-2, the virus that causes COVID-19.

The British Columbia Centre for Disease Control explains: “We do know that the vaccine will protect people from getting sick from the virus, but it's possible that you could still carry the virus and be contagious to others even though you got your immunization. We will learn more as the

clinical trials will continue for another two years, and so in the meantime, we need to continue wearing our masks and practicing physical distancing.”

Johns Hopkins Medicine, a highly regarded authority on COVID-19 tracking and reporting in the United States of America says: “It may take time for everyone who wants a COVID-19 vaccination to get one. A vaccine that is 95 per cent effective means that about 1 out of 20 people who get it may not have protection from getting the illness. Also, while the vaccine may prevent you from getting sick, it is unknown at this time if you can still carry and transmit the virus to others. That is why, until more is understood about how well the vaccine works, continuing with precautions such as mask-wearing and physical distancing will be important.”

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**Question: If you have cared for a patient with COVID-19 without proper personal protective equipment (PPE), is it still worth getting vaccinated?**

**Answer:** Yes. You should always ensure you are protected.

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**Question: Would everyone need to be tested first before getting vaccinated to confirm that they are not positive? What if you are asymptomatic and positive, is it safe to get the vaccine then?**

**Answer:** According to Dr. Jason Kindrachuk, Canada Research Chair in Emerging Viruses at the University of Manitoba as reported by CBC News:

People with active COVID-19 infections should be self-isolating, so they shouldn't be going to get a vaccination. Generally, patients are screened for symptoms of illness before any vaccination, and vaccinations are postponed if they are sick. But even if you somehow can get a COVID-19 vaccine while sick, you shouldn't, because the coronavirus that causes COVID-19 can impact the way your immune system functions.

“This virus operates by really playing a tricky game with our immune system during the course of the disease. That of course is a concern for us because we don't want to see someone being vaccinated when their immune system isn't quite ready yet to take that vaccine.”

Dr. Kindrachuk recommends waiting until you're well into recovery.

Public Health Ontario will be setting Ontario guidelines in the weeks to come.

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**Question:** I heard that you might have to get a repeat vaccination in four or five months. Is that true?

**Answer:** Both the Pfizer-BioNTech and Moderna vaccines approved for use in Canada – the only two COVID-19 vaccines currently being administered in Ontario – require two doses, administered at 21 to 28 days apart, for your body to develop infection fighting response.

The Public Health Agency of Canada (PHAC) has published the following recommended immunization schedule:

Vaccine product	Immunization schedule	Minimum interval	Authorized interval	Alternate interval
Pfizer-BioNTech COVID-19	2-dose schedule	19 days	21 days	28 days
Moderna COVID-19	2-dose schedule	21 days	28 days	None

**Note:** Based on the shortage of the Pfizer-BioNTech vaccine doses and following NACI guidance, Ontario may extend the interval for the second dose for long-term care residents by several days and up to a total of 42 days for health-care workers.

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**Question: How do I volunteer to help administer the COVID-19 vaccines?**

**Answer:** The Ontario government is operating an [online portal](#) to match available health-care workers with positions across Ontario where support is needed to deliver necessary care in the midst of the COVID-19 pandemic.

Set up your profile on the Ontario Matching Portal website, input your availability, and you may be matched with a request for support. Once a match has been approved, you will be notified via email. A representative from the organization with which you have matched will contact you shortly thereafter to schedule the next steps in the process.

<http://www.onhealthworkforcematching.ca/>

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**Question: Are there any COVID-19 vaccines available for children yet?**

Answer: No, there aren't any COVID-19 vaccines for children so far.

According to Health Canada:

The [Pfizer-BioNTech COVID-19 mRNA vaccine](#) (Tozinameran or BNT162b2) is approved for people who are 16 years of age and older. Its safety and effectiveness in people younger than 16 years of age have not yet been established.

