**Enhanced Infection Control Practices COVID-19 Pandemic & Safety Plan**

**Updated: June 2, 2022**

*This is a comprehensive document that outlines the most current enhanced infection control practices that have we have implemented during the COVID-19 Pandemic. It is a fluid document subject to change.*

**Section 20: COVID-19 Immunization for Staff**

**Background:**

The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization of staff, student placements and volunteers. The Home recognizes the importance of immunization of staff, students and volunteers due to the nature of their work with vulnerable seniors and potential for exposure in the community. This COVID-19 immunization policy aims to protect the Home’s population and define the expectations for COVID-19 protection, including immunization for all staff, students and volunteers.

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. It is characterized by fever, cough, shortness of breath and a number of other symptoms. Asymptomatic infection is also possible. COVID-19 is primarily transmitted person-to-person through respiratory droplets. The risk of severe disease increases with age and is elevated in those with underlying medical conditions. The estimated relative reduction of COVID-19 mortality in LTC residents is 96% 8 weeks after introduction of the COVID-19 vaccine program in this population.

Protection after a primary COVID-19 series decreases over time, especially against the Omicron variant of concern. COVID-19 vaccine booster doses helps to increase protection against symptomatic infection and severe outcomes at the individual level and helps to reduce transmission at the population level. What is considered to be up to date for COVID-19 vaccines will likely need to be modified over time based on availability of new vaccines in the future, potential changes in disease epidemiology and as new evidence on additional booster doses becomes available.

**Scope**:

This policy applies to all Staff, Support workers, Student Placements, Agency Staff and Volunteers.

**Objectives:**

* To prevent COVID-19 related illness and death in LTC homes.
* To reduce the number of new cases of COVID-19 and reduce severe outcomes including hospitalizations and death due to COVID-19 in residents, staff, students and volunteers.
* To optimize COVID-19 immunization in LTC.
* To ensure that all staff, students and volunteers have access to information required to make informed decisions about COVID-19 vaccination.

**When Are You Up to Date with COVID-19 Vaccines? Recommended Doses:**

* **Up to date** means an individual has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible. Please see the table below:

|  |  |  |
| --- | --- | --- |
| **Age at first dose** | **Recommended Intervals** | **Minimal Intervals** |
| 5 to 11 years | 1st dose  2nd dose 8 weeks after 1st dose | 1st dose  2nd dose 21 days after 1st dose |
| 12 to 17 years | 1st dose  2nd dose 8 weeks after 1st dose  Booster dose 6 months after 2nd dose | 1st dose  2nd dose 21 days after 1st dose  Booster dose 8 weeks after 2nd dose |
| Ages 18 and older | 1st dose  2nd dose 8 weeks after 1st dose  Booster dose 3 months after 2nd dose | 1st dose  2nd dose, 21 days (Pfizer) or 28 days (Moderna) after 1st dose  Booster dose 8 weeks after 2nd dose |

|  |
| --- |
| **Notes:**   * For 1st and 2nd doses, the vaccine manufacturer indicates the minimum intervals above, however the CIG (Canadian Immunization Guide) recommends that the minimum interval between 1st and 2nd doses is 19 days for Pfizer or 21 days for Moderna. * Moderately or severely immunocompromised individuals 5 years of age and older are recommended to receive a 3 dose primary series. The recommended interval for the 3rd dose is 56 days after the 2nd dose and the minimum interval is 28 days after the 2nd dose. |

**People who received vaccines NOT authorized by Health Canada (HC):**

* People who received only **one or two doses of a non-Health Canada authorized COVID-19 vaccine** may receive two additional doses in Ontario to be up to date with their COVID-19 vaccines. The first additional dose is recommended 28 days after the previous dose to complete the primary series. A booster dose is then recommended 3 months later (if aged 18 or older) or 6 months later (if aged 12 to 17).
* People who received **one HC authorized vaccine and one non-HC authorized vaccine (in either order)** are recommended to receive a booster dose 3 months after their second dose (if aged 18 or older) or 6 months after their second dose (if aged 12 to 17) to be up to date with their COVID-19 vaccines.
* People who received **three doses (any combination of HC authorized and non-HC authorized)** are recommended to receive a booster (fourth) dose to be up to date with their COVID-19 vaccines.

**Procedure:**

In order to ensure that all staff, students and volunteers are adequately educated about COVID-19 and the COVID-19 vaccines, they must provide one of the following:

**Proof of COVID-19 vaccine administration as per the Staying Up to Date definition above. All staff members, students, volunteers and support workers must provide proof of their 3rd dose no later than May 30, 2022, if eligible.** OR

Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:

1. That the person cannot be vaccinated against COVID-19 or cannot received a subsequent dose of a COVID-19 vaccine; **AND**
2. The effective time period for the medical reason (i.e., permanent or time limited). If the effective time period of a medical contraindication provided has expired, the Home shall ensure, within 30 days of the medical contraindication expiring, the individual provides proof of vaccination.

