COLLEGE OF CHIROPRACTORS OF ONTARIO

ELECTRONIC PUBLIC INFORMATION PACKAGE FOR COUNCIL MEETING

FRIDAY, SEPTEMBER 10, 2021 – 12 – 4:30 P.M.

COMPENDIUM

College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario

COUNCIL MEETING

Friday, September 10, 2021 *(12:00 noon - 4:30 p.m.)* [1]

Compendium Volume [2]

Page No.	ITEM		Action Required	Action By	Priority Level [3]
	4. Committee Reports				
	4.1 (C) Executive Committee Report Compendium Documents		FYI subject to questions		
	Government Directives/Orders/News Releases				
2	4.1.1 (C)	Reopening Ontario (August 3, 2021)			
19	4.1.2 (C)	News Release dated August 17, 2021 "*Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings*"			
25	4.1.3 (C)	Directive # 6			
29	4.1.4 (C)	Resource Guide for Directive # 6			
50	4.1.5 (C)	News Release dated August 24, 2021 "*Ontario Deploying Last Mile Strategy to Further Increase Vaccination Rates*"			

[1] Subject to Council's direction.
[2] The Compendium Volume contains background information and items for review relevant to Council's agenda. The information is primarily FYI. The Main Agenda includes those high priority matters requiring *action or review* by Council.
[3] Subject to Council's direction.

55	4.1.6 (C)	Guidance for the Health Sector dated August 27, 2021			
61	4.1.7 (C)	COVID-19 Patient Screening Guidance Document dated August 26, 2021			
64	4.1.8 (C)	Patient Sign for Posting			
65	4.1.9 (C)	News Release dated September 1, 2021 "*Ontario to Require Proof of Vaccination in Select Settings*"			
71	4.1.10 (C)	Thank you communication from York Region Public Health dated August 31, 2021			
	Sample Communications with Media				
74	4.1.11 (C)	Media inquiries and responses (June and July 2021)			
	Miscellaneous Communications from Members/Stakeholders				
80	4.1.12 (C)	Communication exchange dated July 5, 2021re: OCRWG			
83	4.1.13 (C)	Communication exchange dated June 25, 2021, with Dr. David Dos Santos re: ACE Study			
93	4.1.14 (C)	Communication exchange dated June 28, 2021with Dr. Harald Simon			
95	4.1.15 (C)	Communication exchange dated July 5, 2021, with Dr. Brad Deakin re: masks			

97	4.1.16 (C)	Communication exchange dated July 16, 2021, with Mirella Taiariol re: vaccinations			
101	4.1.17 (C)	Communication exchange dated July 23, 2021with Dr. Alan Hong re: negative press [4]			
	6. For Your Information [5]		FYI (subject to questions)		
103	6.1 (C)	News Release dated June 18, 2021: Premier Ford Announces Changes to Cabinet			
106	6.2 (C)	Ontario Announcement September 1, 2021, re: Vaccine certificates for non-essential indoor activities			
115	6.3 (C)	Various Media re: Vaccinations			
	Governance Reform				
146	6.4 (C)	Extract from CPSO Dialogue dated June 28, 2021			
155	6.5 (C)	Message re: CPSO Discipline Tribunal			

[4] The video relates primarily to American chiropractors.

[5] The FYI section has been pared down considerably. If members/individuals want information included for Council, they should include the public interest rationale i.e., how is the article/information relevant to CCO's public interest mandate?

156	6.6 (C)	Advisory Governance Review of the Law Society of British Columbia Terms of Reference (appointment of Harry Cayton)			
159	6.7 (C)	*Alexandru Tanase v The College of Dental Hygienists of Ontario*, May 11, 2021, Ontario CA			
179	6.8 (C)	Grey Areas – September 2021 *"Fixing Good Character Registration Requirements"*			
184	6.9 (C)	Council Members Terms (dated September 3, 2021)			

Ontario is now in Step Three of the Roadmap to Reopen. Follow the restrictions and public health measures.

Ontario

ITEM 4.1.1(c) 2

Reopening Ontario

Learn about the Roadmap to Reopen, the province's three-step plan to safely and gradually lift public health measures based on ongoing progress of provincewide vaccination rates and improvements of key public health and health care indicators.

Ontario is currently in Step Three of the Roadmap to Reopen.

In order to safely exit the Roadmap to Reopen (https://www.ontario.ca/page/reopening-ontario#exit), Ontario needs to remain in Step Three for at least 21 days and until certain vaccination thresholds are met. Key public health and health care indicators must also remain stable.

Please read the regulation (https://www.ontario.ca/laws/regulation/r21541) for the full list of public health and workplace safety measures that will still need to be followed upon exiting the Roadmap.

Overview

The Roadmap to Reopen is a three-step plan to safely and cautiously reopen the province and gradually lift public health measures.

The plan is based on:

- the provincewide vaccination rate
- improvements in key public health and health care indicators

In Step Three of the roadmap, we must all continue to follow the public health measures, advice and restrictions (https://covid-19.ontario.ca/public-health-measures).

Guiding principles

Step One: An initial focus on resuming outdoor activities with smaller crowds where the risk of transmission is lower, and permitting limited indoor settings with restrictions.

Step Two: Further expanding outdoor activities and resuming limited indoor services with small numbers of people and with face coverings being worn.

Step Three: Expanding access to indoor settings, with restrictions, including where there are larger numbers of people and where face coverings can't always be worn.

Moving through the steps

If the province has met the following vaccination thresholds, and there are continued improvements in other key public health and health system indicators, the province may move to the next step of the roadmap:

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- **Step One:** 60% of adults vaccinated with one dose
- **Step Two:** 70% of adults vaccinated with one dose and 20% vaccinated with two doses
- **Step Three:** 70 to 80% of adults vaccinated with one dose and 25% vaccinated with two doses

Exiting the roadmap

The province will remain in Step Three for at least 21 days and until 80% of the eligible population aged 12 and over has received one dose of a COVID-19 vaccine, and 75% have received their second, with no public health unit having less than 70% of their eligible population aged 12 and over fully vaccinated.

Other key public health and health care indicators must also continue to remain stable. Upon meeting these thresholds, the vast majority of public health and workplace safety measures will be lifted.

Roadmap to reopen – key highlights

Vaccination rate
plus key public health and health care indicators

Step 1

60%

Adults with one dose

Permit with restrictions

Outdoor spaces begin reopening, limited indoor settings with restrictions

- Outdoor social gatherings and organized public events for up to 10 people
- Outdoor dining for up to 4 people per table
- Essential retail capacity at 25%
- Non-essential retail capacity at 15%
- Religious services, rites and ceremonies indoors at 15% capacity and outdoors with capacity limited to permit physical distancing of 2 metres
- Outdoor sports training (no games or practices), fitness classes and personal training up to 10 people
- Day camps
- Overnight camping at campgrounds and campsites, including Ontario Parks and short-term rentals
- Outdoor horse racing and motor speedways without spectators
- Outdoor pools and wading pools

+21 days before next stage

Vaccination rate
plus key public health and health care indicators

Step 2

70%

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Adults with one dose
20% Fully vaccinated

Permit with restrictions

Open indoors with small numbers and face coverings and expand outdoors

- Outdoor social gatherings and organized public events for up to 25 people
- Indoor social gatherings and organized public events for up to 5 people
- Outdoor dining for up to 6 people per table
- Essential and other select retail permitted at 50% capacity
- Non-essential retail capacity at 25%
- Stores in shopping malls open, with restrictions
- Larger indoor religious services, rites, or ceremonies, including wedding services and funeral services at 25% capacity
- Outdoor religious services, rites, or ceremonies, including wedding services and funeral services, capped at the number of people that can maintain a physical distance of two metres
- Overnight camps
- Personal care services where face coverings can be worn at all times at 25% capacity
- Outdoor fitness classes are capped at the number of people who can maintain 3 metres of distance
- Public libraries permitted at 25% capacity
- Outdoor meeting and event spaces at 25% capacity
- Outdoor amusement and water parks at 25% capacity
- Outdoor sports games, leagues and events at 25% capacity
- Outdoor cinemas, performing arts, live music events and attractions at 25% capacity
- Outdoor horse racing and motor speedways at 25% capacity

Vaccination rate
plus key public health and health care indicators

Step 3

70-80%

Adults with one dose
25% Fully vaccinated

Permit with restrictions

Additional indoor services with larger numbers of people and restrictions in place

- Outdoor social gatherings and organized public events for up to 100 people
- Indoor social gatherings and organized public events for up to 25 people

- Indoor dining with no limits to the number of patrons per table
- Retail with capacity limited to ensure physical distancing
- Indoor religious services, rites or ceremony gatherings with physical distancing
- Indoor sports and recreational fitness facilities with capacity limits
- Personal care services with capacity limited to ensure physical distancing
- Museums, casinos and bingo halls with capacity limits
- Cinemas, concert, theatres, and other performing arts venues with capacity limits

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Roadmap to reopen at a glance

This is a high-level overview of what can reopen in each step.

Read our public health measures, advice and restrictions (https://covid-19.ontario.ca/public-health-measures) for a more detailed summary of what can open in Step Three. For a complete list of public health and workplace safety measures and restrictions in Step Three, refer to *O. Reg. 364/20 (https://www.ontario.ca/laws/regulation/200364)*.

Gatherings

Step One

Maximum 10 people for outdoor gatherings

Outdoor end-of-school-year celebration ceremonies held by a school or private school are exempt from outdoor gathering limits, with restrictions

Retirement homes are exempt from gathering limits

Step Two

Maximum 25 people for outdoor gatherings

Maximum 5 people for indoor gatherings

Retirement homes are exempt from gathering limits

Step Three

Maximum 100 people for outdoor gatherings

Maximum 25 people for indoor gatherings

Retirement homes are exempt from gathering limits

Religious services, rites or ceremonies, including wedding services and funeral services (does not apply to receptions)

Step One

Indoor permitted at 15% capacity of the room

Outdoor permitted with capacity limited to permit physical distancing of 2 metres

Step Two

Indoor permitted at 25% capacity of the room

Outdoor permitted with capacity limited to permit physical distancing of 2 metres

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Step Three

Indoor and outdoor permitted with capacity limited to permit physical distancing of 2 metres

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Retail

Step One

Essential and select retail at 25% capacity and can sell all goods (including discount and big box)

Non-essential retail at 15% capacity

Retail stores in malls closed unless the stores have a street facing entrance

Restrictions on shopping malls

Step Two

Essential retail at 50% capacity

Non-essential retail at 25% capacity

Stores in shopping malls open

Step Three

Essential and non-essential retail open with capacity limited to permit physical distancing of 2 metres

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Liquor stores

Step One

Open at 25% capacity

Step Two

Open at 50% capacity

Step Three

Open with capacity limited to permit physical distancing of 2 metres

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Restaurants and bars

Step One

Outdoor dining with 4 people per table from different households and other restrictions

Step Two

Outdoor dining with 6 people per table and other restrictions

Karaoke permitted with restrictions (outdoor only)

Step Three

Indoor and outdoor dining with capacity limited to permit physical distancing of 2 metres and other restrictions

No limits on the number of people per table

Buffets permitted

Food or drink establishments with dance facilities

Step One

Closed

Step Two

Closed

Step Three

Indoor capacity limited to the number of people who can maintain a physical distance of two metres, with a maximum capacity of 25% indoors or 250 people (whichever is less)

Outdoor capacity limited to 75% or 5,000 people (whichever is less) and other restrictions

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Personal care services

Step One

Closed

Sensory deprivation pods permitted when prescribed or administered by a regulated health professional, with restrictions

Step Two

Open at 25% capacity

Appointment required

Services that require the removal of a face covering not permitted

Step Three

Open, including services that require the removal of a face covering, with capacity limited to permit physical distancing of 2 metres and other restrictions

Sports and recreational fitness facilities

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Step One

Outdoor fitness classes, outdoor sports training (no games or practices) and outdoor personal training, with 10 patrons maximum

Closed for indoor use except for high-performance athletes and day camps

Step Two

Outdoor sports leagues open

Training for professional or amateur athletes and/or competitions

Closed for indoor use except for high-performance athletes and day or overnight camps

Step Three

Indoor open at 50% capacity, with spectators permitted at a maximum capacity of 50% or 1,000 people (whichever is less) and other restrictions

Outdoor open. For unseated events, spectators permitted at a maximum capacity of 75% or 5,000 people (whichever is less) and other restrictions. For events with fixed seating, spectators permitted at a maximum capacity of 75% or 15,000 people (whichever is less) and other restrictions

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Personal fitness and training

Step One

Outdoor fitness classes – 10 people maximum, 3 metres distance

Outdoor personal training – 10 people maximum, 3 metres distance

Outdoor sports training only – 10 people maximum, 3 metres distance (no games or practices)

Step Two

Outdoor fitness classes and personal training – with limit on the number of patrons, 3 metres distance

Step Three

Indoor fitness classes and personal training permitted, with maximum capacity of 50% and other restrictions

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Outdoor recreational amenities

Step One

Open with restrictions

Step Two

Open with restrictions

Step Three

Open with restrictions

Water features

Step One

Outdoor pools, splash pads, spray pads, whirlpools, wading pools and water slides open

Step Two

Outdoor pools, splash pads, spray pads, whirlpools, wading pools and water slides open

Step Three

Indoor and outdoor pools, splash pads, spray pads, whirlpools, wading pools and water slides open

Indoor pools limited to 50% capacity and other restrictions

Meeting and event spaces

Step One

Closed with exceptions for certain purposes including social services, government operations, court services, in-person examinations for select professions (subject to conditions)

Step Two

Outdoor spaces open at 25% capacity and other restrictions

Indoor meeting and event spaces closed, with exceptions for certain purposes, including for viewing for potential booking of a future event

Step Three

Indoor open at 50% capacity or 1,000 people (whichever is less) and other restrictions

Outdoor open at 75% capacity or 5,000 people (whichever is less) and other restrictions

Day camps

Step One

Open based on guidance from the Chief Medical Officer of Health (PDF) (https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_summer_day_camps_guidance.pdf)

Step Two

Open based on guidance from the Chief Medical Officer of Health (PDF) (https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_summer_day_camps_guidance.pdf)

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Step Three

Open based on guidance from the Chief Medical Officer of Health (PDF) (https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_summer_day_camps_guidance.pdf)

Overnight camps

Step One

Closed

Step Two

Open based on guidance from the Chief Medical Officer of Health (PDF) (https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/guidance_for_overnight_camps.pdf)

Step Three

Open based on guidance from the Chief Medical Officer of Health (PDF) (https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/guidance_for_overnight_camps.pdf)

Commercial film and TV production

Step One

Open with no audience, no more than 50 performers on set, and other restrictions

Step Two

Open with no audience, and other restrictions

Step Three

Open with studio audiences at 50% capacity or 1,000 people (whichever is less) and other restrictions

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Performing arts

Step One

Outdoor open for rehearsing or performing a recorded or broadcasted event – 10 people maximum, spectators not permitted

Step Two

Indoor closed, permitted only for the purpose of rehearsing or performing a recorded or broadcasted event – spectators not permitted

Outdoor open, including live music, with spectator capacity at 25% and other restrictions

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Step Three

Indoor open at a maximum capacity of 50% or 1,000 people (whichever is less) and other restrictions

Outdoor open. For unseated events, spectators permitted at a maximum capacity of 75% or 5,000 people (whichever is less) and other restrictions. For events with fixed seating, spectators permitted at a maximum capacity of 75% or 15,000 people (whichever is less) and other restrictions

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Cinemas

Step One

Drive-in open

Step Two

Indoor closed

Outdoor open with spectator capacity at 25% and other restrictions

Step Three

Indoor open at a maximum capacity of 50% or 1,000 people (whichever is less) and other restrictions

Outdoor open. For unseated events, spectators at a maximum capacity of 75% or 5,000 people (whichever is less) and other restrictions. For events with fixed seating, spectators at a maximum capacity of 75% or 15,000 people (whichever is less) and other restrictions

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Casino, bingo halls and gaming establishments

Step One

Closed

Step Two

Closed

Step Three

Open at a maximum capacity of 50% and other restrictions

Horse racing

Step One

Outdoor with capacity and crew restrictions

No spectators

Step Two

Outdoor open with spectator capacity at 25% and other restrictions

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Step Three

Indoor open with spectators at 50% capacity or 1,000 people (whichever is less) and other restrictions

Outdoor open. For unseated events, spectators permitted at a maximum capacity of 75% or 5,000 people (whichever is less) and other restrictions. For events with fixed seating, spectators permitted at a maximum capacity of 75% or 15,000 people (whichever is less) and other restrictions

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Motorsports and speedways

Step One

Outdoor with capacity and crew restrictions

No spectators

Step Two

Outdoor open with spectator capacity at 25% and other restrictions

Step Three

Indoor open at a maximum capacity of 50% or 1,000 people (whichever is less) and other restrictions

Outdoor open. For unseated events, spectators at a maximum capacity of 75% or 5,000 people (whichever is less) and other restrictions. For events with fixed seating, spectators at a maximum capacity of 75% or 15,000 people (whichever is less) and other restrictions

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Short-term rentals (does not include hotels, motels, lodges or resorts, but does apply to cabins and cottages)

Step One

Open

Indoor pools, communal steam rooms, saunas or indoor whirlpools, indoor fitness centres, or other indoor recreational facilities closed

Step Two

Open

Indoor pools, communal steam rooms, saunas or indoor whirlpools, indoor fitness centres, or other indoor recreational facilities closed

Step Three

Open

Indoor pools, communal steam rooms, saunas or indoor whirlpools, indoor fitness centres, or other indoor recreational facilities open with restrictions

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Hotels, motels, lodges, resorts and other shared rental accommodation

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Step One

Open. Indoor pools, communal steam rooms, saunas or indoor whirlpools, indoor fitness centres, or other indoor recreational facilities closed

Step Two

Open. Indoor pools, communal steam rooms, saunas or indoor whirlpools, indoor fitness centres, or other indoor recreational facilities closed

Step Three

Open. Indoor pools, communal steam rooms, saunas or whirlpools, indoor fitness centres, or other indoor recreational facilities open with restrictions

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Public libraries

Step One

Curbside pickup for materials

Access to computers, photocopiers, and similar services permitted

Step Two

Open with 25% capacity and other restrictions

Step Three

Open, with capacity limited to permit physical distancing of 2 metres and other restrictions

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Museums and attractions

Step One

Outdoor zoos, landmarks, historic sites, botanical gardens, and similar outdoor attractions open with capacity limited to 15% for ticketed areas and other restrictions

Step Two

Outdoor zoos, landmarks, historic sites, botanical gardens, and similar outdoor attractions open with capacity limited to 25% for ticketed areas and other restrictions

Outdoor amusement parks and waterparks open with 25% capacity and other restrictions, including on rides

Step Three

Zoos, landmarks, historic sites, botanical gardens, and similar outdoor attractions open with capacity limited to 50% for ticketed areas indoors and 75% for ticketed areas outdoors and other restrictions

Amusement parks and waterparks open at 50% capacity indoors and 75% capacity outdoors and with other restrictions, including on rides

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Fairs and rural exhibitions

Step One

Closed

Step Two

Outdoor open at 25% capacity and other restrictions

Step Three

Open at 50% capacity indoors and 75% capacity outdoors and with other restrictions, including on rides

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Teaching and instruction (for example, recreational classes and lessons)

Step One

Outdoor open, 10 patrons maximum, 2 metres physical distancing and other restrictions

Step Two

Outdoor open, with distancing and other restrictions

Step Three

Indoor open with a maximum capacity of 50% or 1,000 people (whichever is less) and other restrictions

Outdoor open with a maximum capacity of 75% or 15,000 (whichever is less) and other restrictions

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Tour and guide services

Step One

Outdoor open, 10 patrons maximum, 2 metres physical distancing and other restrictions

Boat tours and motor vehicle tours not permitted

Step Two

Outdoor open, with capacity at 25% and other restrictions

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Step Three

Indoor and outdoor open with capacity limited to permit physical distancing of 2 metres and other restrictions

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Construction

Step One

All construction open

Step Two

All construction open

Step Three

All construction open

Driving instruction

Step One

Not permitted, except for drivers of commercial vehicles

Step Two

Driving instruction permitted with restrictions

Step Three

Driving instruction permitted with restrictions

Ontario Parks and campgrounds

Step One

Open

Step Two

Open

Step Three

Open

Marinas and boating clubs

Step One

Permitted with clubhouses, and other indoor amenities closed

Recreational boating permitted but only members of a household can gather on a boat

Step Two

Permitted with clubhouses, and other indoor amenities closed

Step Three

Open with restrictions

Strip clubs

Step One

Permitted to operate as a restaurant in alignment with restaurant restrictions

Step Two

Permitted to operate as a restaurant in alignment with restaurant restrictions

Step Three

Permitted to operate as a strip club with capacity limited to permit physical distancing of 2 metres and other restrictions

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Domestic services

Step One

Open to support children, seniors or vulnerable persons

Step Two

Open

Step Three

Open

Photography studios and services

Step One

Outdoor open and by appointment only, with restrictions

Step Two

Outdoor and limited indoor open with restrictions

Step Three

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Outdoor and indoor open with restrictions

Community centres and multi-purpose facilities

Step One

Open for social services, child care and day camps, mental health support services or addictions support services, and permitted indoor and outdoors activities and services, with restrictions

Step Two

Open for social services, child care and day and overnight camps, mental health support services or addictions support services, and other activities and services, with restrictions

Step Three

Open with restrictions

Real estate open houses

Step One

Showings by appointment only

Step Two

Showings by appointment only

Step Three

Open with capacity limited to permit physical distancing of 2 metres

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Drive-in and drive through events

Step One

Open with restrictions

Step Two

Open with restrictions

Step Three

Open with restrictions

Health and safety training

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Step One

Indoor: 10 person limit

Outdoor: 10 person limit

Physical distance of at least two metres from every other person in the instructional space, except where necessary for teaching and instruction that cannot be effectively provided if physical distancing is maintained

Step Two

Indoor: 10 person limit

Outdoor open, with capacity limited to permit physical distancing of 2 metres and other restrictions

Step Three

Open with capacity limited to permit physical distancing of 2 metres and other restrictions

Updated: July 30, 2021
Published: April 27, 2020

From: Jo-Ann Willson
Sent: Tuesday, August 17, 2021 1:13 PM
To: Rose Bustria; Joel Friedman
Subject: Fwd: Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings

council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
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Begin forwarded message:

> **From:** Ontario News <newsroom@ontario.ca>
> **Date:** August 17, 2021 at 1:07:07 PM EDT
> **To:** Jo-Ann Willson <jpwillson@cco.on.ca>
> **Subject: Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings**

Ontario

NEWS RELEASE

Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings

Ontario

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Province to Begin Offering Third Doses of COVID-19 Vaccines to Most Vulnerable Ontarians

August 17, 2021
Ministry of Health

TORONTO — In response to evolving data around the transmissibility of the Delta variant and based on the recent experiences of other jurisdictions, the government, in consultation with the Chief Medical Officer of Health, is taking action to increase protection for our most vulnerable, including frail seniors, immunocompromised individuals and young children who are not yet eligible for vaccination. This includes making COVID-19 vaccination policies mandatory in high-risk settings, pausing the province's exit from the Roadmap to Reopen and providing third doses of the COVID-19 vaccine to vulnerable populations. The government is also expanding eligibility for the Pfizer vaccine to children born in 2009 or earlier.

To protect vulnerable patients and staff in settings where the risk of contracting and transmitting COVID-19 and the Delta variant is higher, the Chief Medical Officer of Health has issued a directive mandating hospitals and home and community care service providers to have a COVID-19 vaccination policy for employees, staff, contractors, students and volunteers, and for ambulance services to have a COVID-19 vaccination policy for paramedics. The vaccination policy must be effective no later than September 7, 2021, and at a minimum will require these individuals to provide proof of one of three things:

- Full vaccination against COVID-19;
- A medical reason for not being vaccinated against COVID-19; or
- Completion of a COVID-19 vaccination educational session.

Individuals who do not provide proof of full vaccination against COVID-19 will be required to undertake regular antigen testing. These settings will be required to track and report on the implementation of their policies to the provincial government. This is similar to the vaccination policy requirements currently in place for long-term care homes.

"While Ontario remains a leading jurisdiction for first and second doses administered and we have the infrastructure in place to manage outbreaks, the Delta variant is highly transmissible and the experience of other jurisdictions shows we must remain vigilant as we head into the fall," said Christine Elliott, Deputy Premier and Minister of Health. "By taking additional measures in high-risk settings we will further protect our most

vulnerable, safeguard hospital capacity, ensure a safe return to school and keep Ontario running."

To support the return to school plan, the Ministry of Education intends to introduce a vaccination disclosure policy for all publicly-funded school board employees, and staff in private schools as well as for all staff in licensed child care settings for the 2021-22 school year, with rapid antigen testing requirements for staff who are not immunized against COVID-19. The Ontario government is also working with public health units and publicly funded school boards to run voluntary vaccination clinics in or nearby schools to make vaccines even more convenient and accessible for eligible students, their families, educators and school staff returning to school this fall.

Vaccination policies will also be implemented in other higher-risk settings such as:

- Post-secondary institutions;
- Licensed retirement homes;
- Women's shelters; and
- Congregate group homes and day programs for adults with developmental disabilities, children's treatment centres and other services for children with special needs, and licensed children's residential settings.

"With the support of Ontario's Chief Medical Officer of Health, our government is taking action to make schools as safe as possible," said Stephen Lecce, Minister of Education. "Our plan will protect our schools, ensure rapid speed with contact tracing, all with the intention of keeping them open for the benefit of Ontario students."

As an additional measure to continue protecting Ontario's most vulnerable, based on the recommendation of the Chief Medical Officer of Health and other health experts, the province will begin offering third doses of the COVID-19 vaccine to those at highest-risk, providing them with an extra layer of protection against the Delta variant. This includes:

- Transplant recipients (including solid organ transplant and hematopoietic stem cell transplants);
- Patients with hematological cancers (examples include lymphoma, myeloma, leukemia) on active treatment (chemotherapy, targeted therapies, immunotherapy);
- Recipients of an anti-CD20 agent (e.g. rituximab, ocrelizumab, ofatumumab); and

- Residents of high-risk congregate settings including long-term care homes, higher-risk licensed retirement homes and First Nations elder care lodges.

Locations and timing for third doses will vary by public health unit and high-risk population based on local planning and considerations, with some beginning as early as this week where opportunities exist.

In addition, to further support a safer return to school by ensuring more children and youth can benefit from the protection offered by the vaccine, the province will extend eligibility to the Pfizer vaccine to children born in 2009. Ontario has closely monitored data from Alberta and British Columbia in making this decision, and these provinces have offered the Pfizer vaccine to youth born in 2009 for several months with no risks identified. Starting on Wednesday, August 18, 2021, all children turning 12 years old before the end of 2021 will be eligible to receive their first dose of COVID-19 vaccine and can book their appointment through the provincial booking system, through their public health unit, or pharmacies, or can walk-in to vaccination clinics across the province.

"Keeping a low rate of infection in our communities and protecting our most vulnerable is how we can keep our schools, our businesses and our social settings as safe as possible while minimizing disruption," said Dr. Kieran Moore, Chief Medical Officer of Health. "To provide the best protection to each individual while learning to live with the virus, we are taking action by requiring individuals who work in higher-risk settings to be fully vaccinated, by providing a third dose of a COVID-19 vaccine to certain groups who have a decreased immune response and by expanding the eligibility to the children born in 2009 or earlier."

While the province has reached the exciting milestone of more than 81 per cent of Ontarians aged 12 and over having received a first dose, and is expected to reach its target of 75 per cent vaccinated with a second dose later this month, out of an abundance of caution the government, in consultation with the Chief Medical Officer of Health, is pausing the exit from the Roadmap to Reopen. The Chief Medical Officer of Health and other health experts will continue to monitor the data to determine when it is safe to exit the Roadmap and lift the majority of public health and workplace safety measures currently in place.

Quick Facts

- All vaccines delivered as part of Ontario's vaccine rollout provide high levels of effectiveness against hospitalization and death from COVID-19 and its variants, including the Delta variant. During July

2021, unvaccinated individuals were approximately eight times more likely to get infected with COVID-19 compared to those who were fully vaccinated.