The [Moderna COVID-19 vaccine](#) (mRNA-1273) is approved for people who are 18 years of age and older. Its safety and effectiveness in people younger than 18 years of age have not yet been established.

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**Question: Do patients who have auto-immune diseases get the same vaccine and the same dose as everyone else?**

**Answer:** Yes.

The National Advisory Committee on Immunization (NACI) is an external advisory body that provides independent medical, scientific, and public health advice to the Public Health Agency of Canada (PHAC) in response to questions from PHAC relating to immunization.

[NACI recommendation 5](#) states:

*Persons with an autoimmune condition*

*5. NACI recommends that a complete vaccine series with a COVID-19 vaccine may be offered to individuals with an autoimmune condition in the authorized age group in these populations if a risk assessment deems that the benefits outweigh the potential risks for the individual, and if informed consent includes discussion about the insufficiency of evidence on the use of COVID-19 vaccine in these populations. (Discretionary NACI Recommendation)*

*Currently, there is limited evidence that having an autoimmune condition is an independent risk factor for severe COVID-19, though evidence is evolving.*

*Currently, there are very limited data on COVID-19 vaccination in individuals who have an autoimmune condition. Although participants with autoimmune conditions who were not immunosuppressed were not excluded from trials, they constitute a very small proportion of trial participants and represent a very narrow range of autoimmune conditions.*

*The spectrum of autoimmune conditions is diverse. The relative degree of autoimmunity in individuals with autoimmune conditions is variable depending on the underlying condition, the severity and progression of disease and use of medications that impact immune function. Therefore, the balance of benefits and risks must be made on a case-by-case basis.*

*Other applications of mRNA technologies have been for the treatment of cancer, which required an immune response directed against an individual's cancer cells. This raised the theoretical concern that mRNA vaccines for infectious diseases would behave similarly, eliciting inflammation and possibly exacerbating existing autoimmune diseases. Current applications of mRNA technology for COVID-19 vaccines have been optimized to reduce this risk.*

*Active surveillance in these vaccine recipients is strongly encouraged. NACI will monitor the evidence as it evolves and update recommendations as needed.*

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**Question: For women who are trying to conceive/going through rounds of IVF is it safe to take the vaccine? Is there any info if vaccine is safe for breast feeding moms?**

**Answer:** The National Advisory Committee on Immunization (NACI) is an external advisory body that provides independent medical, scientific, and public health advice to the Public Health Agency of Canada (PHAC) in response to questions from PHAC relating to immunization.

[NACI recommendations 6 and 7](#) state:

*Pregnancy and breastfeeding*

6. NACI recommends that a complete vaccine series with a COVID-19 vaccine may be offered to pregnant individuals in the authorized age group if a risk assessment deems that the benefits outweigh the potential risks for the individual and the fetus, and if informed consent includes discussion about the absence of evidence on the use of COVID-19 vaccine in this population. (Discretionary NACI Recommendation)

7. NACI recommends that a complete vaccine series with a COVID-19 vaccine may be offered to individuals in the authorized age group who are breastfeeding, if a risk assessment deems that the benefits outweigh the potential risks for the individual and the infant, and if informed consent includes discussion about the absence of evidence on the use of COVID-19 vaccine in this population. (Discretionary NACI Recommendation)

*The evidence of pregnancy as an independent risk factor for severe COVID-19 is evolving.*

*Currently, there are no data on the safety and efficacy of COVID-19 vaccines in pregnancy or during breastfeeding. Pregnant or breastfeeding individuals were excluded from the mRNA COVID-19 vaccine clinical trials.*

*Currently, there are no data to inform outcomes of inadvertent administration of COVID-19 vaccine to pregnant individuals or their developing fetus in clinical trials. Outcomes in participants who became pregnant during the clinical trials and fetal outcomes will be reported through registries and NACI will reconsider recommendations when these data become available.*

*It is unknown whether the vaccines are excreted in human milk, but there are no data on outcomes in breastfeeding individuals or their breastfed infants. There have been no theoretical concerns about these vaccines in breastfeeding individuals or their breastfed infants.*