**Valid reasons for a medical exemption are:**

Individuals who have experienced serious adverse events following COVID-19 immunization and those with certain medical conditions that may affect their immune response to immunization should be referred to an appropriate physician or nurse practitioner based on their adverse event/medical condition for further assessment. This should include a detailed patient history, assessment of the adverse event/medical condition and investigations/diagnosis, individualized risk/benefit analysis, and recommendations/options for future immunization. For serious or rare AEFIs, individuals should be thoroughly investigated to determine if the event can be attributed to an alternative etiology. Referral and specialist consultation support for physicians and nurse practitioners is available through Ontario’s eConsult Service, OTN Hub, and the Special Immunization Clinic (SIC) Network. In many instances, safe administration of subsequent doses of COVID-19 vaccine is possible under the management of an appropriate physician or nurse practitioner. True medical exemptions are expected to be infrequent and should be supported by expert consultation.

**Summary of Conditions and/or Adverse Events following Immunization (AEFI) that may qualify for a Medical Exemption:**

**Pre-existing Condition(s):**

|  |  |
| --- | --- |
| **Condition/AEFI** | **Management** |
| Myocarditis prior to  initiating an mRNA COVID19 vaccine series | • As per NACI, individuals with a history of myocarditis unrelated to mRNA COVID-19 vaccination should consult their clinical team for individual considerations and recommendations.\*  • Qualifies for medical exemption if:   * Discussion with appropriate physician or nurse practitioner has occurred on potential options for immunization with an mRNA COVID-19 vaccine; AND * Physician or nurse practitioner has determined that the individual is unable to receive any COVID-19 vaccine. |
| Severe allergic reaction  (including anaphylaxis) to a  component of a COVID-19  vaccine | • Qualifies for medical exemption only if:   * Allergy was documented by an appropriate physician or nurse practitioner; AND * Discussion with an appropriate physician or nurse practitioner has occurred on potential options for immunization; AND * Physician or nurse practitioner has determined that the individual cannot receive any COVID-19 vaccine with currently available mitigation strategies.   **Note**: True medical exemptions are expected to be infrequent. In most instances, safe administration of subsequent doses of the COVID-19 vaccine is possible under the management of an appropriate physician or  nurse practitioner. |

*\* As per NACI if the diagnosis with myocarditis is remote and they are no longer followed*

*clinically by a medical professional for cardiac issues, they should receive an mRNA COVID19 vaccine.*

**Contraindications to Initiating an AstraZeneca or Janssen COVID-19 Vaccine Series:**

|  |  |
| --- | --- |
| **Condition/AEFI** | **Management** |
| History of capillary leak  syndrome (CLS) | • Series should be completed with an mRNA  vaccine.  • Qualifies for medical exemption if:   * Individual has medical exemption to completing their vaccine series with an mRNA vaccine. |
| History of cerebral venous sinus  thrombosis (CVST) with  thrombocytopenia | • Series should be completed with an mRNA  vaccine.  • Qualifies for medical exemption if:   * Individual has medical exemption to completing their vaccine series with an mRNA vaccine. |
| History of heparin-induced  thrombocytopenia (HIT) | • Series should be completed with an mRNA  vaccine.  • Qualifies for medical exemption if:   * Individual has medical exemption to completing their vaccine series with an mRNA vaccine. |
| History of major venous and/or  arterial thrombosis with  thrombocytopenia | • Series should be completed with an mRNA  vaccine.  • Qualifies for medical exemption if:   * Individual has medical exemption to completing their vaccine series with an mRNA vaccine. |