- Evolving evidence around the Delta variant shows that it is more transmissible and has a higher likelihood of causing severe illness and outcomes in those infected.
- To date, more than 20 million of doses have been administered in Ontario. More than 81 per cent of Ontarians aged 12 and over have received at least a first dose of a COVID-19 vaccine and more than 73 per cent have received both doses.
- Individuals can prove they are fully vaccinated by showing the physical or emailed receipt that was provided to them at the time of vaccination. Vaccination receipts can also be downloaded or printed through the provincial portal or by calling the Provincial Vaccine Booking Line at 1-833-943-3900. This version of the vaccine receipt contains a watermark and a digital signature to deter forgery.
- The federal government has announced its plan to implement a national vaccine passport for international travel. In addition to the official proof of vaccination provided by the Ministry of Health, a vaccine passport provided by the federal government can be used domestically as proof of immunization should it be required by a business or organization.
- Organizations implicated by the directive will follow existing Provincial Antigen Screening Program (PASP) processes to access government-provided rapid antigen screening kits, to be provided by the organization for individuals who are required to undertake regular antigen screening. To date, over 16.9 million government-provided antigen tests have been deployed to for us in approximately 12,400 workplaces.
- On July 16, 2021, the province moved into Step Three of the Roadmap to Reopen, based on the provincewide vaccination rate and continued improvements in key public health and health system indicators.
- Local medical officers of health have the ability to issue Section 22 orders under the Health Protection and Promotion Act, and municipalities may enact by-laws, to target specific transmission risks in the community and help protect Ontarians from COVID-19.

Additional Resources

- Ontario's Updated COVID-19 Vaccination Eligibility
- Ontario mandates Immunization Policies for Long-Term Care Homes
- For resources in multiple languages to help local communication efforts in responding to COVID-19, visit Ontario's COVID-19 communication resources webpage.

- COVID-19: Health, safety and operational guidance (2021-22)
- Visit Ontario's website to learn more about how the province continues to protect the people of Ontario from COVID-19.

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COVID-19

Directive #6 for Public Hospitals within the meaning of the *Public Hospitals Act*, Service Providers in accordance with the *Home Care and Community Services Act, 1994*, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006*, and Ambulance Services within the meaning of the *Ambulance Act, R.S.O. 1990, c. A.19*.

Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7

WHEREAS under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND WHEREAS, many health care workers (HCW) in higher risk settings remain unvaccinated, posing risks to patients and health care system capacity due to the potential (re) introduction of COVID-19 in those settings, placing both HCW and patients at risk due to COVID-19 infection;

AND HAVING REGARD TO the prevalence of the Delta variant of concern globally and within Ontario, which has increased transmissibility and disease severity than previous COVID-19 virus strains, in addition to the declaration by the World Health Organization (WHO) on March 11, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario

AND HAVING REGARD TO the immediate risk to patients within hospitals and home and community care settings who are more vulnerable and medically complex than the general population, and therefore more susceptible to infection and severe outcomes from COVID-19

I AM THEREFORE OF THE OPINION that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

AND DIRECT pursuant to the provisions of section 77.7 of the HPPA that:

Directive #6 for Public Hospitals within the meaning of the *Public Hospitals Act,* Service Providers within the meaning of *the Home Care and Community Services Act, 1994,* Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006*, and Ambulance Services within the meaning of the *Ambulance Act, R.S.O. 1990 c. A19*.

Date of Issuance: August 17, 2021

Effective Date of Implementation: September 7, 2021

Issued To: Public hospitals within the meaning of the *Public Hospitals Act,* service providers within the meaning of the *Home and Community Care Act, 1994* with respect to their provision of community services to which that Act applies, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006* operating as Home and Community Care Support Services with respect to the provision of community services and long-term care home placement services, and Ambulance Services within the meaning of the *Ambulance Act*, with respect to paramedics (collectively the "**Covered Organizations**").

Required Precautions and Procedures

1. Every Covered Organization must establish, implement and ensure compliance with a COVID-19 vaccination policy requiring its employees, staff, contractors, volunteers and students to provide:

    a) proof of full vaccination[1] against COVID-19; or

    b) written proof of a medical reason, provided by a physician or registered nurse in the extended class that sets out: (i) a documented medical reason for not being fully vaccinated against COVID-19, and (ii) the effective time-period for the medical reason; or

    c) proof of completing an educational session approved by the Covered Organization about the benefits of COVID-19 vaccination prior to declining vaccination for any reason other than a medical reason. The approved

[1] For the purposes of this document, "fully vaccinated" means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by WHO (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.

session must, at minimum address:

i. how COVID-19 vaccines work;

ii. vaccine safety related to the development of the COVID-19 vaccines;

iii. the benefits of vaccination against COVID-19;

iv. risks of not being vaccinated against COVID-19; and

v. possible side effects of COVID-19 vaccination.

2. Despite paragraph 1, a Covered Organization may decide to remove the option set out in paragraph 1(c) and require all employees, staff, contractors, volunteers and students to either provide the proof required in paragraph 1 (a) or (b).

3. Where a Covered Organization decides to remove the option set out in paragraph 1(c) as contemplated in paragraph 2, the Covered Organization shall make available to employees, staff, contractors, volunteers and students an educational session that satisfies the requirements of paragraph 1(c).

4. Every Covered Organization's vaccination policy shall require that where an employee, staff, contractor volunteer, or student does not provide proof of being fully vaccinated against COVID-19 in accordance with paragraph 1(a), but instead relies upon the medical reason described at paragraph 1(b) or the educational session at 1(c) or if applicable, the employee, staff, contractor volunteer or student shall

   a) submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result, at intervals to be determined by the Covered Organization, which must be at minimum once every seven days.

   b) provide verification of the negative test result in a manner determined by the Covered Organization that enables the Covered Organization to confirm the result at its discretion.

5. Where the Covered Organization is a public hospital, the Covered Organization's vaccination policy applies to any businesses or entities operating on the hospital site.

6. Every Covered Organization must collect, maintain and disclose, statistical (non-identifiable) information as follows:

   a) Documentation that includes (collectively, "the statistical information"):

      i. the number of employees, staff, contractors, volunteers and students that provided proof of being fully vaccinated

against COVID-19;

ii. the number of employees, staff, contractors, volunteers and students that provided a documented medical reason for not being fully vaccinated against COVID-19; and

iii. the number of employees, staff, contractors, volunteers and students that completed an educational session about the benefits of COVID-19 vaccination in accordance with 1(c), where applicable.

iv. the total number of the Covered Organization's employees, staff, contractors, volunteers and students to whom this Directive applies.

b) Upon request of OCMOH, disclose the statistical information to the Ministry of Health in the manner and within the timelines specified in the request. The ministry may seek additional detail within the requested statistical information outlined above which will also be specified in the request. The Ministry of Health may further disclose this statistical information and may make it publicly available.

Questions

Covered Organizations may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Covered Organizations are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.

Kieran Moore, MD
Chief Medical Officer of Health

RESOURCE GUIDE

Chief Medical Officer of Health's Directive #6 for Public Hospitals within the meaning of the *Public Hospitals Act, 1990*, Service Providers in accordance with the *Home Care and Community Services Act, 1994*, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006* operating as Home and Community Care Support Services (providing community services and long-term care home placement services), and Ambulance Services paramedics within the meaning of the *Ambulance Act, 1990* (collectively the "Covered Organizations")

Introduction

Under section 77.7(1) of the *Health Protection and Promotion Act, 1990* (HPPA), if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he may issue a directive to any health care provider or health care entity to be followed to protect the public's health. World Health Organization (WHO) declared COVID-19 a pandemic virus on March 11, 2020 and the spread of COVID-19 is being tracked in Ontario.

There are many health care workers (HCW) in higher risk settings (e.g., public hospitals, home or community service settings, paramedics in ambulances, etc.) who remain unvaccinated and are posing risks to patients and other HCWs as well as to the health care system capacity due to the potential (re) introduction of COVID-19 in those settings.

In addition to these concerns, the prevalence of the Delta variant of concern globally and within Ontario, has increased transmissibility and disease severity than previous COVID-19 virus strains. There is, therefore, an immediate risk to patients within hospitals and home and community care settings who are more vulnerable and medically complex than the general population, and therefore more susceptible to infection and severe outcomes from COVID-19.

The CMOH has exercised his authority to direct that:

1. All Covered Organizations must establish, implement and ensure compliance with a COVID-19 vaccination policy that requires its employees, staff, contractors, volunteers and students to provide:

a. proof of full vaccination[1] against COVID-19; or

b. written proof of a medical reason, provided by a physician or registered nurse in the extended class that sets out: (i) a documented medical reason for not being fully vaccinated against COVID-19, and (ii) the effective time period for the medical reason; or

c. proof of completing an educational session approved by the Covered Organization about the benefits of COVID-19 vaccination prior to declining vaccination for any reason other than a medical reason. The approved session must, at a minimum address:

   i. how COVID-19 vaccines work;
   ii. vaccine safety related to the development of the COVID-19 vaccines;
   iii. the benefits of vaccination against COVID-19;
   iv. risks of not being vaccinated against COVID-19; and
   v. possible side effects of COVID-19 vaccination.

2. Despite paragraph 1, a Covered Organization may decide to remove the option set out in paragraph 1(c) and require all employees, staff, contractors, volunteers and students to either provide the proof required in paragraph 1 (a) or (b).

3. Where a Covered Organization decides to remove the option set out in paragraph 1(c) as contemplated in paragraph 2, the Covered Organization shall make available to employees, staff, contractors, volunteers and students an educational session that satisfies the requirements of paragraph 1(c).

4. Every Covered Organization's vaccination policy shall require that where an employee, staff, contractor, volunteer or student does not provide proof of being fully vaccinated against COVID-19 in accordance with paragraph 1(a), but instead relies upon the medical reason described at paragraph 1(b) or, if applicable, the educational session described at paragraph 3, the employee, staff, contractor, volunteer or student shall:
   a. submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result, at intervals to be determined by the Covered Organization which must be at a minimum once every seven days.
   b. Provide verification of the negative test result in a manner determined by the Covered Organization that enables the Covered Organization to confirm the result at its discretion.

The objectives of the CMOH's Directive are to set out a provincially consistent approach to COVID-19 immunization policies in Covered Organizations to:

- optimize COVID-19 immunization rates in these settings;

[1] [1] For the purposes of this document, "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.

- ensure that individuals have access to information required to make informed decisions about COVID-19 vaccination; and
- ensure that individuals not vaccinated for COVID-19 are being monitored for COVID-19 exposure to minimize the risks for patients and other HCWs.

The purpose of this resource guide is to support Covered Organizations in developing and implementing their immunization policies[2].

The CMOH recognizes that Covered Organizations include First Nations, Inuit and Métis organizations. The CMOH supports the principles of reconciliation and recognizes that these organizations may adapt the content of this policy to reflect the experience and perspective of the Indigenous community or communities that they serve, while retaining alignment with the Directive's objectives. The province is engaging with First Nation, Inuit and Métis leadership and will provide further advice and guidance on the implementation of this Directive based on that engagement.

Covered organizations

The following provides additional guidance regarding which employees, staff, contractors, volunteers and students the policy applies to.

Please note that Covered Organizations may include additional workers within the scope of its policy for consistency purposes. The Directive and this guidance outlines the **minimum** requirements.

Covered Organizations	Impacted Workers
Public hospitals within the meaning of the *Public Hospitals Act, 1990*	• All employees, staff, contractors, volunteers and students • Any businesses or entities operating on the hospital site.
Service providers within the meaning of the *Home and Community Care Act, 1994* with respect to their provision of community services to which that Act applies including: home care, community support services, assisted living services and services for people with acquired brain injury. This includes Local Health Integration Networks operating as Home and Community Care Support Services with respect to the provision of community services.	• Employees, staff, contractors, volunteers and students providing services to clients and families • Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families. • Employees, staff, contractors, volunteers and students on the premises of a congregate care setting.

[2] The application and use of this document are the responsibility of the user. The Ministry of Health assumes no liability resulting from any such application or use. This document is not intended as a substitute for any applicable legislation, directives, or orders and does not constitute legal advice. In the event of any conflict between this document and any legislation, directive, or order, the legislation, directive, or order prevails. Additionally, this document is not intended to take the place of medical advice, diagnosis, or treatment.

Covered Organizations	Impacted Workers
Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006* operating as Home and Community Care Support Services with respect to long-term care home placement services	• Employees, staff, contractors, volunteers and students providing long-term care home placement services to clients and families. • Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families.
Ambulance Services within the meaning of the *Ambulance Act, 1990*, with respect to paramedics	• Paramedics and community paramedics (excluding back office staff and centralized ambulance communications centre staff)

This guide also includes:

- **Appendix 1**: example minimum policy
- **Appendix 2**: resources to support the creation of a Covered Organization's educational program
- **Appendix 3**: frequently asked questions (FAQs)

Providing proof

Proof of vaccination

After vaccination, individuals with an Ontario photo health card can log in to the provincial portal to download or print an electronic COVID-19 vaccine receipt (PDF) for each dose received.

Receipts are available:

- for first and second doses received in Ontario regardless of where you were vaccinated in Ontario (for example, at a mass immunization clinic, hospital, pharmacy, or primary care setting)
- for doses received out of province, if reported to the local public health unit (and if approved international vaccines[3])

To log in, individuals will need:

- a **green photo health (OHIP) card** (you will need numbers from both the front and back of the card, expired cards will be accepted)
- date of birth
- postal code

If you have a **red and white health card**, call the Provincial Vaccine Booking Line at 1-833-943-3900. The call centre agent can email you a copy of your receipt.

[3] Health Canada approved vaccines are currently available online; after August 24th, all receipts for World Health Organization approved vaccines will be available.

Individuals in the following circumstances should contact their local public health unit for further information:

- Individuals without an Ontario health card (or who did not provide their Ontario health card at the time of vaccination) should contact public health for a copy of their receipt.
- Individuals who did not receive a Canadian approved vaccine
- Individuals who have received an out-of-province vaccination and have not yet contacted their local public health unit should do so to ensure their records are validated and recorded.
- Individuals who received their vaccine through Ornge and Operation Remote Immunity and received a hand-written hard copy receipt and do not have green health card or computer to print off receipt from the port.
- Individuals who have questions or concerns about the information supporting their COVID vaccine receipt

The majority of people who were vaccinated in Ontario were provided a receipt from the Ministry of Health (ministry) with the individual's name, date of vaccination and product name (i.e., Pfizer, Moderna, etc.). The physical/hard copy receipt and email version of the receipt a person would have received will resemble the following:


Ontario

Ministry of Health

Ministère de la Santé

Name/Nom: [redacted]

Health Card Number/Numéro de la carte Santé: [redacted]

Date of Birth/Date de naissance: [redacted]

Date/Date: 2021-05-16, 3:43 p.m.

Agent/Agent: COVID-19_mRNA

Product Name/Nom du produit: PFIZER-BIONTECH COVID-19 VACCINE mRNA

Diluent Product: PFIZER Diluent 0.9% Sodium Chloride

Lot/Lot: [redacted]

Dosage/Dosage: 0.3ml

Route/Voie: Intramuscular / intramusculaire

Site/Site: Left deltoid / deltoïde gauche

You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)

Vaccine Administered By/Vaccin Administré par: [redacted]

Registered Practical Nurse

Authorized Organization/Organisme agréé: [redacted]

Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at 3:58 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à 3:58 PM

Proof of a medical reason for not being vaccinated

There are likely to be very few medical exemptions to COVID-19 vaccination. The largest group of individuals who receive a medical exception will be those with severe allergic reactions or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components and who have been assessed by an allergist/ immunologist to review methods for possible (re)administration of a COVID-19 vaccine. There are existing protocols to administer COVID-19 vaccines to individuals with other types of allergies. These other types of allergies do not on their own constitute the grounds for a medical exemption.

- Individuals who have had an allergic reaction within 4 hours and/or anaphylaxis that occurred with a vaccine or injectable medication that does not contain a

component or cross-reacting component of the COVID-19 vaccines can receive the COVID-19 vaccine followed by observation for a minimum of 30 minutes.
- Individuals with a history of significant allergic reactions and/or anaphylaxis to any food, drug, venom, latex or other allergens not related to the COVID-19 vaccine can receive the COVID-19 vaccine followed by observation for a minimum of 15 minutes. Individuals with allergy issues like allergic rhinitis, asthma and eczema can receive the vaccine followed by observation for a minimum of 15 minutes

Another group of individuals who may receive a medical exemption are those who are delaying their second dose because of a diagnosed episode of myocarditis/pericarditis after receipt of an initial dose of an mRNA vaccine.

In some instances, the medical reason for the person not being vaccinated may be time-limited (e.g., timing around a procedure or other medical treatment). The Directive requires that the note from the physician/nurse practitioner specifies whether the reason is permanent or time-limited. If time-limited, the note should indicate how long it is expected to last. Covered Organizations should communicate this requirement to anyone who is planning on submitting proof of a medical reason.

Proof must be provided by either a physician or a nurse practitioner (note: A nurse practitioner is a registered nurse who holds an extended certificate of registration under the *Nursing Act, 1991*). Referral and consultation support for Physicians and Nurse Practitioners is available through Ontario's eConsult Service and OTN Hub.

More information about Medical Exemptions can be found in the Vaccine Information Sheets and Special Populations Documents available on the ministry's website.

Proof of completion of an educational program

If they choose to offer an educational program option in their policy, Covered Organizations are encouraged to plan a way for people to provide proof that they have completed the educational program. Options could include having the person sign a form saying they completed the educational program (i.e., an attestation) or having them answer questions that confirm they have understood the program's content.

Covered Organizations delivering their own educational programs can record the person's participation directly.

Choosing the content for the educational program

The educational program must address, at a minimum, all of the following:

- How COVID-19 vaccines work;
- Vaccine safety related to the development of the COVID-19 vaccines;
- Benefits of vaccination against COVID-19;
- Risks of not being vaccinated against COVID-19; and
- Possible side effects of COVID-19 vaccination.

When choosing the content for the educational program that they will be offering, Covered Organizations should:

- Consider whether the content meets the requirements specified in the Directive.

- Consult with the Covered Organization's senior administration, Infection Prevention and Control (IPAC) specialists who work in the hospital, and/or the local IPAC hub where appropriate/feasible.
- Consider the source of the information. Questions to ask include:
  - Is the content from a reputable source?
  - Is the content current?
  - Is the content clear and easy to understand?
  - Does the content represent the risks and benefits of vaccination fairly and in a transparent manner?
  - Does the content respect that it is an individual's personal choice as to whether to get vaccinated?
- Consider whether the content is appropriate for the linguistic and cultural characteristics of the people who will be taking the educational program.

Covered Organizations should also consider and address any accessibility needs of people who will be taking the educational program.

Resources to help support the creation of a Covered Organization's educational program are provided in **Appendix 2**.

Implementing Antigen Point of Care Testing

Covered Organizations are required to ensure that individuals who are not fully vaccinated or do not provide proof of vaccination are undertaking regular antigen testing, and to verify the negative test results.

Individuals who are partly vaccinated (have received one dose of a two-dose vaccine series, or a final dose of a two-dose vaccine series within the last 14 days), should undertake antigen testing until they are fully vaccinated.

Antigen point-of-care tests are available to Covered Organizations free of charge and can be ordered online through the Provincial Antigen Screening Program (PASP).

The PASP also provides comprehensive onboarding and training resources to support implementation of regular antigen testing as required for employees, staff, contractors, volunteers, and/or students.

Provincial guidance on the use of antigen tests is available at https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Antigen_Screening_Guidance_2021-03-5.pdf

Communicating about the policy

Covered Organizations should communicate the content/requirements in the organization's policy to everyone who is subject to the policy and make it available to employees, staff, contract workers, students, volunteers and patients/residents/clients, their substitute-decision makers and family members.

While Covered Organizations should continue to encourage identified workers and anyone who enters the Covered Organizations' premises to get vaccinated, communication about the policy should be provided in a way that respects and supports education and informed choice about COVID-19 vaccination.

Sample key messages:

- Given hospitals are community congregate settings and patients may have underlying medical conditions, these patients are at increased risk for contracting the COVID-19 virus and experiencing serious outcomes.
- Given home and community care services are serving vulnerable patients with complex care needs in their homes or in community aggregate settings, it is understood that these patients are at increased risk for contracting the COVID-19 virus and experiencing serious outcomes.
- Given paramedic services are responding to vulnerable patients as they are transported for continued care, it is understood that these patients are at increased risk for contracting the COVID-19 virus and experiencing serious outcomes. It is also understood that some patients may be carrying the COVID-19 virus and a risk to paramedic employee.
- High rates of vaccination in our <Covered Organization> are important to protect all people: our patients as well as those who live in, work, and visit settings where we work and to help reduce the risk of outbreaks and the need to isolate patients, their families, and other community congregate setting participants.
- Although we will respect your decision about whether to be vaccinated or not, we strongly encourage you and all people employed by or otherwise working for or entering <Covered Organization> to help protect everyone by getting vaccinated. We will support you in getting access to vaccination.

Ways to support employees, staff, contractors, volunteers, and students with their decisions regarding vaccination include:

- Facilitating one-to-one conversations with a trusted peer, community leader, or health care professional.
- Tailoring messages to the unique employee characteristics and needs within your organization/unit or group that the employee works in.
- Continuing to work with local public health units to offer onsite vaccine opportunities wherever possible.
- Identifying vaccine champions in your communities, including primary care physicians, veteran employees, and faith/cultural leaders, who can talk to your employee directly (such as, through a virtual event) and share their personal stories.
- Providing the opportunity to go to an offsite vaccination clinic during paid work time and covering the transportation costs (where onsite options are not feasible), as well as providing paid leave should a employee person experience side effects from the vaccine.
    - Note: On April 29, 2021, the government amended the *Employment Standards Act, 2000* (ESA) to require employers to provide employees who are covered by the ESA with up to three days of paid leave, at their regular wage, up to $200 per day, for reasons related to COVID-19. Paid leave is

available for certain reasons related to COVID-19, including going to get vaccinated and experiencing a side effect from a COVID-vaccination.

Statistical Information

Per the Directive, every Covered Organization must collect, maintain and disclose, statistical (non-identifiable) information as follows:

1. Documentation that includes (collectively, "the statistical information"):
    a. the number of employees, staff, contractors, volunteers, and students that provided proof of being fully vaccinated against COVID-19;
    b. the number of employees, staff, contractors, volunteers, and students that provided a documented medical reason for not being fully vaccinated against COVID-19; and
    c. the number of employees, staff, contractors, volunteers, and students that completed an educational session about the benefits of COVID-19 vaccination as an alternative to 1(a) or (b), where applicable.
    d. the total number of the Covered Organization's employees, staff, contractors, volunteers and students to whom this Directive applies.

Upon request of the Office of the CMOH (OCMOH), disclose the statistical information to the ministry in the manner and the timelines specified in the request. The ministry may seek additional detail within the requested statistical information outlined above which will also be specified in the request. The ministry may further disclose this statistical information and may make it publicly available.

Covered Organizations must not provide any identifying information to the ministry and should communicate to all individuals who are subject to the policy that information will be shared with the ministry in aggregate form only and without any identifying information.

Appendix 1

Example Policy (Minimum Requirements)

Covered Organization ABC's COVID-19 Immunization Policy

Purpose

The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization of employees, staff, contractors, volunteers and students.

Contingent upon vaccine availability, all eligible employees, staff, contractors, volunteers and students are strongly encouraged to receive a COVID-19 vaccine, unless it is medically contraindicated.

Background

ABC Covered Organization recognizes the importance of immunization of employees, staff, contractors, volunteers and students, due to the nature of their work with vulnerable patients and seniors and the potential for exposure in the community. This COVID-19 immunization policy aims to protect the ABC Covered Organization's population including patients, employees, staff, contractors, volunteers and students.

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.

Application of the Policy

Regardless of how often they are at ABC Covered Organization and how much time they spend there or in their respective workplace, this policy applies to:

- Employees and staff including regulated health professionals, personal support workers, and other workers that are or may be in the patient environment
- contractors (including people on contract, and people employed by an employment agency or other third party)
- students on an educational placement
- volunteers

Policy

It is important to protect the health and well-being of ABC Covered Organization's patients, employees, staff, contractors, volunteers and students where there is evidence of a risk with identified measures for management. The CMOH has directed ABC

Covered Organization to develop, implement and ensure compliance with a COVID-19 vaccination policy.

To facilitate this policy all employees, staff, contractors, volunteers and students will be required to provide one of the following:

1. Proof of COVID-19 vaccine administration as per the following requirements:
    a. 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; or
    b. Proof of all required doses of a COVID-19 vaccine approved by the World Health Organization
2. Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
    a. that the person cannot be vaccinated against COVID-19; **and**
    b. the effective time period for the medical reason (i.e., permanent or time-limited).
3. Proof that the individual has completed an educational program approved by *ABC Covered Organization*.[4]

Employees, staff, contractors, volunteers and students who elect not to provide proof of COVID-19 vaccination per 1 above, and rely on 2 or 3, are required to perform rapid antigen testing, at a frequency of not less than X in alignment with provincial guidance, and provide verification of negative test results as specified by *ABC Covered Organization* (e.g., in person on the worksite, remotely via email or app)

Educational Program

The educational program has been approved by an approved vendor and/or provided by *ABC Covered Organization* and addresses all of the following learning components:

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

Support for Vaccination

ABC Covered Organization will provide the following supports for people subject to this policy to receive a vaccine: _____(for example: paid time off, assistance with booking vaccine appointment, peer-to-peer support, etc.).

[4] Per the Directive, this option is at the discretion of the Covered Organization.

Non-compliance with the policy

In accordance with *ABC Covered Organization's* human resources policies, collective agreements and applicable legislation, directives, and policies _____.

Confidentiality Statement

ABC Covered Organization is required, pursuant to the *Chief Medical Officer of Health's Directive #6 for Public Hospitals within the meaning of the Public Hospitals Act, 1990 and Service Providers in accordance with the Home Care and Community Service Act, 1994*, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006 and Ambulance Services within the meaning of the Ambulance Act, 1990* (operating as Home and Community Care Support Services) providing long-term care home placement services *COVID-19 Immunization Policy*, to report statistical information to the OCMOH or the ministry. No identifying information will be provided to the ministry in relation to this policy; all statistical information will be provided in aggregate form.

Disclaimer:

This document is an example of a policy based on the *Chief Medical Officer of Health's Directive #6*. It is intended for illustrative purposes only. It is the responsibility of the Covered Organization to ensure that the information included in their policy meets all requirements under the Chief Medical Officer of Health's Directive and applicable legislation and reflects the individual circumstances and needs of each Covered Organization in accordance with the Directive and other applicable legislation.

Please be advised that this example of a policy **does not constitute legal advice** and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the *Public Hospitals Act, 1990, the Home Care and Community Services Act, 1994* ; the *Local Health System Integration Act, 2006*, and the *Ambulance Act, R.S.O. 1990*. Ministry employees will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the Covered Organization to ensure compliance with all applicable legislation, regulations, and Minister's Directives. If the Covered Organization requires assistance with respect to the interpretation of the legislation, regulations, and Minister's Directives and their application, the Covered Organization may wish to consult legal counsel.

Appendix 2

Resources to support the creation of a covered organization's educational program (in alphabetical order)

About COVID-19 Vaccines (Ontario Ministry of Health)

bilingualBuilding Confidence in Vaccines [English] and Accroître la confiance à l'égard des vaccins [French] (Public Health Ontario)

Communicating effectively about immunization: Canadian Immunization Guide (Government of Canada)

multilingual Coronavirus disease (COVID-19): Awareness resources (Government of Canada)

COVID-19 Info (Immunize Canada)

COVID-19 Vaccination Education Video (Dr. Nathan Stall for AdvantAge Ontario) *new

COVID-19 Vaccination: Making an Informed Decision Learning Module (Lakeridge Health)

COVID-19 Vaccination: Making an Informed Decision Learning Module [**working file for download and editing**] (Lakeridge Health) Note: In order to access the workable Lakeridge Health module your computer will require an Articulate licence.

