



October 19, 2021

Hon. Doug Ford  
Premier of Ontario,  
Legislative Building, Queen's Park  
Toronto, ON M7A 1A1

By email: [Premier@ontario.ca](mailto:Premier@ontario.ca)

**Re: ONA Feedback on Vaccine Mandates in the Hospital Sector**

---

**Introduction**

The Ontario Nurses' Association (ONA) is the union representing more than 68,000 registered nurses (RNs) and health-care professionals, as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry, including more than 60,000 working in the hospital sector across the province.

ONA appreciates the opportunity to provide feedback on the issue of vaccine mandates in the hospital sector. This is an issue that is of great importance to its members.

ONA has consistently recommended that health-care workers receive the vaccine and has encouraged its members to do so. At the same time, ONA believes that this is a decision to be made by the health-care worker based on voluntary and informed consent, and where appropriate, with the advice of a health-care professional.

A minority of Hospitals have introduced policies that exceed Directive 6, in that they only provide employees with two options: receive the vaccine or be terminated ("vaccinate or terminate" policies). If an employee declines the vaccine, any reasonable non-disciplinary consequences have been eliminated, most notably the option to submit to regular antigen point of care testing.

It is not necessary for the government to mandate "vaccinate or terminate" policies and in fact, ONA believes that such policies will have a significant, negative impact on the provision of health care within the province.

There was already a crisis prior to the introduction of these policies. Across the province, Hospitals had record-high vacancies arising from pre-existing shortages, intolerable working conditions resulting in registered nurses leaving in droves. Now, for Hospitals to terminate RNs and other health care professionals who are not vaccinated when there is a reasonable alternative will exacerbate an already tenuous situation on the cusp of a catastrophic staffing crisis.

This will inevitably impact the provision of health care to Ontarians - at a time when there remains a lengthy backlog of procedures and surgeries and tests arising from the pandemic.

In responding to the questions set out in the letter of October 15, 2021, ONA has considered the following:

- The majority of health care professionals, including ONA's members, are vaccinated, mostly received when vaccinations were voluntary.
- Ontario has the lowest number of RNs per capita in the country.
- Ontario cannot afford to lose RNs from the workforce. These nurses have been on the front-line of the pandemic for the last 19 months and they are exhausted. These nurses have been subject to untenable workloads and staffing shortages arising during the pandemic.
- Many RNs are at their breaking point and being forced to leave the profession. Their workload is untenable, they are constantly short-staffed and are working longer hours. They are burned out and frustrated over their financial compensation, which has been limited due to the wage restraint legislation. Terminating RNs at a time when retention and recruitment is such a challenge is short-sighted and will worsen the very factors (workload, shortstaffing, etc.) that are leading nurses to leave in the first place. The goal of safety being sought will be undermined if there are insufficient RNs to care for patients.
- We know that the ICU at Headwaters Health was shut down after nursing shortages, patients are being turned away from the ER at William Osler due to a lack of RNs to provide care, and operating rooms have been shut down at The Ottawa Hospital. These staffing shortages have real consequences and are not merely theoretical.
- The hospital sector cannot be considered in isolation from the rest of the health care system. Mandating vaccines in one sector of the health system impacts on the other parts. A systemic and holistic view of the entire health system needs to be considered when imposing vaccine mandates.
- Vaccines are one tool to combat COVID-19 but are not the only tool. The government's response must be guided by science. Strong IPAC and health and safety protocols must be in place. Testing of unvaccinated employees has been an effective alternative to vaccination. Furthermore, the government could extend testing to all employees regardless of vaccination status, in light of the reduced efficacy of the vaccine against the Delta variant.

ONA is very concerned that the health care system simply cannot withstand the loss of RNs that would happen if the government mandated "vaccinate or terminate" policies throughout the province.

ONA submits that Directive 6 provides a reasonable approach to the issue of vaccine policies, establishing a process to ensure patient and worker safety. Pursuant to the Directive, Hospitals are empowered to encourage employees to receive the vaccination while at the same time providing an effective testing regimen for those who are unvaccinated.

With these considerations in mind, ONA provides the following response to the questions set out in the October 15<sup>th</sup> letter.

## Response to Questions

### 1. *How could making vaccines mandatory benefit hospitals?*

ONA submits that making vaccines mandatory will not benefit hospitals.