**Adverse Events Following COVID-19 Immunization:**

|  |  |
| --- | --- |
| **Condition/AEFI\*\*** | **Managemenet** |
| Thrombosis with thrombocytopenia syndrome  (TTS)/VITT\*\*\* following the AstraZeneca or Janssen COVID-19 vaccine | • Subsequent immunization should be completed with an mRNA vaccine.  • Qualifies for medical exemption only if:   * Individual has medical exemption to completing their vaccine series with an mRNA vaccine. |
| Myocarditis or Pericarditis  following an mRNA COVID19 vaccine | • Qualifies for medical exemption if:   * Myocarditis/pericarditis was diagnosed within 6 weeks of receiving a previous dose of an mRNA COVID-19 vaccine after medical evaluation (e.g., ER physician, relevant specialist). This includes any person who had   an abnormal cardiac investigation including  electrocardiogram (ECG), elevated troponins,  echocardiogram or cardiac MRI after a dose of  an mRNA vaccine.  • In situations where there is uncertainty regarding myocarditis diagnosis, discussion should occur with appropriate physician or nurse practitioner on potential options for (re)immunization with the same or alternative COVID-19 vaccine. The individual qualifies for a medical exemption if the physician or nurse practitioner has determined that the individual is unable to receive any COVID-19  vaccine.  • Those with a history compatible with pericarditis and who either had no cardiac workup or had normal cardiac investigations, can be (re)immunized once they are symptom free and at least 90 days has passed since vaccination |
| Severe allergic reaction (including anaphylaxis)  following a COVID-19 vaccine | • Qualifies for medical exemption if:   * Allergy was documented by an appropriate physician or nurse practitioner; AND * Discussion with appropriate physician or nurse practitioner has occurred on potential options for (re)immunization; AND * Physician or nurse practitioner has determined that the individual cannot receive any COVID-19 vaccine with currently available mitigation strategies.   **Note**: True medical exemptions are expected to be infrequent. In most instances, safe administration of subsequent doses of the COVID-19 vaccine is possible under the management of an appropriate physician or nurse practitioner. |
| Serious adverse event following COVID-19  immunization (e.g., results in hospitalization, persistent or significant disability/incapacity) | • Qualifies for medical exemption if:   * Event has been medically evaluated; AND * Discussion has occurred with an appropriate physician or nurse practitioner (e.g.,immunologist, SIC network, Medical Officer of Health, etc.) on the individual’s risks and benefits of potential options for immunization with the same or alternative COVID-19 vaccine; AND * Physician or nurse practitioner has determined that the individual is unable to receive any COVID-19 vaccine. |
| Actively receiving monoclonal antibody therapy OR convalescent plasma therapy for  the treatment or prevention of COVID-19 | • Qualifies for time-limited medical exemption  while they are actively receiving therapy |
| Actively receiving or recently completed immunosuppressing therapy anticipated to  significantly blunt vaccine response | • Qualifies for time-limited medical exemption if:   * Appropriate physician or nurse practitioner has recommended that the individual defer vaccination to a later point to optimize immune response to COVID-19 vaccination; AND * The individual is actively receiving or recently completed one or more of the following immunosuppressives: * Anti-CD20 – vaccination deferral of up to 6 months following completion of   therapy is recommended   * Anti-thymocyte globulin – vaccination deferral of up to 1 month is recommended following completion of therapy * Chimeric Antigen Response (CAR) T-cell therapy - vaccination deferral of up to 3 months is recommended following completion of therapy * Hematopoietic stem cell transplant – vaccination deferral of up to 3 months is recommended following completion of therapy * Prednisone >=1mg/kg – vaccination deferral of up to 1 month is recommended following completion of therapy |

*\*\* AEFI is defined as any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the use of a vaccine.*

*\*\*\* Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT).*

* All staff will complete the COVID-19 Declaration Form upon hire and annually as appropriate.
* The Vaccination Lead for The Home is: IPC Lead/DOC. The Vaccination Backup for The Home is the ADOC.

The Home will provide support for staff, students, agency staff, support workers and volunteers to receive a COVID-19 vaccine, including assistance with booking a vaccine appointment, peer-to-peer support, etc.

* Staff, students, support workers, agency staff and volunteers who have chosen to decline COVID-19 vaccination or who choose not to provide proof of vaccination or proof of medical exemption, by the required date will not be able to attend a long-term care home to work, undertake a student placement or volunteer.
* **Non-compliance** (staff, students, volunteers):

**The Home will remove from duty any staff member who has not complied with this policy by May 30, 2022.**

**The individual will remain off work on unpaid leave until June 13, 2022. If proof of a third dose of a Health Canada approved COVID-19 vaccine or a valid medical exemption has not been received by June 13, 2022, the individual will be terminated effective June 14, 2022.**

**Protection and Prevention**

* To ensure the protection of residents, staff and volunteers from exposure COVID-19, staff and all individuals working in The Home must adhere to the infection prevention and control measures. This includes the requirement to participate honestly in the active screening program, to wear personal protective equipment as prescribed and to be informed of infection control practices.
* Staff and all individuals working in The Home must participate in COVID testing as prescribed by the employer.
* Staff and all individuals working in The Home must remain vigilant in performing self-monitoring for signs and symptoms of COVID-19.
* Staff working in more than one workplace must immediately report to their supervisor if they have been exposed to COVID-19 or if there is an outbreak declared in either of their workplace settings. Decisions about their ability to work will be made based on their individual immunization status and/or consultation with the Public Health Unit.