COVID-19 Vaccination Declaration Sample (Lakeridge Health)

bilingual COVID-19 vaccines and workplace health and safety: Learn how COVID-19covid 19 vaccines help protect you and make your workplace safer [English] and Les vaccins contre la COVID-19 et la santé et la sécurité au travail: Découvrez comment les vaccins contre la COVID-19covid 19 contribuent à vous protéger et à rendre votre lieu de travail plus sécuritaire [French] (Ontario Ministry of Labour, Training and Skills Development)

COVID-19: Vaccines | Centre for Effective Practice - Digital Tools (Centre for Effective Practice)

COVID-19 Vaccines Explained (World Health Organization)

COVID-19 Vaccine Information Sheet (Ontario Ministry of Health)

multilingual COVID-19: Vaccine Resources and in American Sign Language (City of Toronto)

multilingual Documents multilingues sur la vaccination contre la COVID-19 (Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux)

Gashkiwidoon toolkit: covid-19 vaccine implementation (Indigenous Primary Health Care Council)

multilingual LTC COVID-19 Vaccine Promotion Toolkit (Ministry of Long-Term Care)

Ontario's doctors answer COVID-19 vaccine questions (Ontario Medical Association)

Sunnybrook COVID-19 e-learning module (Sunnybrook Health Sciences Centre)

Tools to Boost Vaccine Confidence in LTC Teams (Ontario Centres for Learning, Research and Innovation in Long-Term Care)

Updates on COVID-19 (National Collaborating Centre for Indigenous Health)

Disclaimer: The Ministry of Health and the Province of Ontario do not assume any responsibility for the content of any of the resources listed above. The inclusion of the resources in the list above does not constitute an endorsement of the resource or the organization/entity that developed the resource. Covered Organizations should seek legal advice on the use of any resources/materials that hold a patent, copyright, trademark, or other proprietary rights. If a Covered Organization wishes to use any or all of the resources in the list above, the Covered Organization should clearly and expressly attribute sources appropriately.

Appendix 3

FAQs

Chief Medical Officer of Health's Directive #6 for

Public Hospitals, Services Providers, and Ambulance Services and Paramedics COVID-19 Immunization Policy

1. Who does the new Chief Medical Officer of Health's (CMOH) Directive #6 apply to?

The new CMOH's Directive #6 will apply to all public hospitals within the meaning of the *Public Hospitals Act, 1990* and service providers within the meaning of the *Home Care and Community Services Act, 1994* providing community services to which that Act applies, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006* (operating as Home and Community Care Support Services) providing long-term care home placement services and Ambulance Services within the meaning of the *Ambulance Act, 1990* with respect to paramedics (collectively the "Covered Organizations").

2. What are the requirements in the new Chief Medical Officer of Health's (CMOH) Directive?

Under Directive #6, Covered Organizations will be required to establish and implement a COVID-19 immunization policy for employees, staff, contractors, volunteers and students. At a minimum, each Covered Organization policy must require that employees, staff, contractors, volunteers, and students do one of three things:

- **Provide proof of full vaccination** against COVID-19; **OR**
- **Provide a documented medical reason** for not being fully vaccinated against COVID-19.

The Covered Organization must also provide an educational program about the benefits of COVID-19 vaccination available to employees, staff, contractors, volunteers, and students. If they so **choose**, the Covered Organization can require staff participation as an alternative to providing proof of vaccination or of a medical exemption to vaccination, but they do not have to do so.

In addition, where an employee, staff, contractor, student or volunteer does not provide proof of being fully vaccinated against COVID-19 there is a requirement for regular point of care rapid antigen testing. The employee, staff, contractor, student or volunteer must provide the Covered Organization with proof of negative results in the manner prescribed in the policy. Testing must occur at a minimum of once every 7 days.

3. Why did CMOH issue this new CMOH Directive?

Achieving high immunization rates in Ontario's Covered Organizations through vaccination is part of a range of measures and actions that can help prevent and limit the spread of COVID-19 in these settings. Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, can limit severe outcomes including hospitalizations and death due to COVID-19 in patients, employees, staff, contractors, volunteers, students, and all others who may be present in Covered Organizations.

- A provincial vaccination policy promoting vaccine uptake among health care workers in the hospital, home and community care and ambulance sectors is aligned with the goals and overall provincial response to COVID-19 in:
  - Protecting vulnerable patients who may be health compromised or at risk of being health compromised in settings that face a higher risk of contracting and transmitting COVID-19.
  - Protecting staff and health human resource (HHR) capacity
  - Reducing the potential for outbreaks, potential disruptions in service and continuity of care.

4. When are these requirements going into effect?

To provide for a period of transition, the effective date of the CMOH's Directive is September 7, 2021. A September 7 effective date balances the need for hospitals and service providers to have some lead time to establish, implement and ensure compliance with a COVID-19 vaccination policy, with the need to have the policy in place as soon as possible to protect Covered Organizations and their populations.

5. Who is responsible for ensuring that employees, staff, contractors, students, and volunteers are notified of a hospital and home and community care organization's immunization policy?

Every Covered Organization shall ensure that the policy on COVID-19 immunization is communicated to all employees, staff, contractors, students and volunteers, and a copy is made available to employees, patients and their substitute-decision makers and family members attending to the setting free of charge.

6. To whom do the new requirements apply?

The Directive requires that Covered Organizations' COVID-19 immunization polices apply to all employees, staff, contractors, students and volunteers. The definition of "employee" in the Directive is the same as that under the *Public Hospitals Act, 1990*, the *Home Care and Community Services Act, 1994*, Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006* (operating as Home and Community Care Support Services) providing long-term care home placement services and the *Ambulance Act, 1990.*

Covered Organizations	Impacted Workers
Public hospitals within the meaning of the *Public Hospitals Act, 1990*	• All employees, staff, contractors, volunteers and students • Any businesses or entities operating on the hospital site.
Service providers within the meaning of the *Home and Community Care Act, 1994* with respect to their provision of community services to which that Act applies, including: home care, community support services, assisted living services and services for people with acquired brain injury. This includes Local Health Integration Networks operating as Home and Community Care Support Services with respect to the provision of community services.	• Employees, staff, contractors, volunteers and students providing services to clients and families • Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families. • Employees, staff, contractors, volunteers and students on the premises of a congregate care setting.
Local Health Integration Networks within the meaning of the *Local Health System Integration Act, 2006* operating as Home and Community Care Support Services with respect to the provision of long-term care home placement services	• Employees, staff, contractors, volunteers and students providing long-term care home placement services to clients and families. • Employees, staff, contractors, volunteers and students interacting with workers providing services to clients and families.
Ambulance Services within the meaning of the *Ambulance Act, 1990*, with respect to paramedics	• Paramedics and community paramedics (excluding back office staff and central ambulance communications centre staff)

7. Do third party contractors, such as building maintenance or suppliers fall under the definition of "contractors" pursuant to the Directive?

Yes, third party contractors such as building maintenance (e.g., HVAC, fire alarm inspection, trades, landscaping, pest control, etc.) or suppliers (e.g., Sysco/MM/Eco lab/Life Labs/Arjo, etc.) **do** fall under the definition of "contractor" for employers responsible for congregate care settings. These would, in general, fall under the category of support worker, which is commonly defined as a type of essential visitor who is visiting to perform essential support services for a hospital or other Covered Organization in the context of a congregate care setting.

8. My hospital has volunteers that only come into the setting for 2 hours once a week; would they be subject to the Covered Organization's COVID-19 immunization policy?

Yes. The Directive requires that Covered Organizations' immunization polices apply to all employees, staff, contractors, students and volunteers regardless of the frequency or duration they attend the Covered Organization congregate care setting(s).

9. I work for a restaurant in the hospital cafeteria, does this new policy apply to me?

Yes, under Directive #6, every employee, staff, contractor, volunteer and student are required to follow the Covered Organization's policy once it is developed.

10. What must be included in Covered Organization's COVID-19 immunization policy?

Under Directive #6, Covered Organizations will be required to establish and implement a COVID-19 immunization policy for employees, staff, contractors, volunteers and students. At a minimum, each Covered Organization policy must require that employees, staff, contractors, volunteers, and students do one of three things:

- **Provide proof of full vaccination** against COVID-19; **OR**
- **Provide a documented medical reason** for not being fully vaccinated against COVID-19.

The Covered Organization must also provide an educational program about the benefits of COVID-19 vaccination available to employees, staff, contractors, volunteers, and students. If they so **choose**, the Covered Organization can require staff participation as an alternative to providing proof of vaccination or a medical exemption to vaccination, but they do not have to do so.

In addition, where an employee, staff, contractor, student or volunteer does not provide proof of being fully vaccinated against COVID-19 there is a requirement for regular point of care rapid antigen testing. The employee, staff, contractor, student or volunteer must provide the Covered Organization with proof of negative results in the manner prescribed in the policy. Testing must occur at a minimum of once every 7 days.

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 WHO, proof that the first dose was administered and, as soon as reasonably possible, proof of administration of the second dose; or
   ii. If the individual has received the total required number of doses of a COVID-19 vaccine approved by WHO, proof of all required doses.

b) Written proof of a medical reason, provided by either a physician or registered nurse in the extended class, that sets out:
   i. that the person cannot be vaccinated against COVID-19; and
   ii. the effective time period for the medical reason.

c) Proof that the individual has completed an educational program approved by the covered organization that addresses, at a minimum, all of the following:
   i. how COVID-19 vaccines work;
   ii. vaccine safety related to the development of the COVID-19 vaccines;
   iii. the benefits of vaccination against COVID-19;
   iv. risks of not being vaccinated against COVID-19; and
   v. possible side effects of COVID-19 vaccination.

   There are also requirements regarding the reporting of statistical information related to the Directive.

11. What is an acceptable proof of full vaccination?

"Fully vaccinated" means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by WHO (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. After vaccination, individuals with an Ontario photo health card can log in to the provincial portal to download or print an electronic COVID-19 vaccine receipt (PDF) for each dose received.

Receipts are available:

- for first and second doses received in Ontario regardless of where you were vaccinated in Ontario (for example, at a mass immunization clinic, hospital, pharmacy or primary care setting)
- for doses received out of province, if reported to the local public health unit (and if approved international vaccines[5])

To log in, individuals will need:

- a **green photo health (OHIP) card** (you will need numbers from both the front and back of the card, expired cards will be accepted)
- date of birth
- postal code

If you have a **red and white health card**, call the Provincial Vaccine Booking Line at 1-833-943-3900. The call centre agent can email you a copy of your receipt.

Individuals in the following circumstances should contact their local public health unit for further information:

- Individuals without an Ontario health card (or who did not provide their Ontario health card at the time of vaccination) should contact public health for a copy of their receipt.
- Individuals who did not receive a Canadian approved vaccine

[5] Health Canada approved vaccines are currently available online; after August 24th, all receipts for World Health Organization approved vaccines will be available.

- Individuals who have received an out-of-province vaccination and have not yet contacted their local public health unit should do so to ensure their records are validated and recorded.
- Individuals who received their vaccine through Ornge and Operation Remote Immunity and received a hand-written hard copy receipt and do not have green health card or computer to print off receipt from the portal.
- Individuals who have questions or concerns about the information supporting their COVID vaccine receipt

12. How will compliance with Directive #6 be ensured?

Every Covered Organization must collect, maintain and disclose, statistical (non-identifiable) information as follows:

1. Documentation that includes (collectively, "the statistical information"):
   a) the number of employees, staff, contractors and volunteers that provided proof of being fully vaccinated against COVID-19;
   b) the number of employees, staff, contractors and volunteers that provided a documented medical reason for not being fully vaccinated against COVID-19; and
   c) the number of employees, staff, contractors and volunteers that completed an educational session about the benefits of COVID-19 vaccination.

Upon request of OCMOH, disclose the statistical information to the OCMOH or the Ministry of Health in accordance with the manner and timelines specified in the request. The OCMOH or Ministry of Health may further disclose this statistical information and may make it publicly available.

13. How are Covered Organizations expected to choose content for their educational program?

When choosing the content for the educational program that they will be offering, Covered Organizations should:

- Consider whether the content meets the requirements specified in the Directive regarding what a Covered Organization's educational program must address.
- Consult with the Covered Organization's medical director and/or administration, Infection Prevention and Control (IPAC) specialists who work in their Covered Organization, Occupational Health and Safety lead and/or their local IPAC hub where appropriate/feasible.
- Consider the source of the information. Questions to ask include:
  - Is the content from a reputable source?
  - Is the content current?
  - Is the content clear and easy to understand?
  - Does the content represent the risks and benefits of vaccination fairly and in a transparent manner?
  - Does the content respect that it is an individual's personal choice as to whether to get vaccinated?

- Consider whether the content is appropriate for the linguistic and cultural characteristics of the person(s) who will be undertaking the educational session.

Covered Organizations should also consider and address any accessibility needs of people who will be taking the educational session.

Rose Bustria

ITEM 4.1.5(c)

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From: Jo-Ann Willson
Sent: Tuesday, August 24, 2021 11:22 AM
To: Rose Bustria
Subject: FW: Ontario Deploying Last Mile Strategy to Further Increase Vaccination Rates

Council.

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Sent: Tuesday, August 24, 2021 11:01 AM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Ontario Deploying Last Mile Strategy to Further Increase Vaccination Rates

Ontario

NEWS RELEASE

Ontario Deploying Last Mile Strategy to Further Increase Vaccination Rates

75 per cent of Ontarians aged 12 and over are fully vaccinated

August 24, 2021
Ministry of Health

TORONTO — With over 82 per cent of eligible Ontarians aged 12 and over having received one dose of the vaccine and 75 per cent having received both doses, the government is continuing its last mile strategy to reach

eligible individuals who have yet to receive a first or second dose. These latest efforts continue to make vaccines readily and conveniently available, especially in lower-vaccinated areas, and include proactively contacting individuals who have not booked their accelerated second dose appointment.

"Vaccines are the best protection against COVID-19 and the Delta variant," said Christine Elliott, Deputy Premier and Minister of Health. "Working with our public health partners we are continuing make it easier and more convenient to receive the vaccine. If you haven't been vaccinated yet and have questions, I encourage you to reach out to your pharmacy, family doctor or primary care provider."

To support the province's last mile strategy, the province and public health units are focusing on smaller, community-based and easy-to-access settings for vaccinations. This includes mobile clinics and community-based pop-ups, dedicated clinic days for families with people with disabilities, and townhall meetings in multiple languages. In addition, the province is working with public health units to target areas with low vaccination rates, as identified by postal codes, to support localized vaccination strategies as well as targeted marketing by the province in these areas.

To ensure all eligible Ontarians benefit from the strong protection offered by both doses of the vaccine as soon as possible, the provincial call centre is calling Ontarians to remind them to rebook their accelerated second dose appointments. Over 110,000 second dose appointments have been successfully booked or rebooked through this initiative.

A key component of Ontario's last mile strategy is bringing the vaccines directly to people, where they are located. To date, Ontario's GO-VAXX bus clinic has administered 1,100 vaccine doses, 42 per cent of which were first doses.

"Ontario's COVID-19 vaccination campaign has been a collective success. While we can certainly take pride in our immunization achievements, there is still work to be done to ensure everyone is protected," said Solicitor General Sylvia Jones. "That's why we are shifting focus in this last mile, from mass vaccination clinics to community-based settings using strategies such as mobile clinics and GO-VAXX buses to reach Ontarians who have yet to receive a first or second dose of a COVID-19 vaccine."

Public health units are also partnering with elementary and secondary school boards, colleges and universities to make vaccines readily available for all students returning to school. This includes youth who were born in 2009 and will turn 12 this year.

"This is my call to arms," said Dr. Kieran Moore, Chief Medical Officer of Health. "It is vital for everyone who can to receive both doses of a COVID-19 vaccine. We are implementing many community-based initiatives so everyone can easily receive their vaccine, especially those who live in areas with lower vaccination rates. We will continue to monitor data to determine when it is safe to exit the Roadmap and get life back to normal."

The success of Ontario's vaccine rollout, which has resulted in one of the highest vaccination rates in the world, is having an impact and continues to protect Ontarians against the virus. Between December 14, 2020 and August 7, 2021, unvaccinated or partially vaccinated cases accounted for the majority (99.4 per cent) of COVID-19 cases reported. Similarly, unvaccinated or partially vaccinated cases accounted for 99.2 per cent of hospitalizations, and 98.8 per cent of deaths during the same time period.

In response to evolving data around the transmissibility of the Delta variant and based on the recent experiences of other jurisdictions, recently the government, in consultation with the Chief Medical Officer of Health, paused exiting the Roadmap to Reopen. This additional time will allow the province to further increase immunization rates by engaging in targeted strategies to make it easier and more convenient for individuals to get vaccinated.

Quick Facts

- COVID-19 vaccines are currently available at over 3,150 locations across the province, including more than 2,500 pharmacies and more than 650 mass immunization clinics, hospitals, primary care settings and pop up and mobile clinics.
- A key component of Ontario's last mile strategy is getting vaccines to people, wherever they are located. If you need your first or second shot, keep an eye out for our new GO-VAXX mobile clinics. The schedule can be found online.
- To protect vulnerable patients and staff in settings where the risk of contracting and transmitting COVID-19 and the Delta variant is higher, the Chief Medical Officer of Health has issued a directive mandating hospitals and home and community care service providers to have a COVID-19 vaccination policy for employees, staff, contractors, students and volunteers, and for ambulance services to have a COVID-19 vaccination policy for paramedics.
- Individuals with a green photo health card can download or print an electronic COVID-19 vaccine receipt through the provincial portal, or by calling the Provincial Vaccine Booking Line. Individuals who have a red and white health care or who do not have a health card can contact the Provincial Vaccine Booking Line at 1-833-943-3900 for a

call centre agent to email them a copy of their first and second dose receipts.
- The federal government has announced its plan to implement a national vaccine passport for international travel. In addition to the official proof of vaccination provided by the Ministry of Health, a vaccine passport provided by the federal government can be used domestically as proof of immunization, once available, should it be required by a business or organization.

Additional Resources

- Ontario Rolls Out Vaccine Clinic on Wheels
- Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings
- Ontario Working with Public Health Units to Run COVID-19 Vaccination Clinics in Schools
- COVID-19: Health, safety and operational guidance (2021-22)
- For resources in multiple languages to help local communication efforts in responding to COVID-19, visit Ontario's COVID-19 communication resources webpage.
- Visit Ontario's website to learn more about how the province continues to protect the people of Ontario from COVID-19.
- For public inquiries call the Provincial Vaccine Information Line at 1-888-999-6488 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007)

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Ontario

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<https://www.ontario.ca/page/government-ontario>

Ministry of Health
Ministry of Long-Term Care

COVID-19

Guidance for the Health Sector

Last reviewed	August 27, 2021
Last updated	August 27, 2021

Case Definition

The case definition for COVID-19 has been updated and is current as of May 21, 2021. This information may change frequently, please check back often for updates.

- Case Definition <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf>

For clinical testing purposes: health professionals who are involved in the assessment and management of possible COVID-19 cases are encouraged to consult Tables 1 and 2 in the daily WHO Situation Report <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> to help inform their decision making.

How to help

We are looking for people with experience in health care who can help us to prevent and control the spread of COVID-19.

Visit our Health Workforce Matching Portal <https://healthcloudtrialmaster-15a4d-17117fe91a8.force.com/matchingportal/s/> if you're a:

- health care provider working part-time and want to increase your work hours, a former health care provider who is retired or on inactive status, or a health care provider in training and you'd like to be matched to positions and opportunities where services are needed most
- health care facility and would like to request help from available resources

Travelers from outside of Canada:

Anyone who has travelled outside of Canada is required to self-isolate for 14 days upon their arrival back in Canada. Travellers who are fully vaccinated and meet specific requirements may be exempt from quarantine requirements as per federal guidelines <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources/fully-vaccinated-travellers-covid-19.html>. For more information please visit the Government of Canada <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html>'s website for travel advice and the Ministry of Health website <https://www.ontario.ca/page/2019-novel-coronavirus> dedicated to coronavirus.

Guidance Documents

Guidance documents on COVID-19 have been produced for a number of health and other sectors.

Note: To the extent that any guidance document conflicts with a Directive <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir_mem_res.aspx> issued by the Chief Medical Officer of Health under s. 77.7 of the Health Protection and Promotion Act, the Directive prevails.

Health Sector Resources

Document title

Gatherings, Ethno-Cultural, Festive Occasions, and Other Events <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/holiday_gathering_advice.pdf>
COVID-19 Operational Requirements: Health Sector Restart <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf>
Infection Prevention and Control Hubs <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_ipac.pdf>
Guidance for Acute Care <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_acute_care_guidance.pdf>
Guidance for Community Labs and Specimen Collection Centres <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_community_labs_guidance.pdf>
Guidance for Community Pharmacies <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_pharmacies_guidance.pdf>
Guidance for Consumption and Treatment Services <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_consumption_treatment_services_guidance.pdf
Guidance for Home and Community Care Providers <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf>
Guidance for Hospice Care <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_hospice_care_guidance.pdf>
Guidance for Independent Health Facilities <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_ihf_guidance.pdf>
Guidance for Labour, Delivery and Newborn Care <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_labour_delivery_newborn_guidance.pdf>
Guidance for Mental Health and Addictions Service Providers in Community Settings <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_MHAS_Community_guidance.pdf>
Guidance for Paramedic Services <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_paramedics_guidance.pdf>
Guidance for Primary Care Providers in a Community Setting <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf>
Guidance for Immunization Services During COVID-19 <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Immunization_Services_during_COVID-19_08-26-2020.pdf>

Long-Term Care Home / Retirement Homes Resources

Document title
RHRA Recommendation for Asymptomatic COVID-19 Testing for Retirement Homes <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/RHRA_Recommendation_Asymptomatic_COVID-19_Screen_Testing_Retirement_Homes.pdf>
COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_LTC_homes_retirement_homes_for_PHUs_guid
Screening Tool for Long-Term Care Homes and Retirement Homes <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf>
Guidance for mask use in long- term care homes and retirement homes

<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_ltc_retirement_homes.pdf>

Retirement Homes Policy to Implement Directive #3
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/retirement_homes_visiting_policy_guidance.pdf>

COVID-19 Test Requisition
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_test_requisition.pdf>

COVID-19 Surveillance Testing – Guidance Regarding Retirement Homes Staff and Resident Testing
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_surveillance_testing.pdf>

COVID-19: Visiting Long-Term Care Homes <https://www.ontario.ca/page/covid-19-visiting-long-term-care-homes>

Symptoms, Screening, and Testing Resources

Document title
Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 Immunization <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/guidance_for_screening_vaccinated_individuals.pdf>
COVID-19 Provincial Testing Guidance <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf>
Guidance on Testing of Asymptomatic Persons in Pharmacies <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_asymptomatic_testing_pharmacies.pd
COVID-19 Quick Reference Public Health Guidance on Testing and Clearance <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf>
Coronavirus Disease 2019 (COVID-19) Testing - PHO <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19>
Considerations for Privately-Initiated Testing <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Considerations_for_Privately-Initiated_Testing.pdf>
Considerations for Antigen Point-of-Care Testing <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Antigen_Screening_Guidance_2021-03-5.pdf>
Point-of-Care Testing Use Case Guidance <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/point_of_care_testing_use_case_guidance.pdf>
COVID-19 Reference Document for Symptoms <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf>
COVID-19 Patient Screening Guidance Document <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf>
COVID-19 Screening Tool for Workplaces (Customer screening) <https://covid-19.ontario.ca/screening/customer/>
COVID-19 Screening Tool for Workplaces (Worker and employee screening) <https://covid-19.ontario.ca/screening/worker/>
COVID-19 Signage Questions for Businesses and Organizations <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/COVID_19_bus_orgs_question_signage.pdf>

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Case and Contact Management Resources

Document title
Management of Cases and Contacts of COVID-19 in Ontario <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf>
COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/COVID-19_fully_vaccinated_interim_guidance.pdf>
Appendix 1: Ontario's Severe Acute Respiratory Infection (SARI) Case Report Form <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_1_severe_acute_resp_infection_
Appendix 2: Route Activities Prompt Worksheet – Case <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_2_routine_activities_worksheet.p
Appendix 3: Daily Clinical Update Form – Acute Care Setting <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_3_daily_clinical_update_form.pd
Appendix 4: Daily Clinical Update Form – Household Setting <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_4_daily_clinical_update_form.pd
Appendix 5: Close Contact Tracing Worksheet <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_5_close_contact_tracing_worksh
Appendix 6: Close Contact Daily Clinical Update Form <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_6_close_contact_daily_clinical_update_form.pdf>
Appendix 7: Self-Isolation for COVID-19 Cases or Other Individuals in the Household <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_7_self_isolation.pdf>
Appendix 8: Cases with Positive COVID-19 Serology Results and Management of Cases with Multisystem Inflammatory Syndrome in C (MIS-C) Temporally Associated with COVID-19 <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_8_serology_results.pdf>
Appendix 9: Management of Individuals with Point-of-Care Results <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/app9_management_individuals_point_of_care_results
Appendix 10: Case & Contact Management COVID-19 Surge Support Model <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/app10_case_contact_management_COVID-19_surge_support_model.pdf>
Appendix 11: High Risk Contact Flow Chart <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/app_11_high_risk_contact_FlowChart

Mental Health Resources

Document title
Mental Health Resources for Camp Operators <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/guidance_mental_health_resources_camp_operators.p
Talking to Children About the Pandemic <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_talking_children_guidance.pdf>
Resources for Ontarians Experiencing Mental Health and Addictions Issues During the Pandemic <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/resources_ontarians_experiencing_mha.pdf>

Guidance for Other Sectors

Document title	59
COVID-19 Safety Guidelines for: Overnight Camps <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/guidance_for_overnight_camps.pdf>	
A Guide to Starting a Home-based Food Business <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/selling_low_risk_food.pdf>	
COVID-19 Guidance: School Outbreak Management <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/COVID-19_school_outbreak_guidance.pdf>	
Guidance on Community Emergency Evacuations <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_community_emergency_evacuations_guidance.pdf>	
COVID-19 Guidance: Congregate Living for Vulnerable Populations <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_congregate_living_guidance.pdf>	
COVID-19 Guidance Documents for Provincial Correctional Institutions <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_corrections.pdf>	
Guidance for Funeral and Bereavement Services <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/funeral_bereavement_guidance.pdf>	
COVID-19 Advice: Religious Services, Rites or Ceremonies <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/advice_religious_services.pdf>	
Guidance for Temporary Foreign Workers <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_foreign_workers_guidance.pdf>	
COVID-19 Safety Guidelines for: Day Camps <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_summer_day_camps_guidance.pdf>	
COVID-19 Guidance: Workplace Outbreaks <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_workplace_outbreak_guidance.pdf>	
COVID-19 Guidance: On-Farm Outbreak Management <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/COVID-19_Farm_Outbreak_guidance.pdf>	

For Controlled Drugs and Substances (CDS) prescribers

Health Canada is moving forward with regulatory exemptions to improve pharmacological and therapeutic options for allowing patients to access controlled medications during the COVID-19.

Health Canada Exemption and Interpretive Guide for Controlled Substances <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html> .

Signage

The following signage has been created for health care settings.

Document title	Date
Patients - English <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_EN_patients.pdf>	August 26, 2021
Patients - French <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_FR_patients.pdf>	August 26, 2021
Visitors - English <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_EN_visitors.pdf>	August 26, 2021
Visitors - French	August

<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_signs_FR_visitors.pdf>	26, 2021

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Related Information

Ontario.ca/COVID-19 <https://www.ontario.ca/page/2019-novel-coronavirus>
Contacting your Public Health Unit <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>
What we know so far - PHO <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/what-we-know>
Government of Canada COVID-19 Outbreak update <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
Telehealth Ontario <https://www.ontario.ca/page/get-medical-advice-telehealth-ontario> : 1-866-797-0000

For More Information

Ministry of Health
Health System Emergency Management Branch
1075 Bay Street, Suite 810
Toronto, Ontario
Canada M5S 2B1
Fax : 416-212-4466
TTY : 1-800-387-5559
E-mail : emergencymanagement.moh@ontario.ca <mailto:emergencymanagement.moh@ontario.ca>

Health workers and health sector employers can call the **Healthcare Provider Hotline** for more information
Toll free : 1-866-212-2272

CritiCall Ontario <http://www.criticall.org/> provides a 24 hour call centre for hospitals to contact on-call specialists; arrange for appropriate hospital bed access and facilitate urgent triage for patients
1-800-668-4357

Ontario

Ministry of Health

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COVID-19 Patient Screening Guidance Document

Version 5.0 – August 26, 2021

Highlight of Changes

- Updates to reflect screening for fully immunized individuals, including a reordering of the screening questions
- Updated symptoms list

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports published by the World Health Organization. This document should be used to screen people who are suspected or confirmed of having COVID-19 throughout the health and emergency response system. Ensuring all health providers are following the same screening protocol will help ensure consistency when dealing with suspected or confirmed cases of COVID-19.