*Currently, there are limited data on the safety of COVID-19 vaccine from animal developmental and reproductive toxicity studies. In rats that received the Moderna COVID-19 vaccine prior to or during gestation, no safety concerns regarding female reproduction, fetal/embryonal development, or postnatal development were demonstrated. Developmental and Reproductive Toxicity (DART) animal studies for the Pfizer-BioNTech COVID-19 vaccine are ongoing.*

*Individuals who are pregnant, breastfeeding, or of reproductive age may be at increased risk of exposure to SARS-CoV-2 (e.g., healthcare or essential workers) and/or at increased risk of severe COVID-19 disease (e.g., due to pre-existing medical condition, body mass index of 40 or more) and may wish to be vaccinated despite the lack of evidence of COVID-19 vaccination in pregnancy or during breastfeeding in order to protect themselves. Therefore, the balance of benefits and risks must be made on a case-by-case basis.*

*There is currently no evidence to guide the time interval between the completion of the COVID-19 vaccine series and conception. In the face of scientific uncertainty, it may be prudent to delay pregnancy by 28 days or more after the administration of the complete two-dose vaccine series of an mRNA COVID-19 vaccine. An mRNA COVID-19 vaccine may be administered anytime after pregnancy.*

*Individuals who become pregnant during their vaccine series or shortly thereafter should not be counselled to terminate pregnancy based on having received the mRNA vaccine.*

*If pregnancy is determined after initiation of the vaccination series, completion of the series may be delayed until after pregnancy, unless risk factors for increased exposure or severe COVID-19 are present and informed consent for vaccination is obtained as above. NACI also encourages additional research and surveillance of COVID-19 vaccination in pregnancy.*

*Eligible individuals should be offered a complete vaccine series with an authorized COVID-19 vaccine post-partum and prior to attempting pregnancy so that the recommended interval between completion of the vaccine series and conception is maintained.*

*Vaccine recipients and health care providers are encouraged to report to COVID-19 vaccine during pregnancy or breastfeeding to the local public health authority as well as to the vaccine manufacturer for follow-up. Active surveillance in these vaccine recipients is strongly encouraged. NACI will monitor the evidence as it evolves and update recommendations as needed.*

*Refer to [Immunization in Pregnancy and Breastfeeding](#), Part 3 - Vaccination of Specific Populations of the CIG for additional general information.*

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**Question: How can people who have received a COVID-19 vaccine prove that they have been vaccinated? Will they receive a vaccination card or certificate?**

**Answer:** On December 17, 2020, Christine Elliott, Deputy Premier of Ontario and Health Minister said:

“People will receive a confirmation of the vaccination when they receive their first dose. They will get a receipt indicating they had their first dose. When they get the second dose, they will receive confirmation. We are just finalizing the format it is going to take.”

As your ONA representatives learn more information about the Ontario government’s plans for proof of COVID-19 vaccination, this information will be shared with members.

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**Question: An ONA member wants to get a COVID-19 vaccine but the options for doing so in the downtown Toronto core, where they work, have been consistently booked up. Can someone who is administering the vaccine come to our unit at the hospital to vaccinate us there?**

**Answer:** Your ONA elected provincial leadership and staff will raise this suggestion – the possible vaccination of nurses and health-care professionals on site in your units at acute care workplaces – with those who are in charge of the vaccine roll out. In the meantime, ONA members who are not able to get vaccinated at existing vaccine clinic locations should reach out to their employer in search of solutions.

Please be sure to keep [your ONA bargaining unit president](#) informed about these conversations with your employer because the answers you get may be useful information for your colleagues to know as well.

When supply is available after the delays in delivery of the Pfizer-BioNTech vaccine, long-term care homes workers should be able to receive the vaccine at the homes at the same time that residents receive their vaccines.

Also, there will be regional hubs set up for health-care workers to receive their vaccines in the coming weeks.