**COVID-19 Vaccine Program**

It is important that all staff make an informed decision about whether or not to receive the COVID-19 vaccine.

In order to ensure that staff are adequately educated about COVID-19 and the COVID-19 vaccine, the following will apply:

|  |  |
| --- | --- |
| **Category** | **Requirements** |
| **1. Staff, Students, Support Workers, Volunteers and Caregivers:** | Complete the COVID-19 Declaration Form upon hire and annually as appropriate.  **Provide written proof of having received at least 3 doses of a Health Canada approved COVID-19 vaccination on or before May 30, 2022**.  Completion of regular COVID Rapid Antigen Testing at the beginning of each shift. |
| 2. Staff who are unable to be vaccinated for **medical** reasons. | After completion of the COVID-19 vaccination declaration, written proof of the medical reason, to be provided by either a physician or nurse practitioner, that sets out the details as follows:  1. That the staff member cannot be vaccinated against COVID-19 and;  2. The effective time period for the medical restriction and date by which the restriction will be removed.  If a medical exemption has been provided and expires, the person shall provide the Home with a new and updated medical exemption note. If a new and updated medical exemption is not provided within 30 days, the staff member shall be placed on unpaid leave and/or terminated. |

In order to ensure compliance, Managers will receive compliance reports. Compliance reports will verify that the COVID-19 program has been completed.

**COVID-19 Education Program:**

Education programs are available on SURGE Learning for staff to review and are updated as information changes.

The Home’s IPC Lead shall also provide education for new hires and routinely throughout the pandemic.

**Change in Status**

Any individual will be able to update their vaccination by using the declaration tool and providing accepted proof.

**Contractors, Support workers, Volunteers**

Contractors, Support workers, volunteers and any other individuals who chooses not to be fully vaccinated will not be allowed to physically access the Home other than for emergency reasons or when visiting a Resident receiving end of life care.

Contractors must ensure that all their employees accessing the Home are fully vaccinated.

Individuals who chose not to comply with this requirement will not be allowed to access the Home.

**Newly hired staff** will demonstrate proof of being fully vaccinated with at least 3 doses of a Health Canada approved COVID-19 vaccination prior to first day worked.

Students and volunteers must demonstrate compliance with the policy prior to coming to the Home for educational placement or volunteer hours.

**Confidentiality**

The Home is required, pursuant to the Minister of Long-Term Care’s Directive “Long-Term Care Home COVID-19 Immunization Policy”, to report statistical information to the Ministry of Long-Term Care. No identifying information will be provided to the ministry in relation to this policy; all statistical information will be provided in aggregate form.

**Statistical Data Collection**

Effective March 31, 2022, statistical data reporting regarding employee vaccination rates, in aggregate form, is no longer required. This will be re-implemented should the Ministry of Health and Long-Term Care make this a requirement once again.

The Home will not provide any identifying information to the Ministry and should communicate to all individuals who are subject to the Home’s policy that information will be shared with the Ministry in aggregate form only and without any identifying information.

The Ministry of Long-Term Care may share any and all statistical information provided by the Home pursuant to this Directive with the Ministry of Health, local public health units or the public, including by posting on a public-facing website of the Government of Ontario, at any time.

**Appendices and References**

Ministry of Health; Guidance for COVID-19 Immunization In Long-Term Care Homes and Retirement Homes; Version 1.0 January 18, 2021

<https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_LTC_RH_immunization_guidance.pdf>

Ministry of Health; COVID-19 Vaccine Information Sheet (age 12+)

Version 3.0 – March 24, 2022

<https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_info_sheet.pdf>

Ministry of Health; COVID-19 Vaccine Administration

Version 4.0 March 24, 2022

<https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf>

Ministry of Health; Q&A for Health Care Providers on Mixed (Heterologous) COVID-19 Vaccine

Schedules

Version 1.0 – July 16, 2021

<https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/Q_A_mixed_heterologous_vaccine_schedules.pdf>

Ministry of Health; Medical Exemptions to COVID-19 Vaccination

Version 3.0, January 12, 2022

<https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/medical_exemptions_to_vaccination.pdf>

Ministry of Health; COVID-19 Guidance for Individuals Vaccinated outside of Ontario/Canada

V. 4.0 March 24, 2022

<https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_guidance_for_individuals_vaccinated_outside_of_ontario.pdf>

Ministry of Health; Staying Up to Date with COVID-19 Vaccines: Recommended Doses

<https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID_19_vaccine_up_to_date.pdf>