COVID-19 Patient Screening Guidance

- This checklist provides basic information only for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment.
- The screening result is not equivalent to a confirmed diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen for COVID-19 and can be adapted based on need/setting.
- This information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve according to the evidence, including data received from surveillance testing initiatives.
- Once the person has been screened as positive (answered YES to a question), additional COVID-19 screening questions may discontinue.
- In the event a hospital emergency department modifies or adds COVID-19 screening questions, they should alert the local paramedics services of any changes.

- Q5 and Q6 only need to be asked if the individual being screened is not fully immunized as defined above.

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Date Effective: August 26, 2021

Background Question

Q1: Did the person receive their final (or second) vaccination dose more than 14 days ago?

* A fully immunized individual is defined as any individual >14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e .Johnson and Johnson).

Dispatch question for Long-term Care or Retirement Home*

Q2: Do you have a concern for a potential COVID-19 infection for the person (e.g. is there an outbreak in the facility, is the patient awaiting COVID-19 test results, etc)?

* This question is only to be asked to Long-Term Care or Retirement Home staff by Dispatch Centres.

Screening Questions

Q3: Does the person have any of the following symptoms?

- **Fever and/or chills**
- **New onset of cough or worsening chronic cough**
- **Shortness of breath**
- **Decrease or loss of sense of taste or smell**
- **If adult >18 years of age: unexplained fatigue/lethargy/malaise/muscle aches (myalgias)**
- **If child <18 years of age: nausea/vomiting, diarrhea**

Q4: Has the person tested positive for COVID-19 in the past 10 days or have they been told they should be isolating?

Q5 and Q6 should only be asked if the person is not fully immunized (i.e. they answered 'No' to Q1) **63**

Q5: Did the person travel outside of Canada in the past 14 days?

Q6: Has the person had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

COVID-19 Screening Results

If response to **ALL** of the screening questions is **NO**:	**COVID Screen Negative**
If response to **ANY** of the screening questions is **YES**:	**COVID Screen Positive**

If response to **ALL** of the screening questions is **UNKNOWN**:	**COVID Screen Unknown**
If response to **ANY** of the screening questions is **NO and UNKNOWN**:	**COVID Screen Unknown**

ITEM 4.1.8(c)

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Attention Patients

If you have any of the following symptoms of **COVID-19**:

- Fever (temperature of 37.8°C/100.0°F or greater) and/or chills
- Cough (new or worsening)
- Shortness of breath
- Decrease or loss of taste or smell
- For children (<18 years old): nausea, vomiting and/or diarrhea
- For adults (>18 years old): fatigue, lethargy, malaise and/or myalgias

report immediately to triage or reception.

Ontario

Ontario to Require Proof of Vaccination in Select Settings

Province to launch enhanced vaccine certificate and verification app to stop the spread of COVID-19

September 01, 2021
Office of the Premier

TORONTO — To further protect Ontarians as the province continues to confront the Delta-driven fourth wave of the COVID 19, the government, in consultation with the Chief Medical Officer of Health, will require people to be fully vaccinated and provide proof of their vaccination status to access certain businesses and settings starting September 22, 2021. Requiring proof of vaccination in these settings reduces risk and is an important step to encourage every last eligible Ontarian to get their shot, which is critical to protecting the province's hospital capacity, while also supporting businesses with the tools the need to keep customers safe, stay open and minimize disruptions.

"As the world continues its fight against the Delta variant, our government will never waver in our commitment to do what's necessary to keep people safe, protect our hospitals and minimize disruptions to businesses," said Premier Ford. "Based or the latest evidence and best advice, COVID-19 vaccine certificates give us the best chance to slow the spread of this virus while helping us to avoid further lockdowns. If you haven't received your first or second dose of the COVID-19 vaccine, plea do so today."

As of September 22, 2021, Ontarians will need to be fully vaccinated (two doses plus 14 days) and provide their proof of vaccination along with photo ID to access certain public settings and facilities. This approach focuses on higher-risk indoor public settings where face coverings cannot always be worn and includes:

- Restaurants and bars (excluding outdoor patios, as well as delivery and takeout);
- Nightclubs (including outdoor areas of the establishment);
- Meeting and event spaces, such as banquet halls and conference/convention centres;
- Facilities used for sports and fitness activities and personal fitness training, such as gyms, fitness and recreational facilities with the exception of youth recreational sport;
- Sporting events;
- Casinos, bingo halls and gaming establishments;
- Concerts, music festivals, theatres and cinemas;
- Strip clubs, bathhouses and sex clubs;
- Racing venues (e.g., horse racing).

These mandatory requirements would not apply to outdoor settings where the risk of transmission is lower, including patic with the exception of outdoor nightclub spaces given the risk associated with the setting. In addition, these requirements w not apply to settings where people receive medical care, food from grocery stores, medical supplies and the like. Aligned wi public health measures currently in place, indoor masking policies will continue to remain in place.

"We know vaccines provide the best protection against COVID-19 and the Delta variant," said Christine Elliott, Deputy Premi and Minister of Health. "To protect the health and well-being of Ontarians, our government will offer one more tool to encourage even more Ontarians to receive the vaccine and provide further protection to fully vaccinated Ontarians as they safely enjoy activities with their loved ones and support their local businesses."

Individuals who cannot receive the vaccine due to medical exemptions will be permitted entry with a doctor's note until recognized medical exemptions can be integrated as part of a digital vaccine certificate. Children who are 11 years of age ar younger and unable to be vaccinated will also be exempted from these requirements.

For the period between September 22 and October 12, 2021, it is intended that people attending wedding or funeral receptions at meeting or event spaces will be able to provide a negative rapid antigen COVID-19 test from no more than 48 hours before the event as an alternative to proof of vaccination. These rapid antigen tests would have to be privately purchased

Ontario will develop and provide additional tools to improve user experience, efficiency and business supports in the comir weeks, including establishing alternative tools for people with no email, health card or ID. The government will work to support implementation of vaccine certificates for Indigenous communities whether or not they have opted to enter their data into COVaxON, while maintaining Indigenous data governance, control, access and possession principles.

Ontarians currently have access to a paper or PDF vaccine receipt that includes all relevant information to prove that they a fully vaccinated. As of September 22, Ontarians will be required to show their vaccine receipt when entering designated settings along with another piece of photo identification, such as a driver's licence or health card. This is similar initial implementation approach announced in British Columbia.

Ontario will also introduce an enhanced digital vaccine receipt that features a QR code, which is safe, more secure and with you wherever you go. This digital vaccine receipt can be kept on a phone and easily used to show that you've been vaccinated if you need to. In addition, the province will launch a new app to make it easier and more convenient for businesses and organizations to read and verify that a digital vaccine receipt is valid, while protecting your privacy.

As the 2021-22 school year begins, it is critical to keep Ontario schools safe and students learning in-person. The province v work with trusted public health units to use the existing COVaxON system to safely and securely confirm the vaccination status of students. The province is committed to keeping parents informed about how their child's COVID-19 vaccine information and enrollment data is being used to keep schools safe. This will equip local public health units with the information they need to ensure rapid case and contact management if required to limit disruptions in the event of cases o outbreaks and keep kids in class.

"We are already seeing a rise in the number of cases of COVD-19 as we head into the fall," said Dr. Kieran Moore, Chief Medical Officer of Health. "As we enter the last mile push to increase vaccination rates, the introduction of a vaccine certificate is an important step to give people the tools to limit further spread of the virus so that we can ensure the safety all Ontarians while keeping the province open and operational."

"Combining the use of a QR code with a trusted, made in Ontario verifier app will help support the province's health measures," said Kaleed Rasheed, Associate Minister of Digital Government. "These tools will provide a simpler, faster, and better way to prove vaccination status that is both convenient and secure – while also supporting businesses with an easy validation process."

Quick Facts

- Individuals can provide proof of immunization by downloading or printing their vaccine receipt from the provincial booking portal, or by calling the Provincial Vaccine Booking Line at 1-833-943-3900.
- Ontarians who received their first or second dose of the COVID-19 vaccine out of province should contact their local public health unit to record their information and receive proper documentation.
- The province will continue to work with the federal government to ensure the integration and interoperability with a national vaccine passport for the purposes of international travel.
- The government is continuing its last mile strategy to reach eligible individuals who have yet to receive a first or secon dose.
- To protect vulnerable patients and staff in settings where the risk of contracting and transmitting COVID-19 and the Delta variant is higher, the government, in consultation with the Chief Medical Officer of Health is pausing the province's exit from the Roadmap to Reopen and providing third doses of the COVID-19 vaccine to vulnerable populations. The CMOH is also making COVID-19 vaccination policies mandatory in higher-risk settings.
- COVID-19 vaccines are currently available at over 3,150 locations across the province, including more than 2,500 pharmacies and more than 650 mass immunization clinics, hospitals, primary care settings and pop up and mobile clinics.
- A key component of Ontario's last mile strategy is getting vaccines to people, wherever they are located. If you need your first or second shot, keep an eye out for our new GO-VAXX mobile clinics.

Additional Resources

- New Requirement for Proof of Vaccination in Certain Settings: Frequently Asked Questions
- Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings
- Ontario Working with Public Health Units to Run COVID-19 Vaccination Clinics in Schools
- COVID-19: Health, safety and operational guidance (2021-22)

- For resources in multiple languages to help local communication efforts in responding to COVID-19, visit Ontario's COVID-19 communication resources webpage.
- Visit Ontario's website to learn more about how the province continues to protect the people of Ontario from COVID-1

Related Topics

Education and Training

Learn about Ontario's early years, education and training systems. Includes information on child care, elementary schools, secondary schools, colleges, universities, skills training and financial aid. Learn more

Government

Learn about the government services available to you and how government works. Learn more

Health and Wellness

Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. Learn more

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BACKGROUNDER

New Requirement for Proof of Vaccination in Certain Settings: Frequently Asked Questions

September 01, 2021
Office of the Premier

TORONTO — Beginning September 22, 2021, Ontario will require proof of vaccination focused on indoor public settings. All Ontarians who registered their vaccines are encouraged to download their vaccine receipt as proof of their vaccine status until an enhanced vaccine certificate with a QR code is available.

Who is considered fully vaccinated?

People are considered fully vaccinated after receiving the full series of a COVID 19 vaccine or combination of COVID-19 vaccines approved by World Health Organization (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series).

Does a previous COVID-19 infection allow you to attend these settings?

No, a previous infection is not a substitute for being fully vaccinated.

How can I get my proof of vaccination?

Currently, vaccine receipts are available in PDF form to be downloaded or printed to your computer, phone or tablet. Ontarians who received their first or second dose of the COVID-19 vaccine out of province should contact their local public health unit to record their information and receive proper documentation. Both proof of identity along with proof of vaccination will be required. Individuals can provide proof of immunization by downloading or printing their vaccine receipt from the provincial booking portal, or by calling the Provincial Vaccine Booking Line at 1-833-943-3900.

What if a person has a red or white health card or does not have health card?

If a person has a red and white health card, they can call the Provincial Vaccine Booking Line at 1-833-943-3900. The call centre agent can email you a copy of your receipt. If they don't have an OHIP number at all, they should contact their local public health unit, and they can help you obtain the receipt.

What if they don't have a phone or a computer?

Ontario will develop and provide additional tools to improve user experience, efficiency and business supports in the comir weeks, including establishing alternative tools for people with no email, health card or ID.

How do I prove I am fully vaccinated if I am from out of province or out of country?

Individuals visiting from outside the province or the country will be required to show their full vaccination status and identification to enter prescribed settings.

Ontario will develop and provide additional tools to improve user experience, efficiency, and business supports in the comi weeks, including ensuring verification of fully vaccinated individuals from outside of province or country.

How does an individual prove they are fully vaccinated if they are an Indigenous person and haven't consented to providing their data to COVAX?

In the coming weeks Ontario will support implementation of vaccine certificates for Indigenous communities whether or nc they have opted to enter their data into COVax, while maintaining Indigenous data governance, control, access and possession principles.

How does a person correct or change information on their vaccine credential?

Individuals should contact their local public health unit to make any changes to their vaccination record.

What will happen on September 22nd? What will happen on October 22nd?

As of September 22, 2021, Ontarians will need to be fully vaccinated (two doses plus 14 days) and provide their proof of vaccination as well as proof of identity (such a driver's licence or health card) to access certain public settings and facilities.

An enhanced vaccine certificate, as well as a verification app to allow businesses to read the QR code, will be available beginning October 22.

What will the digital vaccine certificate look like?

Ontario will develop and implement an enhanced vaccine certificate with unique QR code and accompanying verification ap that will allow users to securely and safely verify their vaccination status when scanned. This could be stored on a mobile device, such as Apple Wallet. The enhanced vaccine certificate, as well as a verification app to allow businesses to read the QR code, will be available beginning October 22.

What if I don't want to disclose my vaccination status?

It is the discretion of the individual to determine whether they would like to disclose their vaccination status. Should they make the decision not to divulge this information, they will not be permitted to access settings that require proof of vaccination.

In settings where you have to be vaccinated to attend, is recent negative test sufficient to attend if you are unvaccinated?

A negative COVID-19 test or recent COVID-19 infection will not entitle a person to enter these settings, with narrow time-limited exceptions for testing. For the period between September 22 and October 12, 2021, it is intended that people attending wedding or funeral receptions at meeting or event spaces will be able to provide a negative rapid antigen COVID-19 test from no more than 48 hours before the event as an alternative to proof of vaccination. These rapid antigen tests would have to be privately purchased.The only exemptions are for unvaccinated people with medical exemptions and peop under 12 years old will also be permitted to enter these settings.

Will people with medical exemptions be allowed to access settings requiring proof of vaccination?

The only exemptions permitted to enter these settings are for unvaccinated people with medical exemptions and people under 12 years old. Individuals who cannot receive the vaccine due to medical exemptions will be permitted with a doctor's note until the medical exemption can be integrated as part of a digital vaccine certificate.

Will individuals aged 11 and under be allowed to access settings requiring proof of vaccination?

Individuals aged 11 and under will be eligible to access these settings. If they are accompanied by an adult, the adult must b vaccinated.

Will proof of vaccination be required to attend weddings and other organized events?

For the period between September 22nd and October 12th, 2021, people attending indoor wedding and funeral receptions indoor meeting or event spaces will be able to provide a negative rapid antigen COVID-19 test from no more than 48 hours before the event, as an alternative to the vaccine certificate showing they are fully vaccinated. These rapid antigen tests mu be privately purchased.

Will people need a phone to be able to access businesses that require proof of vaccination?

A vaccination certificate is a PDF that can be downloaded online or received in paper copy. It includes the same informatior in both printed and digital form. These certificates will be required to access certain businesses and settings starting on September 22, 2021 as part of the Ontario government's efforts to stop the spread of the COVID-19 virus. By October 22, ar enhanced vaccination certificate will be available in a new digital format that will offer increased accessibility and privacy protection.

How will businesses verify digital vaccination certificates?

Ontario will develop and implement an enhanced vaccine certificate with unique QR code and accompanying verification ap that will allow users to securely and safely verify their vaccination status when scanned. The enhanced vaccine certificate, a well as a verification app to allow businesses to read the QR code, will be available beginning October 22. Guidance will be provided to business ahead of September 22 to ensure they are prepared.

How long will a vaccine credential be in place?

Vaccine credentials are a temporary measure to address health and safety in the COVID-19 pandemic. How long they are necessary will be monitored and evaluated based on data and the advice of the Chief Medical Officer of Health.

How will the government enforce the requirement for proof of vaccination?

Consistent with current practices under the Reopening Ontario Act, enforcement will be conducted by-law officers and Ministry of Labour, Training and Skills Development inspectors, beginning with education and warnings.

Why isn't the province increasing capacity limits for the settings where proof of vaccination is required?

As Ontario continues to confront the Delta-driven fourth wave, the province has taken a cautious approach. This has included some of the highest vaccine thresholds required for re-opening, as well as maintaining indoor masking, a policy th other provinces are now re-introducing.

To avoid future lockdowns and protect hospitals, Ontario is maintaining this cautious approach. This includes not expandin capacity limits in any setting at this time. As we monitor the impact of opening schools and the growing number of people returning to workplaces, we will evaluate when it may be safe to consider expanding capacity limits in settings that are captured by the new vaccine certificate policy.

Additional Resources

- Ontario to Require Proof of Vaccination in Select Settings

Related Topics

Education and Training

Learn about Ontario's early years, education and training systems. Includes information on child care, elementary schools, secondary schools, colleges, universities, skills training and financial aid. Learn more

Government

Learn about the government services available to you and how government works. Learn more

Health and Wellness

Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. Learn more

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ITEM 4.1.10(c)

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From: HEOC Liaison <HEOCLiaison@york.ca>
Sent: Tuesday, August 31, 2021 4:33 PM
To: Joel Friedman
Cc: HEOC Liaison
Subject: Update from York Region Public Health to Chiropractors
Attachments: Update from York Region Public Health to Health Care Providers August 31 2021.pdf; Postal Codes in York Region, Environics Analytics_20210223.xlsx

Good afternoon,

York Region Public Health would like to communicate to health professionals in York Region in order to thank them for their dedication to patients/clients throughout the duration of the COVID-19 pandemic and to provide an update on current vaccination efforts and case counts. We are contacting you today to request support in communicating the attached information to your members who live or work in York Region.

We have also attached the postal codes in York Region to assist with distribution of this message. We would ask that the document containing postal codes be deleted after use.

If you have any questions or concerns, please do not hesitate to reach out.

Sincerely,

Emily McMorris | Liaison Officer, Health Emergency Operations Centre
Community and Health Services Department

The Regional Municipality of York | 17150 Yonge Street | Newmarket, ON L3Y 6Z1
1-877-464-9675 ext. 74164 | HEOCliaison@york.ca

Update from York Region Public Health to Health Care Providers

August 31, 2021

Dear York Region Health Care Provider,

We want to send a sincere thank you to the health care providers in York Region for their dedication and steadfast commitment to their patients and clients over the COVID-19 pandemic. We continue to make great strides with our vaccination efforts in a constantly evolving pandemic, but there is more work to be done. As a trusted health care provider, we ask for your help by encouraging your clients and community members to get vaccinated.

As of July 2021, the Delta variant is seen as being two times more contagious than previous variants and is the main contributor to the recent rise in cases found throughout York Region.

CURRENT VACCINATION EFFORTS AND NEXT STEPS

As of August 29, 2021:

83.5% of eligible York Region residents (aged 12+) are partially vaccinated with one dose

78.2% of eligible York Region residents (aged 12+) are fully vaccinated with two doses

We're proud of the work we've all accomplished, but there is more to do. In an effort to reach those who have not yet been vaccinated, we have begun operating numerous walk-in, pop-up vaccination clinics throughout York Region. Locations, dates and times of operation are listed on our COVID-19 Vaccination Clinics webpage.

Our vaccination program is working. Most cases today are among unvaccinated individuals. Even with some COVID-19 cases occurring in those that have been partially or fully vaccinated, the vaccines are helping to mitigate the severity of the disease and minimize hospitalizations.

Please encourage your staff and colleagues, patients, friends and family to get vaccinated as soon as possible.

HELPING TO KEEP YOUR COMMUNITY SAFE

Considering the rise in COVID-19 cases in York Region we must continue to be vigilant and follow public health guidance and the safety measures that are in place. **Physical distancing when possible, appropriate PPE use** and **active screening of staff, visitors and clients** should be practiced vigilantly. Creating an immunization policy for your workplace is strongly recommended, if not already required by the Ministry of Health under Directive 6.

PUBLIC HEALTH
1-877-464-9675
TTY 1-866-512-6228
york.ca/COVID19

York Region

Those that have symptoms of COVID-19 or have been exposed to a confirmed case, **should be tested** at an Assessment Centre as soon as possible.

Please encourage your community members to get vaccinated. Having all of us protected against COVID-19 and mitigating the risks of illness as much as possible, is the quickest and easiest way we may return to a more normal life.

If you have any questions about COVID-19, please call our dedicated health professional COVID-19 line at **1-877-464-9675 ext. 77280** (8:30 a.m. to 4:30 p.m., Monday - Friday) and visit york.ca/COVID19.

In the meantime, please continue to keep yourself, your family and your community as safe as possible in the days and weeks to come.

Sincerely,

York Region Public Health

From: Jo-Ann Willson
Sent: Thursday, June 10, 2021 2:06 PM
To: Rose Bustria
Subject: FW: Media Inquiry: COVID-19 vaccination requirements

Exec and Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
*Note Address Change
College of Chiropractors of Ontario
59 Hayden St., Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Fax: (416) 925-9610
E-mail: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

From: Joel Friedman <JFriedman@cco.on.ca>
Sent: Thursday, June 10, 2021 2:02 PM
To: Edwards, Danielle <danielle.edwards@thecanadianpress.com>
Subject: RE: Media Inquiry: COVID-19 vaccination requirements

Good Afternoon,

Thank you for your questions.

- CCO has required all Ontario chiropractors to comply with Ministry of Health, Ontario Government, Cabinet and Public Health directives since the onset of the pandemic and introduced new guidelines or modified existing requirements where appropriate in support of the pandemic response. All COVID-19 links and resources, including resources related to the COVID-19 vaccine, have been communicated to CCO members and are available at the following link: https://cco.on.ca/members-of-cco/covid-19/.

- COVID-19 vaccination in Ontario is a matter of personal choice and all therefore all legislation governing the privacy of personal health information applies.

- There are no strictures on an Ontario chiropractor voluntarily disclosing their vaccination status. CCO President Rob Mackay communicated to all 5100+ Ontario chiropractors and stakeholders in the context of the publishing of 'vaccine selfies', at the following link: https://cco.on.ca/2021/05/03/message-from-the-cco-president-may-3-2021/, as follows:

  "CCO members are reminded about the relevant standards of practice, policies and guidelines which rise to a higher level of importance at this time, including CCO's Professional Advisory on Vaccination and Immunization, standards of practice S-001: Scope of Practice and S-016: Advertising, and guidelines G-016 Advertising, and G-012: Use of Social Media. CCO has received some inquiries relating to the posting of vaccine 'selfies' which some vaccination sites are

encouraging. Please know that the disclosure of vaccination status for COVID-19 is personal health information, so disclosure is voluntary. If posting any information on social media, please exercise caution, be mindful of CCO's provisions, and do not imply or suggest that your vaccination status gives you superiority in terms of patient treatment or care." 75

- CCO's review of all matters is through the lens of public protection, including of course a review of any complaints or concerns brought to CCO's attention. All complaints include a consideration of submissions from the member and complainant, the context and circumstances of the complaint and the applicability of CCO standards of practice, position statement, policies and guidelines."

Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

From: Edwards, Danielle <danielle.edwards@thecanadianpress.com>
Sent: Thursday, June 10, 2021 11:09 AM
To: cco.info <cco.info@cco.on.ca>
Subject: Media Inquiry: COVID-19 vaccination requirements

Hi there,

I'm Danielle Edwards with the Canadian Press. I'm looking to speak with a representative of the college about any rules that may be in place concerning the vaccination status of chiropractors in Ontario:

Are practitioners required to be fully vaccinated against COVID-19?
What, if any, consequences are there for refusing vaccination?
Are practitioners allowed to disclosed their vaccination status to third parties? (patients, family members, etc.)

You can reach me at 902-210-6739. Looking forward to hearing from you.

Best,

DANIELLE EDWARDS

REPORTER-EDITOR
THE CANADIAN PRESS, HALIFAX
Desk: 902-422-1687 | Cell: 902-210-6739 | www.thecanadianpress.com

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Sent from Mail for Windows 10

From: Joel Friedman
Sent: Thursday, July 22, 2021 8:06 AM
To: Jo-Ann Willson
Subject: FW: CBC National News inquiry

I did not get a response to this.

Thanks,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

From: Joel Friedman
Sent: Wednesday, July 21, 2021 4:35 PM
To: Laura Clementson <laura.clementson@cbc.ca>
Cc: KATIE NICHOLSON <katie.nicholson@cbc.ca>
Subject: RE: CBC National News inquiry

Good Afternoon,

Could you please inform us if this will be aired or is this a print story? And if aired do you know when?

Thank you,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
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CONFIDENTIALITY WARNING:
This e-mail including any attachments may contain confidential information and is intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this e-mail in error, please notify me immediately by reply e-mail and delete all copies including any attachments without reading it or making a copy. Thank you.

From: Joel Friedman
Sent: Wednesday, July 21, 2021 3:57 PM
To: Laura Clementson <laura.clementson@cbc.ca>
Cc: KATIE NICHOLSON <katie.nicholson@cbc.ca>
Subject: RE: CBC National News inquiry

Good Afternoon,

Thank you for your inquiry. As you may know, the College of Chiropractors of Ontario (CCO) has a statutory mandate to protect the public through the registration of chiropractors and the development of standards of practice to which the profession must conform. CCO has a complaints and discipline procedure designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *Regulated Health Professions Act*, which also regulates other health professions in Ontario. Throughout the pandemic, CCO has encouraged all members to comply with government orders and directives which are linked on the front page of the CCO website. In addition, CCO has communicated with stakeholders, including members, throughout the pandemic, providing advice and guidance about how to provide patient care consistent with CCO's standards, policies and guidelines. The President's Messages are also included on the website.

1. Does your College require its members to be fully COVID-19 vaccinated?

No...At this time COVID-19 vaccination in Ontario is a matter of personal choice and therefore all legislation governing the privacy of personal health information applies.

2. Does it require its members to have any other vaccinations?

No...At this time vaccination in Ontario is a matter of personal choice.

3. Will the patients/clients be able to ascertain the COVID-19 vaccination status of their practitioner? If so, how?

There are no restrictions on an Ontario chiropractor voluntarily disclosing his or her vaccination status to a patient. It is an individual chiropractor's decision should a patient request his or her vaccination status, whether for COVID-19 or any other medical reason. In the same vein, it is up to patients to request the vaccination status of their chiropractor if desired.

4. Does your College allow practitioners to ask clients/patients to ask about their COVID-10 vaccination status? Can they refuse patients/clients on this basis?

Since COVID-19 vaccination in Ontario is a matter of personal choice all legislation governing the privacy of personal health information applies. It is up to each chiropractor to determine who he or she accepts as a patient and under what conditions, consistent with applicable Ontario Human Rights laws and CCO standards of practice, policies and guidelines.

CCO continues to monitor and review all Ministry of Health communications and will update stakeholders and members if there are any changes to existing provisions or guidance.

Regards,

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Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
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Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

From: Laura Clementson <laura.clementson@cbc.ca>
Sent: Tuesday, July 20, 2021 4:56 PM
To: cco.info <cco.info@cco.on.ca>
Cc: KATIE NICHOLSON <katie.nicholson@cbc.ca>
Subject: CBC National News inquiry

Hello:

We are trying to answer some questions for the public about vaccine status of medical practitioners and allied medical practitioners.

1. Does your College require its members to be fully COVID-19 vaccinated?
2. Does it require its members to have any other vaccinations?
3. Will the patients/clients be able to ascertain the COVID-19 vaccination status of their practitioner? If so, how?
4. Does your College allow practitioners to ask clients/patients to ask about their COVID-10 vaccination status? Can they refuse patients/clients on this basis?

We'd appreciate a response before 16h00 Wednesday.