While COVID-19 vaccinations are beneficial, they are not a complete solution. Vaccines need to be part of a comprehensive evidence-based health and safety and infection control program. In light of emerging of the decreased efficacy of the vaccine against the Delta variant in relation to acquiring or transmitting COVID-19, such a comprehensive approach is not only advisable but necessary even where a significant proportion of employees are vaccinated. The most significant benefit of the vaccine is preventing severe outcomes including hospitalization and death.

This includes easy access to, and the use of, N95 respirators or equivalent or better and other personal protective equipment. This is corroborated by Dr. Peter Jüni, a professor of epidemiology at the University of Toronto's Dalla Lana School of Public Health and scientific director of the Ontario COVID-19 Science Advisory Table who stated on October 18, 2021: "The next step is a challenge. Why? Because this disease is predominately airborne in transmission."

Furthermore, vaccine mandates will be the final culminating step that will push the current nursing staffing crisis over the edge.

Hospitals have been leanly staffed for years. According to CIHI, in 2020, Ontario had 665 RNs per 100 000 persons. This is significantly lower than in other jurisdictions across the country, including those which have enacted a mandatory "vaccinate or terminate" policy. Quebec, for example, has 823 RNs per 100 000 persons.

The province cannot lose any more nurses and expect to have a functioning health care system. Terminating RNs and other health care professionals will significantly impact the accessibility of health services, the quality of care and treatment of patients, and the management of the health care system in general, all of which are factors to be considered by the Minister in making any decisions in the public interest under the *Public Hospitals Act*.

There is also an impact on vaccinated nurses who remain after their colleagues are placed on a leave of absence terminated. ONA is hearing from vaccinated nurses who feel Hospitals have gone too far by terminating nurses at such a desperate time and are gravely concerned about the dire situation they will left with after their colleagues are terminated. The risk related to retention under vaccination policies impact both vaccinated and unvaccinated nurses alike.

Those nurses who remain are exhausted and burned out after working throughout the pandemic. On October 7, 2021, the Science Table released a brief, "Burnout in Hospital-Based Healthcare Workers during COVID-19." The Brief found that severe burnout has been found in more than 60% of health care workers, with nurses and workers in intensive care settings, COVID-19 units, and emergency departments with an elevated risk.

Burnout is associated with worse patient outcomes and reduced workplace satisfaction and productivity for healthcare professionals.

Interventions to combat burnout should be prioritized for those most affected, including nurses. The first target for intervention, according to the Brief, is to maintain adequate staffing. Other interventions include addressing overtime and scheduling shifts greater than 12 hours.

Terminating unvaccinated employees from Hospitals will have the exact opposite effect as that which is recommended in the Brief to address burnout. Staffing shortages will reach catastrophic levels, overtime and workload will increase, leading to the vicious cycle of more nurses becoming sick or leaving the profession.

Even with high vaccination rates, hospitals will be losing upwards of 4 to 5 % of their RN staff if they implement mandatory “vaccinate or terminate” policies. In some cases, the numbers are considerably higher. For example, at William Osler, approximately 105 RNs (4.5% of their total RNs) are being placed on a leave of absence. This hospital had high vacancy rates utilizing agency nurses prior to the pandemic.

Mandatory vaccine policies will create particularly acute problems in smaller hospitals in rural and/or northern communities. For example, at St. Francis Memorial Hospital in Barry’s Bay, there are approximately 42 RNs on staff. ONA has been advised that as of this week, 7 nurses will be placed on a leave of absence because they have not been vaccinated. This Hospital will be losing approximately 16% of its RN workforce.

There is no way that patient care can be covered by the remaining staff. Patients will not receive health care when they need it without RNs and impact on patient care is inevitable.

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

ONA submits that the government should not make COVID-19 vaccinations mandatory in hospitals. In addition to the information provided in response to Question 1 above, ONA notes that many hospitals have not implemented “vaccinate or terminate” policies.

The majority of Hospitals, including Sunnybrook Health Sciences, Humber River Hospital, Michael Garron Hospital, The Ottawa Hospital, Hamilton Health Sciences, St. Thomas Elgin General Hospital, and Health Sciences North to name a few, continue to endorse vaccine policies based on Directive 6.