MEDICAL EXEMPTION FOR

MANDATORY COVID-19 VACCINATION

|  |
| --- |
| Section 1 – Individual Information |

|  |  |  |
| --- | --- | --- |
| Last name: | First Name: | DOB (yyyy/mm/dd): |
| Unit Number/PO Box: | Street Number and Name: | Town/City: |
| Province: | Postal Code: |  |

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| Section 2 – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner) |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of physician or registered nurse in the extended class)

Certify that, for medical reasons, the above named individual is unable to receive a COVID-19 immunization with the current COVID-19 vaccines available in Ontario (*Pfizer-BioNTech COVID-19 vaccine, Moderna COVID-19 vaccine, AstraZeneca/COVIDSHIELD COVID-19 vaccine).*

|  |  |
| --- | --- |
| Selection | Condition and/or Adverse Event Following Immunization |

1. Pre-existing Condition(s)

|  |  |
| --- | --- |
|  | Severe allergic reaction or anaphylaxis to a component of a COVID-19 vaccine |
|  | Myocarditis prior to initiating a mRNA COVID-19 vaccine series (individuals aged 12-17 years old) |

1. Contraindications to Initiating an AstraZeneca/COVIDSHIELD Vaccine Series

|  |  |
| --- | --- |
|  | History of capillary leak syndrome (CLS) |
|  | History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia |
|  | History of heparin-induced thrombocytopenia (HIT) |
|  | History of major venous and/or arterial thrombosis with thrombocytopenia following  any vaccine |

1. Adverse Events Following COVID-19 Immunization

|  |  |
| --- | --- |
|  | Severe allergic reaction or anaphylaxis following a COVID-19 vaccine |
|  | Thrombosis with thrombocytopenia syndrome (TTS)/Vaccine-Induced Immune  Thrombotic Thrombocytopenia (VITT) following the Astra Zeneca/COVISHIELD  COVID-19 vaccine |
|  | Myocarditis or Pericarditis following a mRNA COVID-19 vaccine |
|  | Serious adverse event following immunization (e.g. results in hospitalization,  persistent or significant disability/incapacity) |

1. Other

|  |  |
| --- | --- |
|  | Actively receiving monoclonal antibody therapy OR convalescent plasma therapy for  the treatment or prevention of COVID-19 |
|  | Actively receiving or recently completed immunosuppressing therapy anticipated to  significantly blunt vaccine response |

|  |  |
| --- | --- |
| Section 3 – Length of Exemption | |
| Permanent |  |
| Time Limited | *From (yyyy/mm/dd) To (yyyy/mm/dd)* |

|  |
| --- |
| Section 4 – Signature of Physician or Registered Nurse in the Extended Class |

|  |  |  |
| --- | --- | --- |
| *Unit Number:* | *Street Number and Street Name:* | *Town/City:* |
| *Province:* | *Postal Code:* | *Date:* |
| *Name (Print):* | *Name (Signature):* | *License Number:* |

|  |
| --- |
| Vaccination is one of the most effective ways to protect our families, communities, and ourselves against COVID-19. Evidence indicates that vaccination is effective at preventing serious outcomes, such as severe illness, hospitalization, and death due to COVID-19. A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech and Moderna) are less likely to have asymptomatic infection or to transmit COVID-19 to others. |

Once completed please submit form to the Director of Care



COVID-19 Vaccination Declaration

The Home continues to be committed to the safety of our team members and residents, including protecting our population from COVID-19. Along with our existing public health and personal protective measures, the COVID-19 vaccine is the most effective way to protect ourselves and our residents, colleagues and community from COVID-19.

It is important that The Home knows the vaccination status of team members to ensure a safe environment for everyone who works, receives care and visits our Home. In the event of an outbreak, your vaccination status may impact your ability to provide safe resident care or continue activities where there is a potential for transmission.

As per the COVID-19 Immunization for Staff Policy, team members are required to submit a record of vaccination and declare their vaccination status to the Home by completing this COVID-19 Vaccination Declaration.

If you have questions about the declaration of COVID-19 status policy, please contact your department manager.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration Decision**

 Up to Date with COVID-19 Vaccination: I have been vaccinated with a full primary series (3 doses) of a Health Canada approved COVID-19 vaccine and will provide a record of vaccination to the Director of Care.

 Decline – Medical reason: I am declining to be vaccinated due to medical reasons and will provide written proof by either a physician or nurse practitioner to the Director of Care.

□ Decline – Under the Human Rights Commission based on creed (which can include religious beliefs and non-religious belief systems that resemble religion).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_