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**Question: I have been scheduled to receive the vaccine, but it is on my day off and I cannot switch. Will I be paid?**

**Answer:** Your ONA representatives continue to lobby government and employers to ensure staff are paid for time spent receiving the vaccine. We have also advised that all employees who receive the vaccine and experience side effects that may require time off are paid (kept whole) for their lost time. The Ontario government has agreed to take these issues back for discussion.

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**Question: When will the vaccine arrive in other parts of Ontario?**

**Answer:** Visit the [Ontario government's rollout schedule](#). The planning and schedules are based on the availability of vaccine doses.

If you have any labour relations issues regarding the rollout of the vaccine, please speak with [your ONA Bargaining Unit President](#). They are the first line to address your questions and concerns.

There are two vaccines that are available in Canada: Pfizer-BioNTech and Moderna, both of which require two doses. Information about the vaccine rollout changes daily and sometimes by the hour.

For instance, [Pfizer recently announced](#) that it is temporarily delaying the delivery of vaccines to Canada because its manufacturing facility in Belgium is undergoing an expansion to accommodate mass production of its vaccine. This delay will most likely impact the delivery of vaccines throughout Ontario. We are waiting on more details and how this will affect the rollout.

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**Question: Does ONA have a position on some of us who have received the first dose of a COVID-19 vaccine having to wait six weeks before the second dose is given?**

**Answer:** ONA is following the advice of the National Advisory Committee on Immunization (NACI). Within the limitations of currently available data, the NACI advises that while the second dose should be given according to the approved schedule if possible, jurisdictions may consider delaying the second dose due to logistic or epidemiologic reasons until further supplies of the

vaccine become available, preferably within 42 days (6 weeks) of the first dose. This is, of course, all based on supply of the vaccines being available.

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**Question: Will those of us who work within hospitals but are employed by a different entity (i.e. LHIN care coordinators) be considered for receiving a COVID-19 vaccine at our usual hospital workplaces?**

**Answer:** The precise mechanics of the rollout of the vaccines beyond long-term care homes have not yet been announced by the provincial government. Your ONA representatives have encouraged the Vaccine Taskforce to build detailed communications to ensure health-care professionals and workers know in what time period they will be prioritized to receive the vaccine.

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**Question: I am an ER nurse and only 14 of us have been vaccinated so far. Only 10 of us are scheduled to get a vaccine each day. It seems like it will take forever to get us vaccinated. What can we do?**

**Answer:** The numbers of front-line health-care workers receiving vaccines is based on the supply of vaccine doses available. Pfizer is shipping lower quantities of that vaccine to Canada over the next few weeks until the supply improves later in February and into March.

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**Question: I work in a hospital with patients who will be moved to long-term care (LTC). Will these patients be able to get their first dose of a COVID-19 vaccine before moving into LTC?**

**Answer:** This is unclear at the moment based on the availability of the COVID-19 vaccines. Your ONA representatives will raise this question with the Ministry of Health.

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**Question: The Ontario government announced that hospitals may have to transfer patients throughout the province. Has ONA done anything to ensure that CCU nurses everywhere are vaccinated in time?**

**Question: I haven't heard much about when primary care will get vaccine. We have a lot of frail elderly high-risk patients. We're also exposed and we're doing our best to keep patients from having to go to the emergency department.**

**Answer:** The provincial government is responsible for the rollout of the vaccines and the decisions as to which health-care workers are the priority for vaccination. Residents of long-term care homes and high-risk retirement homes (i.e. those with dementia units) are being prioritized, long-term care homes' workers and essential caregivers are next, and then high-risk hospital workers.

Your ONA representatives will raise this concern with the Ministry of Health, however, vaccine availability all comes down to supply. You can also contact your [Member of Provincial Parliament \(MPP\)](#) directly to express your concern. If you send an email to your MPP, please copy [onamail@ona.org](mailto:onamail@ona.org).

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