There is no evidence that the Hospitals which have implemented Directive 6 including those who transitioned to “vaccinate or terminate policies” have any greater number of infections or outbreaks attributable to health care workers. Testing provides a reasonable alternative to ensure the safety of colleagues and patients while at the same time ensuring that unsafe conditions do not result from short staffing.

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?*

ONA agrees that vaccination must be viewed in the context of IPAC and health & safety measures, which prevent outbreaks. Vaccines are one tool in the toolkit, but there are others, and no one measure can be viewed in isolation. There are also engineering, administrative, and PPE controls working in conjunction with the vaccine. Regular testing is also an effective tool to identify cases and prevent outbreaks before they happen.

ONA has observed Hospitals implement a wide range of IPAC and health & safety programs. Many Hospitals have a comprehensive program that protect against aerosol transmission based on a hierarchy of controls with low prevalence of Hospital acquired COVID-19.

On the other hand, at other Hospitals there are poor infection control and health & safety standards modelled on outdated “droplet and contact” modes of transmission without recognizing the aerosol route of transmission of COVID-19.

There is no reason to believe that patients are less safe at Hospitals implementing Directive 6 than they are at Hospitals which have enacted a “vaccinate or terminate” policy, especially in light of the enhanced risk of the predominant Delta variant and waning immunity of the vaccine after 5-6 months. It is unknown whether vaccines can reduce future outbreaks given that transmission is still possible, albeit with less severe health outcomes.

ONA concludes that the HHR implications that will result from a vaccine mandate are significant as compared to the yet unknown impact that the vaccine will have in the future. The gutting of staffing levels for RNs will result in unsafe working conditions, untenable nurse to patient ratios, degradation of infection control as nurses care for more patients and are unable to cohort, and above all, patients not receiving the care they need because there are no RNs to provide it.

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?*

There would likely be an impact on LHIN employees from mandatory vaccination policies instituted in Hospital. The LHINs have employees who physically work in hospitals and would impact them.

To the extent other sectors introduce “vaccinate or terminate” policies we expect to also see an exodus from long-term care, public health, and home care.

Given that many employers have introduced vaccination as a condition pre-hire, registered nurses who are not vaccinated cannot seek re-employment elsewhere. Therefore, health care institutions may never be able to recover from the diminishment

of staff arising from vaccination policies as the available pool of candidates may decrease further.

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?*

Yes. Please see a chart of representative employers with the number of RNs at risk of a leave of absence and/or termination due to vaccinate or terminate policies. These are not insignificant. When considering the total number of RNs, these raw numbers amount to 4-5% to 16% of the overall registered nursing staff. Given the pre-existing vacancies, the impact of further RN losses can be considered critical for patients:

Hospital	Number of RNs Leave of Absence or Terminated
William Osler Health Centre	114
London Health Sciences	89 (over 100 current vacancies)
Trillium Health Centre	86
University Health Network	59
Unity Health	55
Grand River	35
Windsor	22 (approximately 155 current vacancies)
St. Francis	7

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

All health care workers regardless of vaccination status worked through the initial waves of the pandemic incorporating IPAC and health & safety protocols into their nursing practice. Reassignment is not required if unvaccinated health care workers are subject to strict IPAC, health & safety controls, public health measures such as universal masking, and regular testing to ensure safety.

By extension, vaccinated workers should also subject to the same universal precautions, with the exception of testing, to prevent transmission from all sources. This includes access to N95 respirators or equivalent or better where there is a risk of exposure to COVID-19. Some employers however have extended regular testing for all employees regardless of vaccination status in light of the increased risk posed by the Delta variant.

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

ONA believes more meaningful and interactive education that includes up-to-date medical and scientific information would be helpful.

Currently, Directive 6 requires education to be provided to employees who are not vaccinated. This education is generic. ONA submits that it would be helpful to have education targeted towards addressing the specific hesitancy concerns of unvaccinated workers. As just one example, ONA has heard that some nurses who are undergoing IVF procedures, or who are pregnant, are reluctant to be vaccinated. It would be helpful to have education that speaks specifically to this issue.

Respectfully,

**ONTARIO NURSES' ASSOCIATION**

A handwritten signature in cursive script that reads "Vicki McKenna".

Vicki McKenna, RN  
President

C. ONA Board of Directors