Thanks,

Katie & Laura

--

Laura Clementson
CBC News, Toronto
laura.clementson@cbc.ca
@LauraClementson

From: Jo-Ann Willson
Sent: Monday, July 5, 2021 5:14 PM
To: Rose Bustria
Subject: Fwd: OCRWG.ca inquiry

Exec and council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

College of Chiropractors of Ontario
59 Hayden St., Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Fax: (416) 925-9610
E-mail: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

Begin forwarded message:

> **From:** Joel Friedman <JFriedman@cco.on.ca>
> **Date:** July 5, 2021 at 4:11:24 PM EDT
> **To:**
> **Subject: RE: OCRWG.ca inquiry**
>
> Good Afternoon,
>
> Your email was forwarded to me. Thank you for your inquiry.
>
> CCO is also concerned about any potential confusion by the public of the role of CCO as being the college with the legislative authority to regulate chiropractic In the public interest. CCO has included information about the OCRWG in various public Council packages, including the package for June 16, 2021 which is linked here starting on page 158 - : https://cco.on.ca/wp-content/uploads/2021/06/Council-Public-Package-June-16-2021-Compendium.pdf.
>
> We appreciate you raising the matter and please know the situation is being monitored. At this time as I am sure you can appreciate CCO is focusing on its core functions relating to public interest protection. If any further information which may involve risk to the public comes to your attention please let us know.
>
> Regards,

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

From:
Sent: Tuesday, June 29, 2021 2:56 PM
To: Tina Perryman <TPerryman@cco.on.ca>
Subject: OCRWG.ca inquiry

Attention: Inquiries,Complaints and Reports Committee

Dear Ms. Perryman,

I am making an inquiry into the Ontario Chiropractic Reform Working group. The CCO website has a bulletin regarding this organization. I am concerned ocrwg.ca contains statements that could possibly mislead the public and/or profession to believe this organization has regulatory authority in Ontario.

The website has the following headings: **"Protecting The Public Interest"**
"Good Governance"
Are these headings and their descriptions misleading?

Under the heading **"About"** the website states: *Committed to Transparency and Accountability in Regulation of the Chiropractic Profession in the Public Interest*
Does this imply that this corporation regulates or has intentions of regulating the Chiropractic profession? Is this misleading to the public and/or the profession?

As you are aware only the CCO has authority to regulate Chiropractic in Ontario. The RHPA states the following:
Holding out as a College

34 (1) No corporation shall falsely hold itself out as a body that regulates, under statutory authority, individuals who provide health care.
Idem
(2) No individual shall hold himself or herself out as a member, employee or agent of a body that the individual falsely represents as or knows is falsely represented as regulating, under statutory authority, individuals who provide health care. 1991, c. 18, s. 34.

To clarify this for the public, as well as the profession, perhaps CCO might find it worthwhile to investigate this matter to ensure that the public interest remains protected. Please note that it is my intention that this correspondence remains confidential. It is meant for internal use only and is not to be published in any format.

Sincerely,

Ontario Chiropractic Reform Working Group

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THE ONTARIO CHIROPRACTIC REFORM WORKING GROUP

ITEM 4.1.13(c)

bsbudgell Aug 15, 2020 1 min read

OCRWG elects Officers of the Corporation

Updated: Sep 10, 2020

On August 20, 2020 the Board of Directors elected the Officers of the Corporation as follows:

President - Dr. Brian Budgell
Vice-President - Dr. Rocco Guerriero
Treasurer - Dr. David Gryfe
Secretary - Dr. David Dos Santos

412 views 0 comments

Recent Posts See All

Committees of the OCRWG

Are you interested in helping out with the efforts of the Ontario Chiropractic Reform Working Group? We currently have 4...

231 0

OCRWG Registered as a Not-for-Profit Corporation

140 0

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Comments

Write a comment...

Admin@OCRWG.CA

*The Ontario Chiropractic Reform Working Group is not affiliated with the College of Chiropractors of Ontario

From: Jo-Ann Willson
Sent: Friday, June 25, 2021 4:08 PM
To: Rose Bustria
Subject: Fwd: ACE study

Exec and council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

College of Chiropractors of Ontario
59 Hayden St., Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Fax: (416) 925-9610
E-mail: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

Begin forwarded message:

> **From:** Joel Friedman <JFriedman@cco.on.ca>
> **Date:** June 25, 2021 at 4:05:06 PM EDT
> **To:** ddos.david@gmail.com
> **Subject: FW: ACE study**

Good Afternoon,

I'm responding to your e-mail below in which you indicate "I could not find the Council information package for June 16, 2021 which you state is posted on the CCO website." Council information packages are posted under Council meetings by date and linked to on the front page of CCO's website under "Upcoming Events" when upcoming Council meeting dates are posted. The agenda for June 16, 2021 includes the following documents as they relate to the ACE study, found on pages 432-549 of the Public Council package

- Item 4.1.29 November 26, 2020 Council Meeting (Proposal dated October 2020)
- Item 4.1.30 February 26, 2021 Council Meeting (Evaluation of Evidence Methods Memo)
- Item 4.1.31 April 14, 2021 Council Meeting (communication to stakeholders)
- Item 4.1.35 Information re: ACE

- Item 4.1.36 Academic CV for Dr. Mark Dobrow

The link to the June 16, 2021 Council information package is here:

- Main https://cco.on.ca/wp-content/uploads/2021/06/Council-Public-Package-June-16-2021-Main.pdf
- Compendium https://cco.on.ca/wp-content/uploads/2021/06/Council-Public-Package-June-16-2021-Compendium.pdf

There is information included in other Council information packages as well. Public Council packages are available at the following link: https://cco.on.ca/about-cco/who-we-are/council-meetings/.

Thank you.

Joel D. Friedman, BSc, LL.B
Deputy Registrar
College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, Ontario M4Y 0E7
Tel: (416) 922-6355 ext. 104
Toll Free: 1-877-577-4772
Fax: (416) 925-9610
E-mail: jfriedman@cco.on.ca
Web Site: www.cco.on.ca

Begin forwarded message:

> **From:** David Dos Santos <ddos.david@gmail.com>
> **Date:** June 24, 2021 at 10:46:19 PM EDT
> **To:** Jo-Ann Willson <jpwillson@cco.on.ca>
> **Subject: Re: ACE study**

> Thank you for this. However, I would like to point out a few things:
>
> 1. So the study will include a thorough review of the scientific literature? Systematic reviews have already been performed. The information on the study from ACE only states the following as to

why the study is being done and does not include any review of the scientific literature:

"...To consider these challenges, this study will proceed in three phases, (i) scoping review and targeted scan of relevant policy documents, (ii) key informant interviews, and (iii) deliberative dialogues with stakeholders..."

The issue of immune effects from chiropractic care **requires a quantitative study/review of literature, not a qualitative study.**

2. In the 2020 Annual Report the only mention of the ACE study is in a footnote to the Executive Committee report which states the study as approved. There are no details. I could not find the council information package for June 16, 2021 which you state is posted on the CCO website. If you want to point me to where I can access the public information, I can then review it. Perhaps my knowledge of this study is limited due to lack of transparency of the CCO in making information readily and evidently available front and centre.

3. You state that the results of the ACE will be reviewed by council. However, CCO members who are academics and working full or part time in an academic institution and understand this issue better than anyone, are precluded from running for council (other than the 1 council seat from bylaw changes that were against the wishes of the profession at large). Without a special committee with high quality academic representation to review the results and provide a clear statement for members, I do not trust that the public interest will be protected.

4. By stating that the CCO is a complaints based organization is not sufficient for protecting the public. Asking the public to regulate the profession is significantly deficient in fulfilling the goal of protecting the public. It is not my job to file a complaint then play wack-a-mole with other practitioners who may be doing something similar. It is up to the CCO to protect the public, **not the public to protect the public.**

6. Again, where is the CCO standard with regard to xrays and other diagnostic imaging (surface EMG? thermography?), to ensure that repeat unnecessary x-rays are not performed, and other forms of "imaging" which lack scientific merit are precluded?

7. I don't think that highlighting what the CCO did during the covid pandemic makes up for the lack of proper oversight over the years.

David

On Thu, Jun 24, 2021 at 12:50 PM Jo-Ann Willson <jpwillson@cco.on.ca> wrote:

Good morning:

I am replying to your most recent inquiry to CCO. Some comments are posted directly into your e-mail about the ACE Study below. As you may be aware, ACE is one of the largest public policy groups in the world, and functions out of the Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, at the University of Toronto. I recommend that you review the public information about the study, including the information posted in the most recent council information package relating to the Council meeting on June 16, 2021, as well as other documents, such as the 2020 Annual Report being distributed to all stakeholders including members. Further, as CCO hasn't yet received the results of the review being conducted, it is premature to make a determination about the results or the importance to CCO's ongoing review of relevant standards of practice, policies and guidelines. There will be further communication once CCO has had an opportunity to review the results and consider its implications. If you have information or studies you think may be relevant to consider as part of the work being done by U of T, I encourage you to forward those to me. However, the ACE group is experienced and has significant expertise at conducting literature and scientific reviews, and I expect they have done a comprehensive review already.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.

Registrar & General Counsel

*Note Address Change

College of Chiropractors of Ontario

59 Hayden St., Suite 800

Toronto, ON M4Y 0E7

Tel: (416) 922-6355 ext. 111

Fax: (416) 925-9610

E-mail: jpwillson@cco.on.ca

Web Site: www.cco.on.ca

From: David Dos Santos <ddos.david@gmail.com>
Sent: Wednesday, June 23, 2021 2:36 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Cc: President <President@cco.on.ca>
Subject: Re: ACE study

Dear Ms. Wilson,

I am following up on my email of concern below. I am wondering if I should expect a response and if you could let me know.

David

On Tue, Jun 8, 2021 at 7:05 PM David Dos Santos <ddos.david@gmail.com> wrote:

> Dear Ms. Wilson,
>
> It has come to my attention that the CCO is spending $50,000 on a study which involves interviews only on whether chiropractors should discuss boosting a person's immune system with chiropractic care.
>
> Not sure where or from whom you are getting your information from. The nature of the study is included in public information packages, including the information in the Council information package for June 16, 2021 which is posted on the CCO website.

It is also my understanding that this will not involve a review of the scientific literature.

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Your understanding is wrong. Please review the public information concerning this.

Chiropractors are legitimately criticized by the medical profession and others for making outlandish claims that lack scientific merit. Such a study would only add to this.

Not sure how you can make a statement about what a study may or may not do when we do not have the results of the review, and further and in any event, it will be up to Council, comprised of elected and appointed members, to determine what action is warranted as a result of the review, through the lens of public protection. It is sophistry to be questioning the integrity and the benefits of a study without having seen its results. CCO's Patient Relations Committee, which focuses on patients as important stakeholders to CCO's work, is taking a lead on reviewing the results once they are received.

The current science is clear on this issue, and unless there are new studies that come to light, it should be made clear to CCO members that they should not be making outlandish claims. This is highlighted by the situation last year when a large number of chiropractors had to be told that they should not be making claims and encouraging patients to get treatment to prevent Covid-19. This study will only "muddy the water" so that these and perhaps other practitioners can continue to mislead and take advantage of the uninformed public.

This also seems to be an assumption on your part, not having reviewed the proposal, and not having seen the results of the study.

I take offense that my money is being wasted on such a study, when nothing of value will come of it. The CCO should be led by science to protect the public interest. This study will not achieve this. Where are other policies that CCO should have in place to protect the

public? Such as repeat x-rays that expose the patient to ionizing radiation and potential harm, the use of activator devices as a sole treatment approach, and various other unscrupulous practices?

CCO, like other regulators under the *RHPA*, has a complaints and discipline procedure designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *RHPA*. During the pandemic, CCO received an unprecedented number of complaints about claims, which were reviewed, investigated and disposed of within the time restraints and despite staff working remotely to comply with government orders and directives. Some of those matters are proceeding to the review body, namely the Health Professions Appeal and Review Board. Attached is the most recent decision by HPARB which confirmed a decision made by the Inquiries, Complaints and Reports Committee. Other matters are still in progress. In addition, during the pandemic, CCO issued a number of cease and desist orders, in the absence of a formal complaint which has had the effect of members removing information from websites and social media.

All standards, policies and guidelines are reviewed by the relevant committee on an ongoing basis and any recommendations which would enhance public protection are recommended to Council for approval, and subsequent distribution to all stakeholders including members. If you have feedback about a particular standard, I encourage you to forward that feedback to Mr. Joel Friedman, Deputy Registrar. Further, if you have information about potential acts of misconduct or incompetence being conducted by members, please forward that information to Ms Tina Perryman, Manager, Inquiries, Complaints and Reports, so appropriate action can be taken, consistent with CCO's standards, policies and guidelines, including those relating to social media and advertising.

CCO's financial circumstances are subject to scrutiny through an external audit. The audited financial statements are included in every annual report, all of which are filed with the Ministry and posted on CCO's website under publications. At the 2020 AGM, which was attended by several people including some of your colleagues, the auditor reported on CCO's financial statements which again and consistent with other years, reflect a clean audit.

I would appreciate a valid and thoughtful response on why the CCO has taken on a role that academia should be serving, and commissioning studies that will not serve to protect the public.

Again, this is a statement being made in the absence of actually seeing or reviewing the results of the review being conducted by a group with significant expertise, access to a number of health profession faculties, credibility with government, and a track record in helping inform CCO's decision making with respect to a new policy relating to Provisional certificates of registration (which was subsequently identified as a best practice by the Office of the Fairness Commissioner).

I trust you will review the public information about the study as well as the ongoing communications from CCO included in the President's Messages which highlight urgent public interest matters and provide guidance during the COVID-19 pandemic.

You have copied Mr. MacKay, President, and I expect he will add anything else that is relevant. However, to date, CCO staff are focusing on high priority matters including ensuring timely registration of applicants and corporations, the administration of a fair and comprehensive complaints and discipline process, and the implementation of a Quality Assurance program that has had to be adapted in light of the pandemic, as well as trying to ensure everyone's health and safety. Thank you for your inquiry. Any further information will likely be following CCO's receipt and review of the study being conducted, and will be communicated to all members at the same time and in the same way. We are looking forward to seeing the results of the review being conducted, and in considering how the study will help inform future direction and decision making particularly around the effectiveness of existing standards of practice, policies and guidelines, and consistency with CCO's public interest mandate.

David

From: Jo-Ann Willson
Sent: Monday, June 28, 2021 4:04 PM
To: Rose Bustria
Subject: Fwd: CCO council meeting minutes posting, human resources matters of performance review & compensation

Exec and council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

College of Chiropractors of Ontario
59 Hayden St., Suite 800
Toronto, ON M4Y 0E7
Tel: (416) 922-6355 ext. 111
Fax: (416) 925-9610
E-mail: jpwillson@cco.on.ca
Web Site: www.cco.on.ca

Begin forwarded message:

> **From:** Joel Friedman <JFriedman@cco.on.ca>
> **Date:** June 28, 2021 at 4:02:28 PM EDT
> **To:** Harald Simon <hfsimon@amtelecom.net>
> **Subject: RE: CCO council meeting minutes posting, human resources matters of performance review & compensation**
>
> Good Afternoon,
>
> As the policy regarding publication of Council minutes came into effect at the April 14, 2021 Council meeting, this would apply on a go forward basis. The April 14, 2021 Council minutes are published at the following link, signatures pending https://cco.on.ca/wp-content/uploads/2021/06/Approved-CCO-Council-Meeting-Minutes-April-14-2021-002.pdf.
>
> Regards,
>
> **Joel D. Friedman**, BSc, LL.B
> Deputy Registrar
> **College of Chiropractors of Ontario**
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> Toronto, Ontario M4Y 0E7

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94

From: Harald Simon <hfsimon@amtelecom.net>
Sent: Monday, June 28, 2021 12:37 PM
To: Joel Friedman <JFriedman@cco.on.ca>
Subject: CCO council meeting minutes posting, human resources matters of performance review & compensation

Dear Mr. Friedman,

I notice that there has been no favour of your reply to my email of June 7 three weeks ago. My June 7th email requested clarification of your vague answers given June 3 to questions I posed my original email of May 17/21.

Now that the Feb 26/21 council meeting minutes were approved at the June 16/21 council meeting almost two weeks ago, when and where can I read these on the CCO website? As of today, I can't find them at the public council packages that you said they would be published under.

You also haven't answered WHO carries out performance reviews and compensation decision matters at the CCO in accordance with the RHPA. Do these questions have to be directed to the Health Workforce Regulatory Oversight branch at the MOH?

Best regards.

Harald Simon

Dr Harald Simon BA, BEd, DC
2208 Hwy 551, PO Box 128
Mindemoya, ON
CANADA P0P 1S0
M (249) 777 – 0077
hfsimon@amtelecom.net

From: Jo-Ann Willson
Sent: Monday, July 5, 2021 5:13 PM
To: Rose Bustria
Subject: Fwd:

Exec and council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

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Begin forwarded message:

> **From:** Joel Friedman <JFriedman@cco.on.ca>
> **Date:** July 5, 2021 at 4:11:23 PM EDT
> **To:** Life Lounge Family Chiropractic <info@thelifelounge.ca>, Jo-Ann Willson <jpwillson@cco.on.ca>
> **Subject: RE:**
>
> Good Afternoon,
>
> Thank you for your questions.
>
> The current Ministry of Health guidance for health care providers to wear masks when within 2 metres of another individual is still in place https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf (page 13 - 14). Additionally, the current Ontario Regulation 82/20, section 2(4) https://www.ontario.ca/laws/regulation/200082 that requires individuals to wear masks or face coverings in indoor settings, subject to limited exceptions, continues to be in place.
>
> CCO and all other regulatory colleges continue to monitor Ontario Government and Ministry of Health guidance for any updates and will communicate with members and stakeholder when there are changes to guidance for the health sector. All updates regarding COVID-19 are also posted on CCO's website at the following link: https://cco.on.ca/2021/06/08/presidents-message-covid-19-march-16-2020/.

Regards,

Joel D. Friedman, BSc, LL.B
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-----Original Message-----
From: Life Lounge Family Chiropractic <info@thelifelounge.ca>
Sent: Monday, July 5, 2021 10:27 AM
To: Jo-Ann Willson <jpwillson@cco.on.ca>; Joel Friedman <JFriedman@cco.on.ca>
Subject:

Hello Jo-Ann and Joel

Just a quick message to ask about masks I practice.

We all know they don't work but we must wear them...have their been any inclinations or word that they will be optional in the near future as it is out west?

Please advise
Thanks
Brad Deakin.

On Friday, July 16, 2021, 4:03:13 p.m. EDT, Joel Friedman <jfriedman@cco.on.ca> wrote:

ITEM 4.1.16(c)

97

Good Afternoon,

Thank you for your questions.

CCO supports the Government of Ontario and Ministry of Health's efforts to slow the spread of COVID-19, which includes vaccination. Throughout the pandemic, CCO has made information regarding the COVID-19 vaccine available through communications to members and stakeholder and posted information on its website. As well, like other health regulatory colleges, CCO has assisted local public health units in communicating with chiropractors in different areas of the province to assist them in accessing the COVID-19 vaccine as essential workers and provided chiropractors with information and resources to receive the COVID-19 vaccination. All information can be accessed under the heading "COVID-19 Vaccine Information" on CCO's COVID-19 page https://cco.on.ca/members-of-cco/covid-19/. As well, all COVID-19 related communications from CCO can be accessed at the following link: https://cco.on.ca/2021/06/08/presidents-message-covid-19-march-16-2020/.

Additionally, the act of vaccination is considered to be outside of the chiropractic scope of practice, as it involves a controlled act that is not authorized to chiropractors in Ontario. Chiropractors are restricted from treating or advising with respect to vaccination as it is considered to be outside of the chiropractic scope of practice, in accordance with CCO standards of practice https://cco.on.ca/wp-content/uploads/2019/06/S-001April302019.pdf. A chiropractor would be expected to refer a patient to consult with a health professional who has the act of vaccination within their scope of practice.

The Ontario Government and Ontario Health Regulatory Colleges have not mandated the COVID-19 vaccination in Ontario and it remains a matter of personal choice and all therefore all legislation governing the privacy of personal health information applies. Regulated health professionals may answer patient questions about vaccination status; however, since vaccination status is a matter of personal health information, it is questionable whether there would be a compulsion to disclose this.

This continues to be an evolving issue and will continue to be reviewed by CCO, based on updated guidelines from the Ministry of Health and Public Health Ontario. Ministry of Health guidance for the health sector continues to be updated at the following link: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx.

Additionally, patients should not be abandoned from care, and should always be provided with an appropriate referral to another chiropractor and given access to copies of their records, if the patient chooses to not see a chiropractor based on their vaccination status.

Regards,

Joel Friedman 98 -

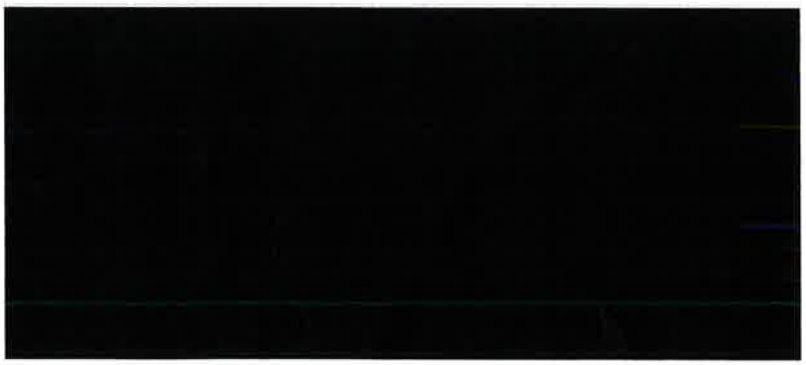
From: Mirella Taiariol <mirellat2002@rogers.com>
Sent: Saturday, July 17, 2021 2:04 PM
To: Joel Friedman
Subject: Re: What is CCO position on Covid 19 and vaccination of members

Thank you, Mr. Friedman, for your fulsome response. It is very much appreciated. The BIG issue that remains with me is: how can a health care professional, as chiropractors are, continue to be active, up close and personal with patients and feel it is ok to choose to NOT be vaccinated? This is not a personal choice, like getting a vasectomy...which is VERY personal and private; we are talking about an infectious public health danger for ALL people in the community. And now with the delta variant, the infection numbers and deaths are going up, with hospital ICUs once again being filled with unvaccinated people. Something is VERY wrong here when chiropractors, and doctors, nurses, massage therapists, and other health care professionals would wilfully choose to put their patients and community at risk.

I believe that CCO can come out very strongly and clearly with its position that the responsible, ethical and moral duty of all chiropractors is to get vaccinated NOW, and if they still choose not to, then they should either post clear signs in their clinics letting their patients know that they are NOT vaccinated, or they should STOP seeing patients. It's the only right thing to do.

The Editorial below from The Star sets out clearly WHY it is absolutely necessary for ALL health care workers (as chiropractors are) to get their shots. Thank you. MT

Editorial | Health care workers have no right to put patients at risk. They have to get their shots



Editorial | Health care workers have no right to put patients at risk. T...

I've been using chiropractic care for over thirty-five years; I go regularly to a chiropractor who has been amazing in treating me for almost twenty years, but he is not vaccinated (claimed he was doing research) and almost sounds like he's into all of the false conspiracy theories pushed by antivaxxers. Suggested perhaps vaccines were not safe! OMG There have been millions of vaccines administered in Canada, US, Europe and beyond with a minuscule number of reactions and several death, while over a million people have actually died of covid 19.

I'm very upset and disappointed, and need to find another chiropractor in my area who is vaccinated. But when I called another clinic with two practicing chiropractors, I was told that they were not vaccinated...just didn't have the time to go get a vaccine! Incredible uncaring attitude towards a virus that has been ravaging Ontario and beyond.

Why would I put myself in harm's way knowingly? I only found out of my chiropractor's not vaccinated status because I asked him directly several months ago (when he said he was 'doing research' WHAT?) and I asked him directly again this week, when he said **no**, he had not been vaccinated, and said that perhaps in future he would get vaccinated. There is nothing in public view in his clinic which discloses this very important piece of information. And as a health care professional, he has a responsibility to keep the public safe, and not potentially expose patients to covid, especially the delta variant which has been ravaging our area recently.

Where does CCO stand on this critical health care issue; and what responsibility do active practicing chiropractors have to disclose their vaccination status to their patients? M. T.

Joel D. Friedman, BSc, LL.B

Deputy Registrar

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From: Mirella Taiariol <mirellat2002@rogers.com>
Sent: Thursday, July 15, 2021 2:40 PM
To: cco.info <cco.info@cco.on.ca>
Subject: What is CCO position on Covid 19 and vaccination of members

I am writing to inquire where CCO stands on vaccination against Covid 19 for **active practicing chiropractors in the Province of Ontario.** Do you have a position which guides your membership?

I live in Ontario and want to know because I am finding out, through asking directly 'Are you vaccinated?' that the three chiropractors in my area to whom I asked the question are NOT vaccinated. They gave off handed reasons/excuses for why not, which horrify me since they are health care professionals and should NOT be treating people if they choose not to be vaccinated. It could be life threatening to some patients, even with the best of care and protocols in place. And, besides choosing not to be vaccinated, as active practicing chiropractors, I believe they have a professional, moral and ethical duty to inform each and every patient who enters their clinic that they are not vaccinated, so that patients can decide what level of risk is acceptable to them.

From: Joel Friedman
Sent: Friday, July 23, 2021 12:37 PM
To: Alan Hong
Subject: RE: General inquiry

Good Afternoon,

Thank you for bringing this to CCO's attention. CCO's Executive Committee will review this and any other media coverage related to COVID-19 at its upcoming Executive Committee meeting for any further direction.

CCO Standard of Practice S-001: Chiropractic Scope of Practice https://cco.on.ca/wp-content/uploads/2019/06/S-001April302019.pdf and Professional Advisory on Vaccination and Immunization https://cco.on.ca/wp-content/uploads/2019/05/Professional-Advisory-Vaccination-April302019.pdf communicate that treating, advising or disseminating information related to vaccination is outside of the chiropractic scope of practice, and a patient should be referred to an appropriate regulated health professional with any questions on this topic. CCO has also communicated this message as it relates to the COVID-19 vaccination and posted links and resources to information on obtaining the COVID-19 vaccine, as part of its President's Messages https://cco.on.ca/2021/06/08/presidents-message-covid-19-march-16-2020/.

Furthermore, CCO only has jurisdiction over chiropractors in Ontario and some of the reporting in this story was about chiropractor outside of Ontario. Throughout the COVID-19 pandemic, CCO has been responding to and acting on any complaints filed to the College about members treating, advising or disseminating information on the COVID-19 vaccine outside of the chiropractic scope of practice.

You may also want to contact the Ontario Chiropractic Association, as they would be the organization primarily responsible for advocating on behalf of chiropractors in Ontario.

Regards,

Joel D. Friedman, BSc, LL.B
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From: Alan Hong <ahong.dc@gmail.com>
Sent: Wednesday, July 21, 2021 6:16 PM
To: cco.info <cco.info@cco.on.ca>
Subject: General inquiry

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Hi CCO,

I don't know if this is the right place to reach out to. However I recently saw a news report on city news that really was disheartening.

It was a video that showed chiropractors talking nonsense about vaccines and basically showed our profession in a bad light.

I have sent an email to the news station voicing my concern. I was wondering if there was anything that was concerning to you that the news is putting out reports that is basically telling the public to have less trust in what we say?

This was the link to the video.

https://youtu.be/L7FM6udO-ds

Please contact me and let me know your thoughts please.

Thank you for your time.

Alan

From: Jo-Ann Willson
Sent: Friday, June 18, 2021 5:12 PM
To: Rose Bustria
Subject: Fwd: Premier Ford Announces Changes to Cabinet

Exec and council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

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Begin forwarded message:

> **From:** "Dr. Mizel" <drmizel@stcatharineschiropractic.com>
> **Date:** June 18, 2021 at 3:46:53 PM EDT
> **To:** Jo-Ann Willson <jpwillson@cco.on.ca>
> **Cc:** ROB MACKAY <mackayrob@tbaytel.net>
> **Subject: FW: Premier Ford Announces Changes to Cabinet**
>
> FYI
>
> **From:** Ontario News <newsroom@ontario.ca>
> **Sent:** Friday, June 18, 2021 3:11 PM
> **To:** drmizel@stcatharineschiropractic.com
> **Subject:** Premier Ford Announces Changes to Cabinet

Ontario

NEWS RELEASE

Ontario

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Premier Ford Announces Changes to Cabinet

Renewed team well positioned to focus on priorities of Ontarians

June 18, 2021
Premier's Office

TORONTO — Today, Premier Doug Ford announced changes to Ontario's cabinet.

"With 21 per cent of adults now fully vaccinated as Team Ontario sets new records in daily shots, we can be confident that the worst of the pandemic is behind us," said Premier Ford. "As we continue our work to rebuild and support Ontario's health system, our renewed team is well positioned to deliver on the priorities that matter to Ontarians, including getting more people back to work, making life more affordable, supporting businesses and job creators and building transit infrastructure."

Changes to the Executive Council include the following:

- Jill Dunlop, MPP for Simcoe North, becomes Minister of Colleges and Universities.
- Dr. Merrilee Fullerton, MPP for Kanata-Carleton, becomes Minister of Children, Community and Social Services.
- Parm Gill, MPP for Milton, becomes Minister of Citizenship and Multiculturalism.
- Rod Phillips, MPP for Ajax, becomes Minister of Long-Term Care.
- Dave Piccini, MPP for Northumberland-Peterborough South, becomes Minister of the Environment, Conservation and Parks.
- Greg Rickford, MPP for Kenora-Rainy River, assumes a merged role as Minister of Northern Development, Mines, Natural Resources and Forestry, as well as remains Minister of Indigenous Affairs. This new northern and economic focused ministry will enhance development potential and sustainability in the North. Energy will transfer to a new separate ministry.
- Todd Smith, MPP for Bay of Quinte, becomes Minister of Energy.
- Rosario Romano, MPP for Sault Ste. Marie, becomes Minister of Government and Consumer Services.
- Prabmeet Singh Sarkaria, MPP for Brampton South, becomes President of the Treasury Board.
- Kinga Surma, MPP for Etobicoke Centre, becomes Minister of Infrastructure.
- Lisa Thompson, MPP for Huron Bruce, becomes Minister of Agriculture, Food and Rural Affairs.

- Stan Cho, MPP for Willowdale, becomes Associate Minister of Transportation, reporting to Minister Mulroney.
- Jane McKenna, MPP for Burlington, becomes Associate Minister of Children and Women's Issues, reporting to Minister Fullerton.
- Nina Tangri, MPP for Mississauga Streetsville, becomes Associate Minister of Small Business and Red Tape Reduction, reporting to Minister Fedeli.
- Kaleed Rasheed, MPP for Mississauga East-Cooksville, becomes Associate Minister of Digital Government, reporting to Minister Bethlenfalvy.

Peter Bethlenfalvy, MPP for Pickering-Uxbridge and Minister of Finance, will assume responsibility for Ontario's digital government strategy within the Ministry of Finance.

Additional Resources

- See a full list of Ontario's Cabinet

Media Contacts

Ivana Yelich
Premier's Office
ivana.yelich@ontario.ca

From: Jo-Ann Willson
Sent: Wednesday, September 1, 2021 1:57 PM
To: Rose Bustria
Subject: FW: Ontario Announcement - September 1, 2021

Council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel
*Note Address Change
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59 Hayden St., Suite 800
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From: Joel Friedman <JFriedman@cco.on.ca>
Sent: Wednesday, September 1, 2021 1:56 PM
To: Jo-Ann Willson <jpwillson@cco.on.ca>
Subject: Ontario Announcement - September 1, 2021

https://www.cp24.com/news/proof-of-vaccination-will-be-required-at-movie-theatres-gyms-restaurants-in-ontario-sources-1.5569180

https://news.ontario.ca/en/release/1000779/ontario-to-require-proof-of-vaccination-in-select-settings

https://news.ontario.ca/en/backgrounder/1000780/new-requirement-for-proof-of-vaccination-in-certain-settings-frequently-asked-questions

Announcement of vaccine certificates and proof of vaccination for certain non-essential indoor activities – gyms, movie theatres, indoor dining, casinos, bars, theatres, concerts, large organized gatherings, as of September 22, 2021. I don't think there is any change to regulated health professionals (except for maybe patients using gyms?).

- Temporary tool
- September 22, 2021 - Must show vaccine receipts with photo ID
- October 22, 2021 – enhanced vaccine certificate, can be kept on phone
- Launch a new app
- Focus on indoor non-essential settings, where masks are not worn
- Doesn't apply to health care settings, grocery stores, retail etc.
- Medical exemption and children will be exempted
- BC, Manitoba and Quebec have introduced similar systems

Joel D. Friedman, BSc, LL.B
Deputy Registrar

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107

Proof of vaccination will be required at movie theatres, gyms, restaurants in Ontario

Published Wednesday, September 1, 2021 7:17AM EDT
Last Updated Wednesday, September 1, 2021 1:15PM EDT

Ontario residents will need proof of COVID-19 vaccination to go to gyms, cinemas, restaurants, casinos, and a slew of other non-essential businesses starting Sept. 22.

As part of the provincial government's vaccine certification program, which was announced on Wednesday, all Ontario residents will be required to show that they received both doses of an approved COVID-19 vaccine at least 14 days earlier in order to eat inside restaurants, work out inside fitness centres, go to nightclubs, cinemas, theatres, strip clubs and casinos, as well as to attend concerts, sporting events, and other large, organized gatherings in indoor settings.

"As the world continues its fight against the Delta variant, our government will never waver in our commitment to do what's necessary to keep people safe, protect our hospitals and minimize disruptions to businesses," Premier Doug Ford said in a news release issued Wednesday.

"Based on the latest evidence and best advice, COVID-19 vaccine certificates give us the best chance to slow the spread of this virus while helping us to avoid further lockdowns. If you haven't received your first or second dose of the COVID-19 vaccine, please do so today."

A vaccine certificate will not be required for retail shopping and outdoor dining, or attending workplaces, religious services, and other essential businesses, including grocery stores, pharmacies, and banks.

Exemptions will be given to those who cannot be vaccinated for medical reasons and for children under the age of 11, who are not currently eligible to be immunized in Ontario.

From Sept. 22 to Oct. 12, unvaccinated individuals will be given a temporary exemption to attend funeral or wedding receptions at meeting and events spaces provided they show a negative COVID-19 test result 48 hours prior.

Ontarians will be expected to use the paper or PDF vaccine receipt available online, along with photo ID to prove that they have been fully immunized, but the province said an app and QR code system is currently in development.

According to officials, people will be provided a unique QR code that contains information regarding their vaccination status and an app will be developed for businesses to read that code.

The app will show businesses a checkmark or an 'X' to confirm vaccination status, officials say, and the QR code can be displayed on smartphones or a printed sheet of paper. Users will also be required to show photo identification along with the QR code and the government said it will provide more clarity on acceptable forms of ID before Sept. 22.

Officials said the province will migrate to the QR code system by Oct. 22 and it will be compatible with the systems used by other provinces and the federal government.

Processes are still being established for those with no email or health card/ID but more information is expected on that in the coming weeks, the province said.

Medical exemptions will not immediately be integrated into the QR code system but officials said they plan to include that feature at a later date.

The province said detailed guidance will be provided to businesses on how to implement the vaccine certificate program in advance of Sept. 22.

When asked why it took so long to implement a program here in Ontario, Ford blamed the federal government for the provincial government's inaction.

"For the past three months, along with Canada's other premiers, I have called on the federal government to develop a national vaccine passport," Ford said."We've seen this national leadership in countries around the world who have implemented their own national vaccine certificate programs, because it's clear that a national system is far better than a patchwork of certificates across every single province and territory in the country, especially as more Canadians travel, but Justin Trudeau has told us that they will not be rolling out a national passport."

But in recent months, Ford has repeatedly spoken out against the use of vaccine passports, and even ruled out using a system in Ontario.

"We're not gonna do it. We're not gonna have a split society," Ford told reporters back in July. "We aren't doing it. It's as simple as that. We're just gonna move forward."

At that time, Ford said he supported a federal vaccine passport as it pertains to international travel, a passport the federal Liberal government has committed to creating.

The program, which is intended to be temporary, aims to reduce overall transmission in the community and encourage vaccine uptake as a high level of vaccination will be required to reach herd immunity with the more transmissible Delta variant, officials said.

According to the province, unvaccinated individuals are seven times more likely to get a symptomatic infection, 27 times more likely to end up in hospital, and 42 times more likely to end up in intensive care.

About 83 per cent of Ontario residents 12 and older currently have at least one dose of a COVID-19 vaccine and about 76 per cent are fully immunized.

For those individuals and businesses who do not comply with the program, fines will be issued under the Reopening Ontario Act, officials said.

The fine, the province said, will vary depending on the offence but individuals could face tickets of about $750 and businesses may be hit will tickets in excess of $1,000 for non-compliance.

In recent days, Ford's cabinet has met multiple times in an effort to hammer out the details of Ontario's vaccine certificate program. Plans for vaccine passports have already been rolled out in multiple other Canadian provinces, including British Columbia, Quebec, and Manitoba.

In B.C., residents must have at least one dose of a COVID-19 vaccine to access a number of non-essential settings as of Sept. 13 and two doses will be needed as of Oct. 24.

In the absence of government policy, several businesses and sporting organizations in Ontario, including the Blue Jays and Toronto FC, have taken it upon themselves to require patrons to produce proof of vaccination or a negative COVID-19 test result to gain access to their facilities.

When asked why it took so long to implement a program here in Ontario, Ford blamed the federal government for the province's inaction.

"For the past three months, along with Canada's other premiers, I have called on the federal government to develop a national vaccine passport," Ford said.

"We've seen this national leadership in countries around the world who have implemented their own national vaccine certificate programs, because it's clear that a national system is far better than a patchwork of certificates across every single province and territory in the country, especially as more Canadians travel, but Justin Trudeau has told us that they will not be rolling out a national passport."

But in recent months, Ford and some of his cabinet ministers repeatedly spoke out against the use of vaccine passports, and even ruled out using that type of system in Ontario.

"We're not gonna do it. We're not gonna have a split society," Ford told reporters back in July. "We aren't doing it. It's as simple as that. We're just gonna move forward."

At that time, Ford said he supported a federal vaccine passport as it pertains to international travel, a passport the federal Liberal government has committed to creating.

UPTICK IN VACCINATIONS EXPECTED AMID NEW RULES

Dr. Isaac Bogoch, an infectious diseases specialist, told CP24 on Wednesday that Ontario will likely see vaccination rates climb following the announcement.

"We will likely see a pretty reasonable jump in people booking their vaccines. We saw that in France, we saw that in Quebec, we saw that in B.C. I think we will probably see the same thing in Ontario," he said.

"People who might have been sitting on the fence are going to say, 'Wow, if I want to participate in non-essential activities, go to non-essential businesses, like restaurants, like bars, like concerts or whatever, I need a vaccine, I'm going to go get one.'"

He noted that while vaccine passports are important, they are not "the solution to the pandemic."

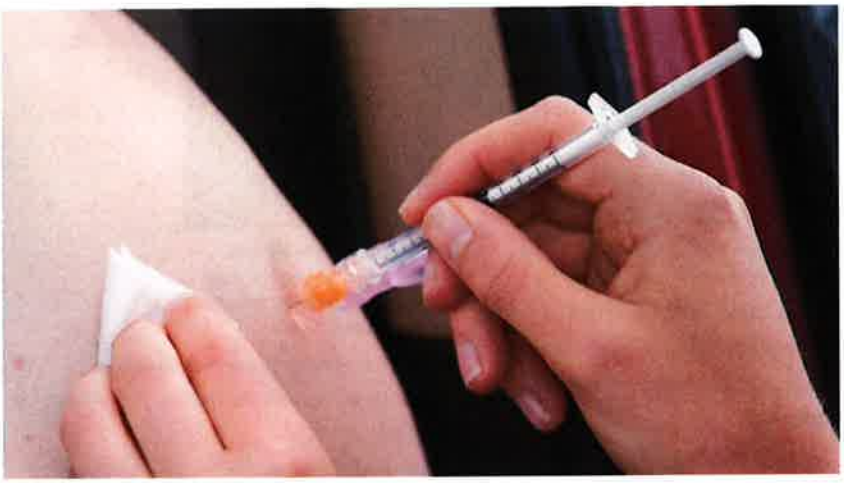
"This helps create a safer indoor space," he said. "This is not the only thing that needs to be done. This is one major policy decision that can be taken to keep places open."

Dr. Lawrence Loh, the medical officer of health for Peel Region, said vaccine certificates will be very helpful in high-risk settings in the community as well as schools.

"These (vaccine certificates) are particularly useful in settings in the community where measures like masking and distancing cannot be consistently maintained, particularly to protect individuals who may yet be unvaccinated," he said Wednesday.

"So I'm really grateful that Premier Ford and our (Chief Medical Officer of Health) Dr. Kieran Moore and our provincial partners continue to work on and are committed to bringing in this measure."

Ontario doctors urged to be selective about issuing medical exemptions for COVID vaccination



A person receives their COVID-19 vaccine during a drive-thru clinic at Richardson stadium in Kingston, Ont., on Friday, Jul. 2, 2021. THE CANADIAN PRESS/Lars Hagberg

The Canadian Press
Published Thursday, September 2, 2021 11:36AM EDT
Last Updated Thursday, September 2, 2021 11:36AM EDT

TORONTO -- Ontario's medical regulator is urging doctors to be judicious about handing out medical exemptions to COVID-19 vaccines.

The message from the registrar of the College of Physicians and Surgeons of Ontario comes after the province announced a vaccine certificate program.

The system will require residents to be inoculated against COVID-19 to access some non-essential services, unless there's a medical reason they can't be vaccinated.

Dr. Nancy Whitmore says the college has already heard about requests for baseless medical exemptions, and physicians must not give in.

She says there are very few legitimate medical reasons not to get vaccinated against COVID-19.

They include an allergist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components, and a diagnosis of myocarditis or pericarditis after receiving an mRNA vaccine.

She says those instances are extremely rare.

The vaccine certificate system, announced Wednesday, is intended to increase immunization rates in a bid to curb the fourth wave of the COVID-19.

The number of daily diagnoses of the virus has been rising steadily in recent weeks, with 865 new cases reported Thursday.

The province also counted 14 new deaths linked to the virus.

Health Minister Christine Elliott says 692 of the new diagnoses are in people who are not fully vaccinated or whose vaccination status is unknown.

Government data shows 320 Ontarians are hospitalized due to COVID-19, with 162 in the ICU and 105 on a ventilator. Elliott says 292 of those hospitalized are not fully vaccinated or have an unknown vaccination status.

Roughly 83 per cent of Ontarians aged 12 and older have at least one dose of a COVID-19 vaccine, and 76.6 per cent are fully vaccinated.

This report by The Canadian Press was first published Sept. 2, 2021.

LOCAL NEWS

BREAKING Ontario reports multi-month high of nearly 900 COVID-19 cases; 14 more deaths

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Restaurant operators have mixed reaction to Ontario's COVID-19 vaccine certificate program

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TORONTO STAR

ITEM 6.3

EDITORIAL

Health care workers have no right to put patients at risk. They have to get their shots

By **Star Editorial Board**
Fri., July 16, 2021 | 4 min. read

Some things are so obvious that it feels a bit embarrassing to have to say them out loud.

For example: health care workers should get fully vaccinated against COVID-19. It's their professional, ethical and moral duty.

Health workers who fail to get their shots are putting their patients and everyone else at risk. Our collective right to safety trumps their right to refuse vaccines. It should be a requirement of their job.

Yes, that's obvious. But as a society we're still tiptoeing around the issue of mandatory vaccines for people in some job categories. Politicians won't say the obvious, presumably for fear of a backlash from some workers and, especially, their unions.

Take a look, for example, at a draft policy on the issue being discussed inside the Ontario government. According to CBC News, it recommends stopping well short of mandating vaccination for all health care workers.

Instead, the draft reportedly recommends that workers who interact with patients or seniors in long-term-care homes be vaccinated, or have the option of wearing full personal protective equipment (PPE) and undergo regular testing for COVID. This, says the document, "protects most vulnerable clients while giving workers a choice."

"Choice" is a lovely word, but in this case it shouldn't apply. Health care workers, of all people, should not enjoy the "choice" of putting their patients at risk of contracting a potentially fatal disease.

After 16 months of the pandemic, we've all surrendered many choices. And we've made enormous collective sacrifices precisely in order to protect the health care system from being "overwhelmed," as public health officials constantly reminded us.

The people working in that system should not — with very, very few exceptions — be allowed the choice of putting all that in danger.

We know the vast majority of health care workers did the right thing and got their shots as soon as possible. And no doubt they're more exasperated than anyone else at those in their ranks who are still dragging their feet.

They should add their voices to those urging mandatory vaccination for health workers. And their unions should lead a campaign to convince the holdouts to get their shots, instead of reflexively defending their members' "right" to refuse protection against COVID.

As many have pointed out, there's actually no real issue of principle here, despite all the hand-wringing about individual rights, how much leeway employers have in this area, and so on.

The idea that society has a right to protect itself against contagious diseases by requiring some people to be vaccinated has been established for decades.

In Ontario, children must be vaccinated against measles, mumps and rubella in order to attend school. Yes, there are exemptions for medical reasons and reasons of conscience, but the principle is clear.

Likewise, nurses in major hospitals must show they've been vaccinated against those same diseases. And child care workers in Toronto must have shots against hepatitis, measles and some other diseases.

All those diseases are well under control, in large part because of mass vaccination and compulsory shots for some people. Yet we're still hesitating to require inoculation for health workers against a disease that has killed more than 26,000 Canadians and claims more every day.

It's time for our politicians to show leadership in this area, and they should start by saying the obvious out loud: health workers must get vaccinated. That includes Prime Minister Justin Trudeau; he doesn't run provincial health systems but he can exercise moral suasion and make it easier for others to speak up.

Leaders elsewhere are showing the way. This week French President Emmanuel Macron ordered all health workers to get vaccinated by Sept. 15 or potentially lose their jobs. Italy and Greece have similar measures in place.

More medical experts are speaking out on this. In the Annals of Internal Medicine, a group of public health doctors support the idea of mandating vaccines for health care workers, arguing that their duty to protect patients must come first.

Obviously this wouldn't be easy. No one wants a confrontation with workers who have been so vital to protecting us all for the past 16 months. And in many areas — such as nursing and personal support workers — there's a pressing shortage of staff. Simply firing people isn't a realistic option.

But let's at least be clear on the principle. Health care workers were the first to be offered vaccines when they became available, and by now there's no excuse for reluctance.

The Ontario government, for one, should take a tougher approach. As it weighs its options, it should lean more strongly toward protecting patients, seniors and the entire population and narrow the vaccine exemptions for health care workers as much as possible.

There's certainly a risk of ruffling feathers among some health employees, and riling the leadership of their unions. But the risk to patients of taking the easy road is far greater.

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Toronto

Does your doctor or dentist have to tell you if they've been vaccinated against COVID-19? Technically, no.

But many health-care workers are doing so to reassure patients the vaccine is safe

Samantha Beattie · CBC News ·
Posted: Jul 22, 2021 4:00 AM ET | Last Updated: 5 hours ago

The Ontario Medical Association is encouraging doctors to disclose their vaccine status to patients, even though they're not legally obliged to do so. (Hau Dinh/The Associated Press)

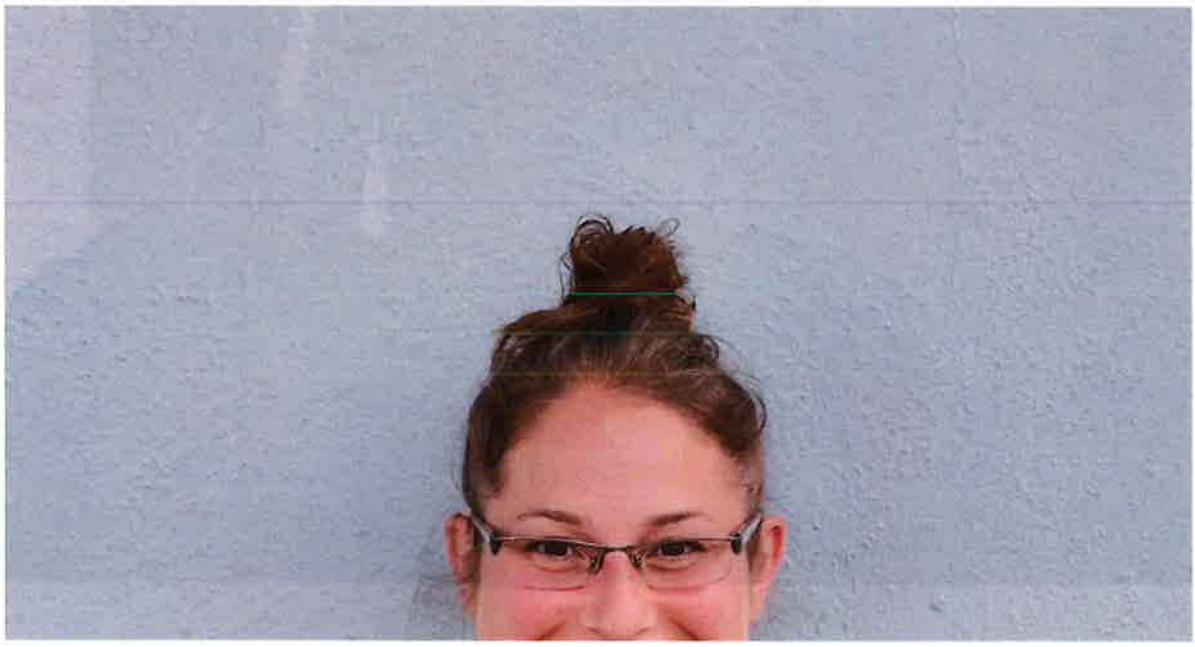
comments

At Felixe Cote's pain clinic, clients don't have to ask if all staff are fully vaccinated against COVID-19 — a sign right by the front door confirms that's the case.

"We wanted that information to be right in people's faces," said Cote, owner of Gibvey Pain Clinic in Etobicoke and a registered massage therapist.

Soon, the clinic will ask clients if they've been vaccinated so staff can take extra precautions if they haven't been, especially if they've recently travelled, Cote said.

For her, this strategy is worth it. Some of her employees have underlying health conditions that put them at risk of developing severe COVID-19 symptoms if they're infected, she said. They also treat vulnerable clients like seniors and babies.



Felixe Cote, owner of Gibvey Pain Clinic in Etobicoke, has required her staff to get fully vaccinated and disclose that information to clients. (Felixe Cote/Supplied)

"It's very important for us to let people know that we are safe and we are taking all the precautions," she said. "Nobody has had an issue with it."

As the majority of eligible adults in Ontario are now fully vaccinated, patients and health-care workers are facing a new conundrum: should they disclose their immunization status voluntarily or when asked?

Premier Doug Ford recently rejected the idea of vaccine passports and making vaccines mandatory for health-care workers.

Vaccine status is private information

Nobody is legally obliged to disclose their vaccine status, which is considered private personal information, said bioethicist Andria Bianchi, an assistant professor at the University of Toronto's School of Public Health.

Some health-care workers may choose not to tell their patients their vaccine status because they value their privacy or have a medical condition that's preventing them from getting vaccinated and they don't want to face stigma, she said.

(There are few instances an adult wouldn't be able to get the COVID-19 vaccine because of an underlying medical condition, according to Ministry of Health recommendations)

"That's fine if a health-care provider is not comfortable, for whatever reason, disclosing their personal health information, namely their vaccine status," she said.

"I think that, ultimately, privacy is something that ought to be respected."

But providers like family doctors, nurses and dentists do have an obligation to ensure a patient's wellbeing is a priority and should explain what else they're doing to ensure they're safe from COVID, said Bianchi.

- **Online trolls force closure of pro-vaccine Ontario business website**
- **After COVID-19 outbreak in retirement home, families want mandatory vaccines for staff**

Dentists, doctors getting different advice

He's told his patients he's vaccinated, and so has his wife, who is a family doctor, to lead by example, he said.

The OMA, along with the Registered Nurses' Association of Ontario, is calling on the province to require all health-workers to be vaccinated.

"Vaccines are the best way to mitigate the spread of COVID-19 and ultimately, if we want to move forward through a recovery phase for our society, we need as many people fully vaccinated as possible," Kassam said.

Corrections

- Dr. Adam Kassam is a physiatrist, not a psychiatrist as previously reported.
  Jul 22, 2021 10:00 AM ET

The Royal College of Dental Surgeons of Ontario is advising dentists and their staff that they don't have to disclose their vaccine status.

"A patient cannot demand this information," said spokesperson Kevin Marsh. "If a patient wishes to avoid or delay booking dental appointments, that is their choice."

The Ontario Medical Association (OMA), on the other hand, is encouraging doctors to be transparent, even if they're not legally obliged to do so.

"The public should have confidence that their physicians are fully vaccinated," said association president Dr. Adam Kassam, a physiatrist in Toronto.

Dr. Adam Kassam is president of the Ontario Medical Association. (Submitted/OMA)

Politics

Groups representing doctors, nurses call for mandatory vaccination of health-care workers

France, Italy and Greece will make vaccinations mandatory for health-care workers

Nick Boisvert · CBC News · Posted: Aug 03, 2021 3:18 PM ET | Last Updated: August 3

Nearly 68 per cent of eligible Canadians are now fully vaccinated against COVID-19, but the country's vaccination campaign is losing momentum. (Jonathan Hayward/The Canadian Press)

The Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA) are jointly calling for COVID-19 vaccinations to be made mandatory for health-care workers.

The two organizations today joined a growing number of calls to make vaccines a mandatory condition of employment in the health care sector.

"As health providers, we have a fundamental duty of care towards our patients and the public. There is significant evidence that vaccines are safe and effective and as health professionals who are leading the vaccination campaigns, it is the right call and an appropriate step," said CMA president Dr. Ann Collins.

The organizations say that mandatory vaccinations would protect patients and workers from the novel coronavirus while helping to maintain capacity in the health-care system.

Other health sector groups, including the Ontario Medical Association and the Registered Nurses Association of Ontario, have also called for mandatory vaccines for health-care workers.

To date, no government in Canada has made vaccines mandatory. The governments of France, Italy and Greece have introduced legislation that effectively mandates COVID-19 vaccinations for health-care workers.

The American Medical Association and the American Nursing Association were among dozens of U.S. medical groups that formally called for mandatory vaccines in a statement issued last week.

CMA says vaccination rates 'close to 100 per cent' are needed

"We need those [vaccination] numbers to be close to 100 per cent to keep the public safe," said Dr. Katharine Smart, the CMA's incoming president.

"Health-care workers really have a responsibility to the people they serve to ensure that the spaces where people access care are safe."

Smart said some health-care workers "have questions and concerns" about the vaccines, "just like anybody else."

Those workers also represent a broad cross-section of the Canadian public and some of them face structural barriers to vaccination, she added. Those barriers can include a lack of paid time off to get the shot and a lack of access to sick days in the event of vaccination side effects.

- ANALYSIS **Why mandatory COVID-19 vaccines for health-care workers could help Canada fight a 4th wave**
- **Canada needs to jump-start a stalled first-dose campaign to avoid a fourth wave, experts say**

Canada lacks detailed statistics on vaccination rates among health-care workers. Among eligible Canadians age 12 and older, 81 per cent have now received at least one dose of a COVID-19 vaccine, while nearly 68 per cent are fully vaccinated.

Canada's vaccination figures place Canada among the world leaders in vaccination rates. There are signs that uptake is beginning to taper off, however — which has some experts warning that a fourth wave of the pandemic could be on the horizon.

The delta variant, which is substantially more transmissible than previous versions of the coronavirus, now accounts for the majority of new cases in Canada.

Would vaccine mandates hold up in court? 126

According to an article published in the Canadian Medical Association Journal by a trio of University of Ottawa law professors, making COVID-19 vaccines mandatory for health-care workers would be an effective public health policy that likely would stand up to any legal challenges.

The paper's authors — Colleen M. Flood, Bryan Thomas and Kumanan Wilson — said that if governments require vaccines for health-care workers, challenges to that policy likely would have to proceed under the Charter of Rights and Freedoms.

"Governments should be able to successfully defend such a challenge" as long as provisions are made for people with underlying health conditions and those who oppose vaccination on the grounds of "bona fide religious or conscientious objection," the article says.

The authors said that mandates issued by individual employers could be more vulnerable to legal challenges, which could be made under labour laws rather than the charter.

Corrections

- A previous version of this story stated that the Ontario Nurses Association supported mandatory COVID-19 vaccinations for health-care workers. It is, in fact, the Registered Nurses Association of Ontario that has made that call.
  Aug 03, 2021 4:40 PM ET

There's no charter right to endanger other people

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- Toronto Star
- 10 Aug 2021
- REID RUSONIK CONTRIBUTOR Reid Rusonik is a Toronto criminal defence lawyer.

Guests were asked to show proof of vaccination at last month's Lollapalooza festival in Chicago. People have the right not to get vaccinated, but that doesn't mean they can travel anywhere because they can put others at risk, Reid Rusonik writes.

If you are looking to the Charter of Rights and Freedoms to allow you to go where you please unvaccinated, you have come to the wrong shop. And if you still say it should, you are cheapening the quality goods it does stock.

As a defence lawyer, I defend the Charter of Rights and Freedoms' rights and freedoms for a living. I also personally believe the charter is an absolutely essential protection against the worst impulses of the human beings to which we entrust control over our lives in the form of the government of the day.

I believe resisting any power trying to abolish the charter would be one of the few things for which it is worth dying. I am no moderate when it comes to the rights our charter enshrines and protects, either.

I believe, for example, its protection against unreasonable search and seizure should mean the state can never enter our homes except to stop violence occurring within them. And I have been told my idea of the extent of the right not to be arbitrarily detained by the police means you get to move around freely unless you are wearing a sign advertising a particular criminal offence you are currently committing.

But while I fervently believe in the rights of the individual, I deeply believe in the importance of society — of the community — and its well-being, as well. Indeed, I believe the greatest happiness we can experience and the greatest freedom we can enjoy as individuals is only possible when we organize into a mutually beneficial society that makes human existence more than just a daily struggle for food, clothing and shelter.

I believe, in fact, individual rights are meaningless without a strong, safe society in which they can be exercised and protected. Our charter specifically holds to the same view by incorporating significant provisions that decry the absoluteness of individual rights and allows for laws that curtail them.

We have a whole Criminal Code, for example, that restricts individual charter rights. As examples, we cannot call for the death of a particular race or ethnicity of people or drive in any manner we please despite the charter-protected rights of freedom of speech and movement. A society that values and protects individual rights must constantly make such laws — based on fact and reason — that limit them to some degree to ensure the safe exercise by the rest of their rights.

Surely ensuring that safe exercise means at least limiting individual rights to where their exercise does not unnecessarily endanger the health and even the very lives of others.

Which brings me to the current claim that not being vaccinated and going anywhere and doing anything you please is a charter-protected right.

First, the charter protects our rights from state actions, not private ones. We have no right to move about freely on someone else's property. If a stadium owner demands proof of vaccination to get into their stadium, we have no right to enter otherwise.

In terms of state actions barring you entry to places by law, call your decision not to vaccinate and go wherever you want to go a charter-protected right as much as you like, but it's stretching the charter to a point it cannot go without endangering the reasonable exercise of others of their right to go where they want, their health and their lives.

The right to move around freely in a society is actually rendered worthless if you cannot do so without risking unnecessary exposure to a deadly virus. The charter allows us to deny science in our own homes (to the point it does not endanger the health and lives of someone else with whom we live), but not in public spaces.

Only ignorant, spineless governments of the day with selfish agendas will allow us this "freedom." The intelligent ones, with the health of all of us dictating their actions, will pass laws restricting the mobility and access of the unvaccinated that will pass charter-scrutiny in the same way laws restricting hate speech or dangerous driving would survive a charter challenge — not that anyone has been foolish enough to bring such challenges.

Our charter allows for the requirement of vaccine "passports," but not easily preventable deadly virus spread. It allows for the preservation of individuals as much as it does individual rights because the latter are meaningless without the former. And, incidentally, it demands fact-based reasoning over mere opinion in determining what it allows.

CITY HALL

Toronto is in the fourth wave of COVID-19, experts say, as daily infection numbers soar

By **David Rider** City Hall Bureau Chief
Tue., Aug. 10, 2021 | 3 min. read

Toronto is in the early days of a fourth wave of COVID-19 certain to worsen this autumn, experts say after an almost fivefold jump in daily new infections over one month.

The question now is how to ensure the city's high vaccination rate prevents hospitalizations and deaths from surging along with infections, especially among the legions of unvaccinated young schoolchildren headed back to classrooms.

Defences include continued mask rules and, if necessary, shutting schools and businesses to halt outbreaks, said Toronto infectious diseases expert Dr. Anna Banerji. But she said the best defence is vaccine mandates — a measure the Ontario government is so far rejecting.

Students should be required to show proof of COVID-19 vaccination, Banerji said, as should workers in health care, long-term care and maybe just people going to theatres and other crowded places with an elevated risk of virus spread.

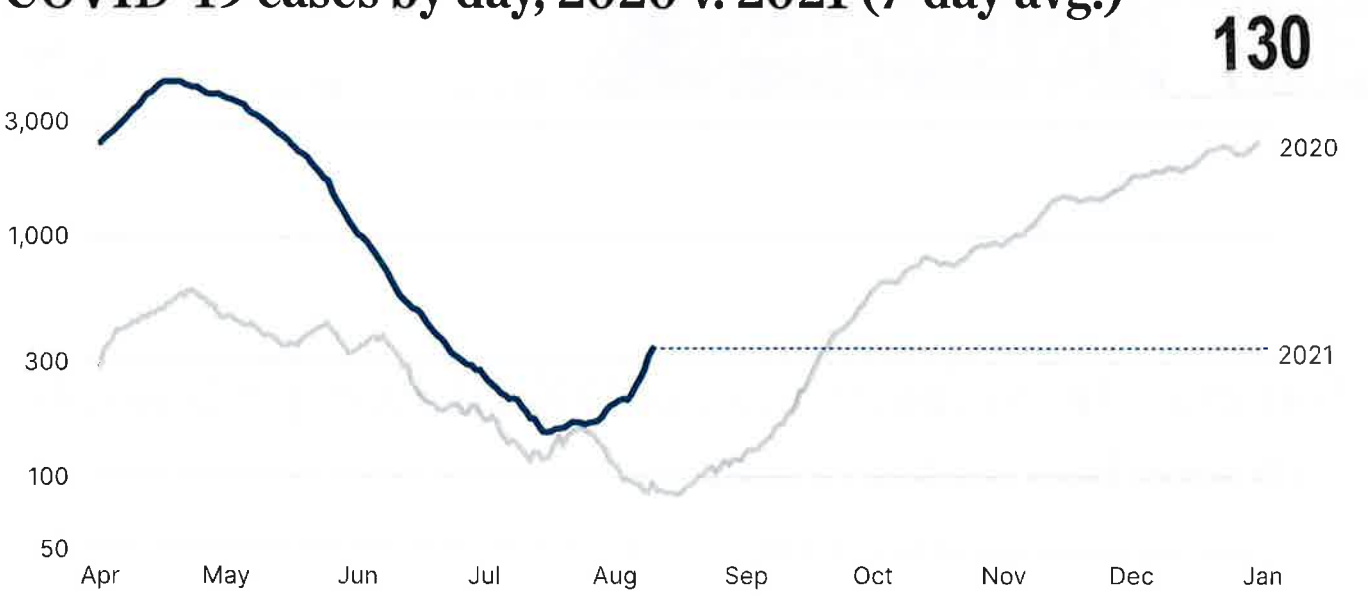
Fully vaccinated people are much less likely to get COVID-19 and, if they are infected, less likely to get seriously ill. The virulent Delta variant, fuelling new pandemic waves in Australia, Britain and the U.S., is primarily hospitalizing unvaccinated people, including schoolchildren, amid post-lockdown mingling.

In Toronto, Banerji said, "between the border reopening, loosening public health restrictions and kids going back to school — all of that is going to increase the number of COVID cases, mostly in the unvaccinated population including when school starts.

"I'd rather have vaccine mandates than mandates to close — I think everyone is fed up with that. There should be leadership and responsibility from the provincial government," to issue proof of vaccination and set rules for its use, she said.

"If somebody chooses not to get vaccinated and wants to do everything from home, that's their option. For the rest of us, we want to keep everyone safe."

COVID-19 cases by day, 2020 v. 2021 (7-day avg.)



Logarithmic scale used

SOURCE: SOURCE: ONTARIO PUBLIC HEALTH UNITS, STAR ANALYSIS

TORONTO STAR

Health Minister Christine Elliott on Tuesday again rejected calls from groups, including nursing home operators, for mandatory vaccinations for health-care workers, saying people can print their own vaccination records and suggesting "smart cards" would be somehow more prone to fraud.

Also Tuesday, Seneca College announced all staff and students must be vaccinated to attend the Toronto campus. Quebec, meanwhile, announced details of its coming vaccine passport, limiting who can go to crowded sites including festivals, bars, restaurants and gyms in an attempt to prevent a fourth wave of COVID-19.

Experts note that vaccinated people can be infected with COVID-19 and, with no or minor symptoms, infect unvaccinated people at much greater risk. Another concern is kids under 12, who currently can't be vaccinated, getting sick at school and then infecting unvaccinated adults at home and triggering community spread.

While most infected kids won't get seriously ill, the sheer number of them heading back to school raises the risk of some being hospitalized and even dying, warns Dr. David Fisman, a University of Toronto epidemiologist.

"I think if you look south of the border — schools open in the southern states in August — and see what's happening there, and look at what was happening in the U.K. a few weeks ago, it's entirely reasonable to expect fairly explosive COVID growth in kids here this fall," he said. "Masks and cohorts will help, but Delta is a pretty big challenge."

Infection levels have risen in Toronto since mid-July when restrictions on businesses and gatherings eased. Toronto Public Health on Monday reported a daily average of 105 new cases, up from 22 on July 10.

New hospitalization and death numbers, however, remain near pandemic lows.

Asked if Toronto is in a fourth wave, Toronto Public Health said in a statement the exponential growth in spread suggests "another distinct rise and peak in the future" — but "we would only be able to know if a fourth wave has occurred with certainty only after we reach the peak and start our decline."

Omar Khan, a U of T professor of biomedical engineering, said he hopes virus "flare-ups" in this wave will be spread throughout Ontario rather than overwhelming the health-care capacity of any particular region.

Key, he said, will be tracking who goes into intensive care with COVID-19 and quickly adjusting if many of them are school kids.

"The coming weeks are going to be very telling," Khan said. "Online learning is a very real possibility if you see too many hospitalizations of children under 12."

Ontario stops short of mandatory shots

Public employees who don't get vaccinated will face regular COVID tests

Toronto Star · 18 Aug 2021 · ROB FERGUSON AND ROBERT BENZIE QUEEN'S PARK BUREAU

Teachers, doctors, nurses and other public employees will face vaccination mandates — but not mandatory vaccinations — as Premier Doug Ford draws a new line in the fight against COVID-19.

Other measures include allowing children turning 12 this year to get first doses of the Pfizer vaccine and booster shots for residents of nursing homes and people fighting certain cancers or recovering from organ transplants.

But in a controversial loophole, hospital, nursing-home, home-care and education workers refusing or medically unable to be vaccinated will be subjected to regular tests instead.

Ontario chief medical officer Dr. Kieran Moore detailed the changes Tuesday, saying it's time to spur vaccination rates with the more highly contagious Delta strain driving a fourth wave of the pandemic and the return to school approaching.

"We're making progress. It's just not quick enough," he told a news conference, warning more public health restrictions are being developed given lessons learned from the dangerous Delta surge in the United States and elsewhere.

"We are preparing aggressively for the fall. I am sorry to say I think it's going to be a difficult fall and winter ... the risk will be decreased the higher our immunization rates are," Moore added.

"We want to minimize the disruption of our economy going forward, minimize disruption of our schools, universities and colleges. And so, any orders would be targeted, focused and time-limited."

Epidemiologist Todd Coleman of Wilfrid Laurier University questioned why it took the government until now to put the plan into motion with a Sept. 7 deadline.

"We're sort of down to the wire on schools. They start in three weeks," said Coleman, a former official with the Middlesex-London health unit.

Critics said Ford's government didn't go far enough.

"No unvaccinated person should be providing health care to our most vulnerable. No unvaccinated person should be in a classroom with our kids," said New Democrat Leader

Andrea Horwath, who two weeks ago flip-flopped on whether vaccines should be mandatory in those sectors.

"Doug Ford is pandering to anti-vaxxers," Liberal Leader Steven Del Duca said.

President Sam Hammond of the Elementary Teachers Federation of Ontario said the union supports mandatory vaccinations, with limited exceptions. COVID vaccines are not yet approved for most elementary pupils.

"Given the severity and longevity of the global pandemic, it is not unreasonable for the Ford government to implement a mandatory vaccination policy in schools," he added in a statement.

"The province's voluntary disclosure policy does not go far enough to protect students and school staff."

Education Minister Stephen Lecce said he will introduce a "vaccine disclosure policy" for all publicly funded school board employees, staff in private schools and licensed child-care centres for the coming school year.

Similar vaccination policies will be implemented soon in other settings considered high risk, such as colleges and universities, retirement homes, women's shelters, group homes, day programs for adults with developmental disabilities, children's treatment centres and services for children with special needs.

Moore said hospital, longterm care, home and community-care workers and teachers and education workers who can't be vaccinated for legitimate medical reasons or refuse to get shots will be tested at least once a week at public expense.

That could rise to two or three times depending on risk levels in the community. But Coleman said two or three tests weekly should be standard given the speed at which the Delta variant can jump from one person to another.

"It would make more sense." Moore defended waiting until less than a month before in-person classes resume for recommending the vaccination policy moves approved by Ford's cabinet Monday night.

"We had a sudden drop-off over the last few weeks ... it was unexpected and we've learned more about the threat of Delta."

Ontario reported 348 new cases of COVID-19 Tuesday, the lowest number in almost a week after five days above 500, but the closely watched sevenday moving average hit 473 cases — is more than double the 201 of two weeks ago.

Four new deaths were reported and another 10 adults have been admitted to intensive care units with the virus, although hospitalizations remain low and well within the system's capacity.

Neither Ford nor Health Minister Christine Elliott were at the news conference with Moore, who maintained there was no need.

"I made the call to the premier and said we need directives in place immediately to best protect us in the fall. There was no disagreement. There was very good, unanimous support from cabinet."

Ford should have been shown up to take questions, said Green Leader Mike Schreiner. "He's missing when Ontarians deserve answers to why more is not being done to avoid the worst of the escalating fourth wave."

While Moore said the changes are intended to improve protection for hospital patients, nursing home residents and children, the Ontario Public School Boards' Association and the Ontario Hospital Association signalled more should be done.

"Given the immediate risks posed by the Delta variant, there may be a need for hospitals to move quickly to implement additional requirements," said president Anthony Dale of the OHA.

With Moore revealing the government is "reviewing" whether to make COVID-19 vaccination mandatory for student attendance in class along with shots for other communicable diseases like measles, "we encourage them to move forward on this important change," said president Cathy Abraham of OPSBA.

Children under the age of 12 are not eligible for the vaccine, although kids turning 12 before year's end can now get it after evidence in British Columbia shows "no risks were identified," Moore said.

Ontario is striving to improve vaccination levels already among the highest in the world, with 82.3 per cent of eligible residents age 12 and over having one shot and 74.3 per cent two doses, but Moore has said he'd like to hit 90 per cent to achieve "community immunity."

Pressure from opposition parties, health and business groups like the Ontario Medical Association and Ontario Chamber of Commerce for the vaccination mandates has been growing, along with calls for vaccination certificates for entry into non-essential businesses such as gyms and restaurants.

As first reported by the Star last Friday, the province will require doctors, nurses and other "patient-facing" staff in hospitals, long-term care and home care to get their shots or provide proof of a medical exemption. Anyone unable to be vaccinated or unwilling will have to be tested regularly for COVID-19 and undergo a vaccine education program. Teachers and other education workers will face similar protocols. Volunteers, students on placements and contractors are included, as are paramedic services.

The province is also keeping current pandemic restrictions in place indefinitely, meaning Step 3 capacity restrictions continue.

They include limits of 100 people for outdoor social gatherings, capacity limits of 50 per cent in gyms, distancing between restaurant tables, proper physical distancing in stores,

and limits on the number of patrons in theatres, cinemas, museums, concerts and bingo halls.

Moore said third doses of COVID-19 vaccines will be given to the vulnerable elderly and people with compromised immune systems — such as transplant recipients, patients with blood cancers on active treatment, residents of retirement homes, nursing homes — to put them in a better position to fight off the virus.

For example, evidence shows immunity levels in vaccinated long-term-care residents "wanes significantly" after four months, he added.

CTV NEWS

CORONAVIRUS | News

Unvaccinated? Here are some of the things that are off-limits to you in Canada

Published Aug. 19, 2021 2:14 p.m. ET

By **Jackie Dunham**
CTVNews.ca Writer

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Ottawa to mandate vaccines for federal employees

'A court challen might well overt

TORONTO -- As the divide between those who are vaccinated for COVID-19 and those who aren't continues to grow, so does the list of things those who refuse to get the shot can't do.

While there isn't yet a nationally mandated vaccine passport or other proof of vaccination, a number of restrictions have already been introduced by governments and private organizations, barring those who haven't been immunized against the coronavirus from holding certain jobs, visiting certain places, and attending particular events.

View the interactive content on CTVNews.ca

Here are just some of the things that are off-limits to the unvaccinated in Canada.

FEDERAL PUBLIC SERVICE

Unvaccinated Canadians won't be allowed to work in the federal public service jobs unless they have received all of their shots, according to a government mandate announced in early August.

According to the policy, the vaccine will be mandatory for all federal employees and those working in some federally regulated industries, such as airlines and railways, as early as the end of September.

The government also announced they "expect" employers in other federally regulated industries, such as banking and telecommunications, to require vaccinations for their workers.

It's unclear what exactly will happen to employees in these industries who refuse to get immunized; however, Prime Minister Justin Trudeau warned of "consequences" for those who don't have a "legitimate medical reason" for not doing so.

For those with valid medical reasons for not being immunized, the government said testing and other measures will be arranged for them.

There are approximately 300,000 federal public servants and hundreds of thousands more employees who work in federally regulated industries.

TRAVEL

In addition to requiring workers in federally regulated transportation industries to be vaccinated, passengers on domestic commercial airlines, interprovincial trains, and cruise ships will also need both of their shots in order to be allowed to travel.

For anyone who is unable to get the vaccine for medical reasons, the government has said accommodations, such as enhanced testing and

screening, will be set up for them.

The government said the policy is expected to come into effect "as soon as possible" in the fall, and no later than the end of October.

The pledge to make vaccinations mandatory for domestic travellers might not come to fruition, however, depending on the outcome of the federal election on Sept. 20.

As for international travel, unvaccinated Canadians will also have to go through more hoops upon their return home than their vaccinated peers.

Canadians arriving in Canada by air who have not been fully vaccinated will have to take a COVID-19 test upon arrival and then quarantine at home for at least 14 days or as directed by a screening officer or quarantine officer.

Those who have been fully vaccinated, on the other hand, aren't required to quarantine after they take a COVID-19 test at the airport.

Unvaccinated Canadians returning to Canada by land will also have to take the requisite COVID-19 tests and quarantine for 14 days while their vaccinated peers can skip the quarantine.

POST-SECONDARY EDUCATION INSTITUTIONS

In a sort of domino effect over the past few weeks, numerous post-secondary education institutions across Canada have announced that students and staff will be required to be fully vaccinated against COVID-19 in order to return to campus in the fall.

While not all institutions are on board, with some preferring to allow students and staff to "self-declare" their vaccination status or allow them to take a COVID-19 rapid test instead, many prominent universities in Ontario and Manitoba have mandated vaccinations.

In Alberta, several post-secondary education institutions, including the University of Calgary, the University of Alberta, and Mount Royal University, have said they will strongly encourage vaccines for students and staff, but they won't mandate it.

Many institutions with mandatory vaccination policies have offered students and faculty a grace period at the start of the semester to give them time to become fully vaccinated during which they will have to undergo testing and other screening measures.

In most cases, students and staff who can't be vaccinated for medical or other recognized reasons will be allowed to request special accommodations.

HEALTH-CARE SETTINGS

Canadians who refuse to be immunized might also face obstacles if they work in a health-care setting in certain provinces.

Ontario recently announced that employees, staff, contractors, students, and volunteers at hospitals and home and community care settings will be required to show proof of full vaccination or a medical reason for not being immunized against COVID-19.

Those who don't provide proof of full vaccination will instead have to undergo regular testing, according to the provincial government.

The policy echoes one that is already in place in Ontario's long-term care homes.

Quebec, too, has mandated that all health-care workers in the public and private sectors must be fully vaccinated by Oct. 1. The policy applies to any worker that deals with the public for 15 minutes or more on a daily basis, according to the provincial government.

OTHER ACTIVITIES

Although some travel has been regulated based on vaccination status on the federal level, the government has stopped short of introducing a national vaccine passport or similar proof of vaccination for other activities and events.

Instead, the federal government has deferred to the provinces to decide whether residents will be required to show proof of their vaccination status in order to gain entry to certain businesses and events.

Quebec has taken the lead in this area with the announcement in early August that the province will be announcing a vaccine passport on Sept. 1. The passport will give vaccinated individuals access to public events, gyms, team sports, bars, and restaurants.

In Manitoba, the province has a proof of vaccination card, but it's only required to attend certain events, including Winnipeg Blue Bombers games.

Prince Edward Island has a PEI Pass that allows residents to avoid quarantine when they return to the province.

Ontario and Alberta, on the other hand, have said they won't issue vaccine passports for anything or make vaccinations mandatory.

With files from The Canadian Press and Reuters

Correction:

An earlier version of this story incorrectly stated that unvaccinated travellers arriving by air would have to stay at a quarantine hotel.

Read the original version →

Province to bring in vaccine passport

System to be ready 'within weeks,' as rising COVID-19 cases prompt Ford to backtrack

Toronto Star · 28 Aug 2021 · ROB FERGUSON QUEEN'S PARK BUREAU

Premier Doug Ford is reversing course and bringing a COVID-19 vaccination passport system to Ontario in the hope of avoiding another round of restrictions and lockdowns as new cases continue to rise, the Star has learned.

"The guidance will be clear. In order to access some non-essential services and events you will have to be vaccinated," a senior government source said Friday.

The passports are expected to be used for indoor restaurant dining, gyms, theatres, concert venues and sporting events.

No specific date has been set for the system to go into effect, but the goal is to have it ready "within weeks," added the source, speaking anonymously to discuss internal deliberations.

"The primary reason for these new measures is to ensure we don't need to shut down the Ontario economy during the fourth wave."

The plan will go to cabinet early next week after more than a month of growing pressure from businesses, health organizations, opposition parties and mayors.

Their push had met with resistance from the premier's office and others in the Progressive Conservative government, despite a steadily increasing number of new COVID-19 cases driven by the highly contagious Delta variant.

But an August surge in daily infections and hospitalizations — both of which have more than tripled — forced the government's hand, along with the

experiences of other provinces and places like the United States, where hospitals in areas with low vaccination rates are already reaching their breaking points.

"Our vaccination rate is good but Delta is deadly," said the source, acknowledging there will be pushback in some quarters to the plan, which will be similar to those in Quebec and British Columbia.

"It will cause some hardships." And the government has a message for anyone who refuses to get their shots but bristles at a passport system that may keep them out of restaurants or the movies.

"If you're not vaccinated and you're out and about with Delta, you're a risk to yourself and a risk to others," said the source. "People's lives are at stake. The premier has been clear that the best way to keep ourselves and our families safe is to get the shot."

It's not yet clear whether the plan will allow for negative tests in lieu of vaccinations. Work on the policy will continue over the weekend, ironing out details on how to handle people who have legitimate medical reasons for not being vaccinated and for children under 12, who are not yet eligible to be vaccinated.

Until now, the province has been telling Ontarians they can download their vaccination confirmation from a government website. Some people have experienced trouble and improvements are planned.

"We're updating the provincial vaccine proof online," the source said. "The goal is to make that easier to access on mobile devices to ensure it can be widely used while protecting people's health information."

The major banks, Maple Leaf Sports and Entertainment and the Toronto Blue Jays are among the businesses, educational institutions and hospitals that have announced their own vaccination requirements recently.

Seneca College, for example, requires anyone coming on campus to be fully vaccinated. Those developments have led to widespread calls for the Ford government to take action to prevent a confusing patchwork of requirements across the province.

"This is an announcement that should have been made weeks ago," said Green Leader Mike Schreiner.

"Other provinces are well on their way to releasing vaccine certificates to protect residents and help small businesses stay open. But Doug Ford once again has Ontario playing catch-up."

Liberal Leader Steven Del Duca, who has been urging for a passport system since July, applauded the move.

"I will continue to urge Doug Ford to make it happen as soon as possible," he said.

Ontario's 34 regional medical officers of health were the latest to call for a provincewide system, writing to chief medical officer of health Dr. Kieran Moore this week that they

were prepared to go it alone in the absence of action from the government.

Other proponents include the Ontario Chamber of Commerce, the Ontario Medical Association and the Registered Nurses' Association of Ontario, among many.

Chamber of Commerce president Rocco Rossi argued passports could be essential to minimizing or avoiding future restrictions.

"The last thing anyone wants is to be shut down, but that's what will happen if we don't use every tool in the tool kit," he told the Star earlier this month, noting that passports could allow capacity limits on gyms or restaurants to be eased.

On Tuesday, Moore told reporters that businesses in sectors with capacity limits could adopt vaccination passports to have a better chance of convincing the government to relax them and allow more customers in.

Critics worried that the government would hold out too long and be forced to scramble to get a system in place should the fourth wave of the pandemic surge at an even faster pace as schools resume in-class learning and cool weather returns, forcing more activities indoors.

Moore acknowledged two weeks ago that public health officials were preparing "aggressively" for a bad turn and warned of a "difficult fall and winter" ahead.

Recently, the government has been quietly signalling that its opposition to a provincial vaccination certificate system could be easing, saying, "the province will monitor COVID-19 epidemiology and vaccination rates to adapt and evolve as needed."

Weeks ago, Ford objected to a passport system saying it would create a "split society" and voiced a "hard no" to the idea.

INFORMATION
(HTTPS://DIALOGUE.CPSO.ON.CA/CATEGORY/FEATURE/INFORMATION/)

Governance Modernization

June 28, 2021 (https://dialogue.cpso.on.ca/2021/06/)

Reading time: 4 minutes

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Quality Improvement Program — One Year Later (https://dialogue.cpso.or improvement-program-one-year-later/)

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ttps://dialogue.cpso.on.ca/2021/06/governance-modernization/?print=print)

Upcoming consultation on governance modernization

Council provided the College with a clear agenda for change after government indicated it will initiate a comprehensive consultation on governance modernization over the coming months.

Caring for your Trans Patients (https://dialogue.cpso.or for-your-trans-patients/)

Categories

Select Categor

As government may soon be holding conversations about amending the *Regulated Health Professions Act, 1991* (*RHPA*) and profession-specific statutes, Council expressed hope transformative change could be achieved. They provided CPSO with direction to help shape the government's governance modernization agenda and inform the necessary legislative and regulatory changes.

Council also provided direction on red-tape reduction strategies (https://dialogue.cpso.on.ca/2021/06/red-tape-reduction/) should the government consider broader changes to regulatory colleges at this time.

Governance modernization has been a significant priority for CPSO since 2018. Much work has been done to develop governance principles and make best-practice structural changes, which update and strengthen the integrity of our regulatory system and mandate to ensure public protection.

We began with a plan to implement reforms that could be made without legislative change, but rather by Council approving changes to the by-laws (including term limits and the removal of standing committees). Still, many of the identified reforms required legislative or regulatory change. Therefore, in March 2019, a proposal for legislative and regulatory change was submitted to the Minister of Health and Long-Term Care.

Since then, CPSO has been working with government to advocate for the adoption of these suggested changes.

At its meeting, Council not only affirmed the catalogue of governance modernization changes that were previously supported, but, in some instances, took the opportunity to strengthen a number of the recommendations.

The following are CPSO's recommendations:

1. Reduce the size of the board (a.k.a. Council)

Council supported pursuing a board size of 12 members with a minimum of eight members. Previously, Council supported a range of 12 to 16 members.

Best practices continue to support a lower ceiling of 12 members. Currently, CPSO Council is comprised of 34 to 37 members.

2. Implement a competency-based board selection process

Council supported pursuing a competency-based appointment process for all members of the board. This approach is considered a best practice, as it supports the right mix of knowledge, skills and experience amongst board members to ensure it can effectively discharge its functions.

In 2018, Council indicated it preferred a hybrid model that would see some physician Council members appointed and others elected.

However, since 2018, there has been a growing consensus outside the College on the value of competency-based appointments.

3. Eliminate overlap between board and statutory committee membership

Council continued to support the elimination of overlap in membership between the board and statutory committees.

Separating committee membership from the board will enhance the integrity and independence of both groups, and help strengthen public confidence in the regulatory system.

4. Equal composition of public and professional members on the board

Council continued to support equal composition of public and professional members on Council. Currently, public members occupy less than half of Council.

Ensuring a balance between public and professional members will allow for a broader range of expertise and competencies on Council and help strengthen public confidence in the regulatory system.

5. Allow CPSO to compensate public members

Council continued to support CPSO's bid to compensate public members.

CPSO has long argued that government's compensation scheme for public members is inadequate and unbalanced against the compensation received by Council's physician members.

CPSO compensates physician members of Council and has sought the ability to compensate public members as well. The rate of

compensation would be set in the by-laws as it is for Council's physician members.

6. Eliminate the Executive Committee

Council supported eliminating the Executive Committee should board membership be reduced to 12 members. The Executive Committee serves as CPSO's decision-making body in between regular meetings of Council.

The previously submitted legislative change recommended keeping the option of an Executive Committee should the board have 16 members. If Council were reduced to 12 members, the need for an Executive Committee would be further diminished.

7. Presidential term

Council supported the ability to have greater flexibility in Presidential and Vice-Presidential terms by seeking the power to set the term-length and appointment process via by-law.

One-year terms are not considered best practice and are, instead, seen as hyper-rotation. In keeping with ongoing considerations and discussion regarding this issue, legislative change would promote stability and enable flexibility regarding length and appointment process for

Presidential and Vice-Presidential terms. This would enable CPSO and other colleges to determine the approach that works best for them.

Council also supported changing the terminology of President/Vice-President to Chair/Vice-Chair. This language is consistent with broader board nomenclature and clarifies the role of Council as a governing board.

8. Urge government to address title protection for "osteopath"

Council supported advocacy that encourages government to better address use of the title, "osteopath."

The *Medicine Act* provides title protection for "osteopath," leading to significant confusion as osteopathy is not a regulated profession in Ontario. There are a small number of CPSO members whose undergraduate medical degrees are Doctor of Osteopathic Medicine, a degree granted by some American institutions. Currently, only these members of the College can use the title, "osteopath."

However, in spite of this restriction, there are a sizable number of people in Ontario who are not a Doctor of Osteopathic Medicine but refer to themselves as "osteopaths."

Council is recommending government rectify the confusion surrounding title protection of "osteopath" and clarify CPSO's role in protecting the title.

CPSO will keep the profession informed of the progress toward governance modernization.

You Might Also Like

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Good morning,

I am thrilled to share the news with you that the **Ontario Physicians and Surgeons Discipline Tribunal (OPSDT)** has officially launched.

The OPSDT replaces the Discipline Committee and has an arms-length relationship with the College of Physicians and Surgeons of Ontario (CPSO). The OPSDT is a neutral, independent, administrative tribunal that adjudicates allegations of professional misconduct or incompetence of Ontario physicians made by the CPSO. The Tribunal is made up of physicians, public members and highly-experienced adjudicators and holds hearings in a trial-like process.

The new website **(www.opsdt.ca)** also launched today, and now hosts the information about the Tribunal, legal resources, a hearings schedule and outcomes which were previously listed on the CPSO website. As part of our commitment to improving accessibility, I'm pleased to share that the new website launched in both English and French **(www.tdmco.ca).**

I want to give a special thank you to David Wright, Chair of the Tribunal and his team who have worked especially hard these last few months to make this significant transition happen. The new independent Tribunal is a positive step forward for the discipline process in Ontario. I encourage you to visit the new site and familiarize yourself with the changes. I truly believe these changes will continue to ensure a fair, consistent and timely discipline process.

Warm regards,

Nancy

Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer

Law Society appoints Harry Cayton for governance review

News

ITEM 6.6

HIGHLIGHT

July 19, 2021

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Benchers' Bulletin

E-Brief

The Law Society's board has appointed Harry Cayton to conduct an independent review of Law Society governance and how it meets the needs and priorities of a diverse public and legal profession. Cayton's review will examine the Society's governance structure, how it assists or inhibits the delivery of the legal regulator's core purpose and statutory functions, how it enables and supports equity, diversity and inclusion, and whether it achieves best practice in regulatory governance.

A former CEO of the UK's Professional Standards Authority, Cayton is a leader in the field of professional regulation and has provided reviews and advice to a number of professional regulators around the world. In 2018, he completed a review of the College of Dental Surgeons of British Columbia which informed changes in the college's governance that address the public interest.

Cayton has commenced his review and a final report is expected by the end 2021. Further information about the review's terms of reference are available here.

ADVISORY GOVERNANCE REVIEW OF THE LAW SOCIETY OF BRITISH COLUMBIA

PROPOSED TERMS OF REFERENCE

PURPOSE

To advise the Law Society of British Columbia (LSBC) on good practice in regulatory governance and on the extent to which its governance structures enable effective and efficient conduct of its business in line with the Standards of Good Governance and in the interests of a diverse public and profession and to advise on changes which might be made.

REQUIREMENTS

1. To review the governance structure of the LSBC and the relationships between its constituent parts
2. To consider how the governance structure assists or inhibits the delivery of the LSBC's purpose and statutory functions
3. To appropriately consider how the governance structure enables and supports equality, diversity, and inclusivity
4. To review the extent to which the governance structure meets good practice in regulatory governance as set out in the Standards of Good Governance
5. To report on the outcome of the review and to advise the LSBC on any changes that might be made to improve its governance structure.

STANDARDS OF GOOD GOVERNANCE[1]

1. The regulator has an effective process for identifying, assessing, escalating, and managing risk of harm, and this is communicated and reviewed on a regular basis by the board and senior staff.

2. The regulator has clear governance policies that provide a framework within which decisions can be made in-line with its statutory responsibilities.

3. The regulator demonstrates a commitment to transparency in the way it conducts and reports on its work.

4. The regulator engages appropriately and effectively with the legal profession and the public.

5. The board sets strategic objectives for the organisation and monitors performance and outcomes against those objectives for the legal profession and the public.

6. The board takes account of equality, diversity, and inclusivity in its decision-making.

7. The board has appropriate and effective oversight of the operations of the organization.

8. The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities.

[1] Based on the Standards of Good Governance developed by the Professional Standards Authority in consultation with regulatory boards in the UK, Canada, and Australia.

CONDUCT OF THE REVIEW

The review will involve seven steps.

Step 1: Evidence gathering

Step 2: Analysis of evidence

Step 3: Consideration of current good practice in regulatory governance

Step 4: Presentation and discussion of provisional findings

Step 5: Writing and submission of a draft report

Step 6: Response from LSBC to the draft report

Step 7: Writing and presentation of final report

From: Jo-Ann Willson
Sent: Monday, July 5, 2021 12:40 PM
To: Rose Bustria
Subject: Fwd: new OCA case- good for Colleges-just fyi

Exec and council.

Jo-Ann Willson, B.Sc., M.S.W., LL.B.
Registrar & General Counsel

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Begin forwarded message:

> **From:** Colin Stevenson <CStevenson@swlawyers.ca>
> **Date:** July 5, 2021 at 12:35:45 PM EDT
> **To:** Jo-Ann Willson <jpwillson@cco.on.ca>
> **Cc:** Richard Macklin <RMacklin@swlawyers.ca>, Neil Wilson <NWilson@swlawyers.ca>
> **Subject: new OCA case- good for Colleges-just fyi**

https://www.ontariocourts.ca/decisions/2021/2021ONCA0482.htm

New ONCA: Five judge panel upholds constitutionality of RHPA provisions imposing mandatory revocation of registration as the penalty for sexual abuse of a patient. Leering and Mussani remain good law in Ontario

STEVENSONWHELTON
BARRISTERS

Colin Stevenson | Offices

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COURT OF APPEAL FOR ONTARIO

CITATION: Tanase v. College of Dental Hygienists of Ontario, 2021 ONCA 482

DATE: 20210705

DOCKET: C68512

Feldman, MacPherson, Juriansz, Huscroft and Jamal JJ.A.

BETWEEN

Alexandru Tanase

Appellant (Appellant)

and

The College of Dental Hygienists of Ontario

Respondent (Respondent)

Seth P. Weinstein and Michelle M. Biddulph, for the appellant

Julie Maciura and Erica Richler, for the respondent

S. Zachary Green, for the intervener Attorney General of Ontario

Heard: May 11, 2021 by video conference

On appeal from the order of the Divisional Court (Justices Julie Thorburn, David L. Edwards and Lise G. Favreau) dated September 9, 2019, with reasons reported at 2019 ONSC 5153.

Huscroft J.A.:

OVERVIEW

[1] Ontario has a "zero-tolerance" policy for sexual abuse by members of the regulated health professions in Ontario. Members are guilty of professional misconduct under s. 51(1) of the *Health Professions Procedural Code* (the "*Code*"), being Schedule 2 to the *Regulated Health Professions Act,* 1991, S.O.

1991, c. 18, if they commit "sexual abuse" against a patient, which is defined in s. 1(3) as including "sexual intercourse or other forms of physical sexual relations between the member and the patient".

[2] A finding of sexual abuse does not depend on establishing that a sexual relationship is inherently exploitive or otherwise wrongful; the prohibition of sexual relations between members and patients is categorical in nature. Sexual relationships with patients are prohibited, period, subject only to a spousal exception that may apply. With the approval of the government, the Council of the College of a regulated health profession may make a regulation permitting members to provide treatment to their spouses, but the exception is narrow in scope: "spouse" is defined as including only someone to whom the member is married or with whom the member has been cohabiting in a conjugal relationship for a minimum of three years. The Council of the College of Dental Hygienists of Ontario ("the College") has a regulation adopting the spousal exception, but that regulation did not come into force until October 2020, well after the occurrence of the events that are the focus of this appeal.

[3] The facts in this case are not contested. The appellant is a dental hygienist who entered into a sexual relationship with S.M., a woman he was treating. Eventually they married and the appellant continued to treat S.M. following their marriage.

[4] In 2016, a complaint was made to the College and a Discipline Committee was convened. The Committee found the appellant guilty of professional misconduct, revoked his registration as required by s. 51(5) of the *Code*, and issued a reprimand. The Divisional Court dismissed the appellant's appeal.

[5] The appellant describes revocation of his registration as an "absurdity" and invites this court to revisit its caselaw in order to "remedy this unfairness". A five-member panel was convened in order to allow the appellant to challenge this court's decisions in *Leering v. College of Chiropractors of Ontario*, 2010 ONCA 87, 98 O.R. (3d) 561, in which the court held that sexual abuse is established by the concurrence of a health care professional-patient relationship and a sexual relationship, and *Mussani v. College of Physicians and Surgeons of Ontario* (2004), 248 D.L.R. (4th) 632 (Ont. C.A.), in which the court held that the penalty of mandatory revocation of a health professional's certificate of registration for sexual abuse does not infringe either s. 7 or s. 12 of the *Charter*.

[6] In my view, *Leering* and *Mussani* remain good law and the Divisional Court made no error in applying them. It follows that this appeal must be dismissed and the appellant is subject to the mandatory penalty of revocation of his certificate of registration.

[7] Revocation of the appellant's certificate of registration is an extremely serious penalty, but it is not absurd. It follows from the Ontario Legislature's decision that sexual abuse in the regulated health professions is better prevented by establishing a bright-line rule prohibiting sexual relationships – an approach that provides clear guidance to those governed by the rule – than by a standard pursuant to which the nature and quality of sexual relationships between practitioners and patients would have to be evaluated to determine whether discipline was warranted in particular circumstances. This decision to adopt this rule was open to the Legislature and must be respected by this court. It does not violate the *Charter* and there is no basis for this court to frustrate or interfere with its operation.

[8] I would dismiss the appeal for the reasons that follow.

BACKGROUND

[9] The facts in this matter are taken from an agreed statement of facts.

[10] The appellant was a duly registered member of the College of Dental Hygienists of Ontario. He and S.M. met in 2012 and became friends. S.M. confided in the appellant that she was afraid of dental treatment and had not sought dental care for several years.

[11] The appellant gained S.M.'s trust and he provided dental hygiene treatment to her at his workplace on two occasions, January 22, 2013 and September 13, 2013, at no charge. At the time of these treatments the relationship between the appellant and S.M. was platonic.

[12] The appellant rented a room in S.M.'s house in late 2013 and he and S.M. commenced a sexual relationship in mid-2014. Once their sexual relationship began, the appellant stopped treating S.M. because he understood he was not permitted to do so. However, in April 2015, a colleague told the appellant that the rules had changed and dental hygienists were permitted to treat their spouses. This advice was in error, but the appellant did not attempt to confirm that he was permitted to treat S.M. The College had proposed a "Spousal Exception Regulation", but the enabling regulation had not yet been

submitted to the Ontario government for approval. Moreover, the appellant admitted that if he had read the proposed regulation he would have understood that he was not permitted to treat S.M.

[13] The proposed regulation was not submitted to the Ontario government for approval until October 2015 and was not in force when the appellant provided treatment to S.M. on April 30, 2015, June 20, 2015, September 25, 2015, December 2, 2015, March 24, 2016, June 2, 2016, and August 26, 2016, while they were engaged in a sexual relationship. The latter three treatments occurred following the appellant's marriage to S.M. in January 2016.

[14] The College's spousal exception did not come into force until October 8, 2020, with the passage of O. Reg. 565/20, made under the *Dental Hygiene Act, 1991*, S.O. 1991, c. 22.

[15] In August 2016, a member of the College submitted a complaint to the College after seeing a post S.M. had made on Facebook on June 2, 2016 expressing her gratitude to the appellant for treating her. On September 19, 2016, the appellant was notified that the College was investigating him for professional misconduct. On June 19, 2018, the Discipline Committee found that the appellant had engaged in professional misconduct and ordered a reprimand and revocation of his certificate of registration. The Divisional Court stayed the Discipline Committee's decision to revoke the appellant's certificate of registration pending appeal, but on September 9, 2019, dismissed the appellant's appeal of the Discipline Committee's decision. On October 10, 2019, this court stayed the revocation pending the determination of this appeal.

THE LEGISLATION

[16] The relevant legislative provisions of the *Code* are set out below.

> *Sexual abuse of a patient*
>
> 1(3) In this Code,
>
> "sexual abuse" of a patient by a member means,
>
> > (a) sexual intercourse or other forms of physical sexual relations between the member and the patient,

(b) touching, of a sexual nature, of the patient by the member, or

(c) behaviour or remarks of a sexual nature by the member towards the patient.

Exception, spouses

1(5) If the Council has made a regulation under clause 95(1)(0.a), conduct, behaviour or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of "sexual abuse" in subsection (3) do not constitute sexual abuse if,

(a) the patient is the member's spouse; and

(b) the member is not engaged in the practice of the profession at the time the conduct, behaviour or remark occurs.

(6) For the purposes of subsections (3) and (5),

...

"spouse", in relation to a member, means,

(a) a person who is the member's spouse as defined in section 1 of the Family Law Act, or

(b) a person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years.

Professional misconduct

51(1) A panel shall find that a member has committed an act of professional misconduct if,

...

(b.1) the member has sexually abused a patient; or

(c) the member has committed an act of professional misconduct as defined in the regulations.

...

(5) If a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following in addition to anything else the panel may do under subsection (2):

1. Reprimand the member.

2. Suspend the member's certificate of registration if the sexual abuse does not consist of or include conduct listed in paragraph 3 and the panel has not otherwise made an order revoking the member's certificate of registration under subsection (2).

3. Revoke the member's certificate of registration if the sexual abuse consisted of, or included, any of the following:

i. Sexual intercourse.

THE DECISIONS BELOW

The Discipline Committee's decision

[17] The Discipline Committee concluded that there was no significant change in the law that would warrant deviating from the decision of this court in *Mussani*, which upheld the constitutionality of the mandatory registration revocation provisions. That being so, the agreed statement of facts required a finding of professional misconduct.

[18] The Committee ordered the appellant's certificate of registration revoked and issued the following reprimand:

> One of the rules that the Ontario legislature has enacted for health professionals is that they cannot have a concurrent sexual relationship with a patient they are treating. This policy of zero tolerance is backed up by mandatory revocation of the certificate of registration of the health professional. It is not discretionary. In your circumstances, where you were involved in a consensual spousal relationship, it appears a harsh penalty. In the societal interest of preventing sexual abuse, this penalty can be avoided by dental hygienists, like other health

> professionals, by ensuring that they comply with the rule of not engaging in a sexual relationship with a client/patient. While we are sympathetic to your personal situation, our hands are tied by a strong legal rule designed to protect patients. You have paid a heavy price for breaking the rule. We sincerely hope to see you again as an active member of the dental hygiene profession.

The Divisional Court's decision

[19] The Divisional Court dismissed the appellant's appeal from the Committee's decision. The court held, based on *Mussani*, that the appellant has neither a constitutionally protected right to engage in sexual relations with a patient nor a right to practice as a dental hygienist. The court held, further, that the imposition of professional consequences as a result of the appellant's breach of the *Code* did not engage the right to liberty or security of the person under s. 7 of the *Charter*, which does not protect economic interests, citing *R. v. Schmidt*, 2014 ONCA 188, 119 O.R. (3d) 145, at paras. 37-38, leave to appeal refused, [2014] S.C.C.A. No. 208. Nor did the mandatory revocation provisions engage security of the person by preventing access to health care, as the law did not involve state intrusion into bodily integrity or create significant delays in obtaining health care. The court concluded that the prohibition would not be considered overbroad under s. 7 in any event, again applying *Mussani*.

[20] The Divisional Court also rejected the argument that mandatory revocation constituted cruel and unusual treatment within the meaning of s. 12 of the *Charter*. The court applied this court's decision in *Mussani* in holding that mandatory revocation of registration did not constitute treatment within the meaning of s. 12 and would not be considered cruel or unusual in any event, as it was neither so excessive as to outrage the standards of decency nor grossly disproportionate to what was appropriate in the circumstances. The court concluded, further, that the combined effect of mandatory revocation and publication of the appellant's discipline history did not constitute cruel and unusual treatment.

[21] The Divisional Court rejected the argument that there had been a significant change in circumstances since the decision in *Mussani* had been released, such that the decision should be revisited.

DISCUSSION

[22] The appellant argues that the *Code's* zero-tolerance scheme infringes s. 7 and/or s. 12 of the *Charter* and that *Mussani* must be distinguished or overruled. In the alternative, the appellant says that the court should revisit its decision in *Leering* to give effect to what he submits was the Legislature's intent: to prohibit sexual abuse of patients while permitting regulated health professionals to treat their spouses in circumstances where sexual abuse is not present.

[23] The first question that must be addressed is whether the court's decision in *Leering* is correct. If it is not, it is unnecessary to address the *Charter* arguments.

Leering remains good law

[24] *Leering* involved a chiropractor who was living with the complainant in a conjugal relationship when he began treating her as a patient. He treated her 28 times during the course of their relationship, which lasted for under 12 months, and billed her for the treatments. A dispute over fees owing at the end of the relationship led to a complaint to the College, which determined that the chiropractor should be charged with sexual abuse. The Discipline Committee of the College of Chiropractors found the chiropractor guilty of sexual abuse and imposed the mandatory penalty of revocation of registration. The Divisional Court reversed the decision on appeal, holding that the Discipline Committee was required to inquire into whether the sexual relationship arose out of a spousal or professional relationship in order to determine whether there was sexual abuse.

[25] The Court of Appeal held that the Divisional Court erred by imposing an obligation on the Discipline Committee to inquire into the nature of the parties' sexual relationship. As Feldman J.A. explained, at para. 37:

> The disciplinary offence of sexual abuse is defined in the *Code* for the purpose of these proceedings as the concurrence of a sexual relationship and a healthcare professional-patient relationship. There is no further inquiry once those two factual determinations have been made.[1]

[26] The appellant argues that the Legislature "overruled" *Leering* by amending the *Code* in 2013 to authorize individual colleges to enact regulations

permitting practitioners to treat their spouses. Although the spousal exception regulation for dental hygienists was not in place when treatment in this case took place, the appellant says that the Legislature's "clear rebuke" of *Leering* means that the decision ought to be revisited in order to give the Discipline Committee the discretionary authority to determine whether treatment of a spouse involves actual sexual abuse. "On any reasonable view", the appellant asserts, "the concerns about exploitation of a power dynamic or the inducement of consent simply do not arise where the professional and patient are in a pre-existing spousal relationship". Moreover, the appellant argues, the mandatory revocation provisions "were never intended to apply to a member who, on a limited basis, treats his or her spouse or romantic partner where the romantic relationship preceded any treatment rendered."

[27] This argument must be rejected. In essence, it invites the court to convert the bright-line rule prohibiting sexual relationships into a standard requiring the nature and quality of sexual relationships between practitioners and patients to be evaluated to determine whether discipline is warranted in particular circumstances. It finds no support in the language of the *Code* and would frustrate its clear purpose. Moreover, it begs the question by assuming that no concerns arise in the context of pre-existing sexual relationships, regardless of the nature or duration of those relationships.

[28] The *Code* is clear when it comes to sexual relationships. It is neither ambiguous nor vague. Professional misconduct is established once sex occurs between a member of a regulated health profession and a patient. That the misconduct is termed "sexual abuse" neither mandates nor permits an inquiry as to the nature of a sexual relationship. The Legislature did not prohibit only sexual relationships that are abusive, leaving it to disciplinary proceedings to determine what constitutes abuse; it prohibited sexual relationships between regulated health practitioners and their patients *per se*. This approach obviates the need for discipline committees – bodies composed of health care professionals and laypeople – to inquire into the nature of sexual relationships and whether, as the appellant would have it, they give rise to "actual sexual abuse" because they arise out of coercion or exploitation. Justice Feldman's observation in *Leering*, at para. 41, remains apt:

> The discipline committee of the College has expertise in professional conduct matters as they relate to chiropractic practice. Their expertise is not in spousal relations or dynamics, nor would it be fruitful, productive or relevant to the standards of the profession for the

> committee to investigate the intricacies of the sexual and emotional relationship between the professional and the complainant. That is why the *Code* has defined the offence in such a way that the fact of a sexual relationship and the fact of a doctor-patient relationship are what must be established.

[29] The purpose of the rule-based approach established by the *Code* is to avoid any doubt or uncertainty by establishing a clear prohibition that is easy to understand and easy to follow. Sexual relationships with patients are forbidden and members of the regulated health professions must govern themselves accordingly, regardless of whether the rule seems harsh or unfair in their personal circumstances.

[30] Rules may be subject to exceptions, of course, but the Legislature's decision to amend the *Code* to permit colleges to establish a spousal treatment exception cannot be taken to have overruled *Leering*. On the contrary, it acknowledged the decision while permitting individual colleges to mitigate the strictures of the rule by adopting a narrow and specific exception if they consider it appropriate to do so. And while that exception has since been adopted by the College of Dental Hygienists, it came into effect only *after* the appellant provided the treatment that gave rise to the finding of misconduct in this case. The appellant was required to comply with the rule prohibiting sexual relationships with patients at all relevant times – even after he and S.M. married.

[31] That said, it is important to clear up a misconception that underlies the decisions of both the Committee and the Divisional Court, as well as the appellant's submissions, all of which use the term "spouse" without regard to its definition in s. 1(6) of the *Code*.

[32] As I have said, that definition is narrow and specific. It requires either (i) marriage or (ii) cohabitation in a conjugal relationship *for a minimum period of three years*. In other words, the exception applies only to sexual relationships of some permanence. Even if the exception had been in effect when he treated S.M. during their cohabitation in a conjugal relationship prior to their marriage, the appellant would have been in violation of the rule because that relationship had not run for the required three-year period.

[33] The appellant's marriage to S.M. does not have retrospective effect, nor does it operate to render the definition of spouse irrelevant in the application of

the exception. Treatment cannot be given to sexual partners outside the context of a spousal relationship, as defined by the *Code*, regardless of whether marriage occurs subsequently.

[34] In summary, the decision of this court in *Leering* remains good law. The Committee's decision that the appellant's actions violated the *Code* is correct. Even if it had been in force at the relevant time, the spousal exception would not have operated to excuse the appellant's pre-marital treatment of S.M. after they began their sexual relationship. And because it was not in force, the spousal exception did not excuse the appellant's post-marital conduct either.

Mussani remains good law

[35] In *Mussani* this court held that there is no constitutional right to practice a profession and that the penalty of mandatory revocation of a health professional's certificate of registration affects an economic interest that is not protected by ss. 7 or 12 of the *Charter*. Security of the person was not engaged by the revocation of registration regardless of the stress, anxiety, and stigma to which disciplinary proceedings inevitably give rise in the context of sexual abuse allegations, nor was a liberty right engaged. The court concluded that the provisions of the *Code* were in accordance with the principles of fundamental justice in any event. Further, the court held that revocation of registration does not constitute punishment or treatment and that, even if it did, it would not be considered cruel and unusual as it is neither so excessive as to outrage standards of decency nor grossly disproportionate to what is appropriate in the circumstances.

[36] Although the Supreme Court has made clear that s. 7 of the *Charter* is not limited to the criminal law context and, in particular, to legal rights in that context, the application of the right outside the criminal law and the administration of justice has been limited. The generality of the rights that engage the protection of the principles of fundamental justice – life, liberty, and security of the person – does not mean that all laws necessarily trigger the application of s. 7. Thus, the right to liberty is not to be understood as a *prima facie* freedom from any restraints on action – as though it protects a right to do whatever one wants. As Newman and Régimbald point out in *The Law of the Canadian Constitution*, 2nd ed. (Toronto: LexisNexis, 2017) at §23.28, "it protects only those fundamental choices concerning which individuals have a genuine and legitimate claim grounded in the values of human autonomy and dignity. It is a protection of the fundamental and not the petty and of that which

is rightfully claimed rather than what someone merely asserts to be important." And while security of the person has been found to embrace psychological as well as physical security of the person, such that it includes bodily integrity and the choices relevant to bodily integrity, including serious psychological stress, as I will explain these concepts remain limited and it is clear that they do not extend to the economic interests advanced by the appellant, as this court held in *Mussani*.

[37] The appellant submits that *Mussani* is based on outdated case law that has been supplanted by an expansive interpretation of the liberty interest in s. 7. However, the appellant's argument focuses on security of the person. He submits that the court must consider whether the permanent notation of the details of a finding of sexual abuse on the appellant's record, and the requirement to publicize those findings – a requirement added in 2007 – engages the right to security of the person in a manner that was not considered in *Mussani*.

[38] The appellant says that the issue is properly characterized not as whether s. 7 protects a positive right to practice a profession unfettered by standards and regulations, but instead, as whether it encompasses the negative right not to be deprived of a state-granted privilege to practice a profession except in accordance with the principles of fundamental justice. The appellant argues that psychological stress flows directly and automatically from the revocation of registration, and that this stress should be considered analogous to the possibility of the removal of a child, which was held to have engaged security of the person in *New Brunswick (Minister of Health and Community Services) v. G.(J.)*, [1999] 3 S.C.R. 46.

[39] These arguments must be rejected.

[40] The basic holding in *Mussani* is supported by what the Attorney General aptly describes as an unbroken line of authority from the Supreme Court of Canada confirming that s. 7 of the *Charter* does not protect the right to practice a profession or occupation, an example of what that court has described as "pure economic interests". The cases include *Walker v. Prince Edward Island,* [1995] 2 S.C.R. 407, in which the Court summarily affirmed the decision of the Prince Edward Island Court of Appeal that s. 7 does not protect the right to practice a profession (in that case, public accounting) and *Siemens v. Manitoba (Attorney General),* 2003 SCC 3, [2003] 1 S.C.R. 6, at para. 45, in which the Court held that s. 7 "encompasses fundamental life choices, not pure economic

interests" (in that case, the ability to generate business revenue by one's chosen means).

[41] Nor is there a common law right to practice a profession free of regulation. As the Court held in *Green v. Law Society of Manitoba*, 2017 SCC 20, [2017] 1 S.C.R. 360, at para. 49, the right to practice a profession (in that case, law) is a statutory right – an important right, to be sure, but a right that is subject to adherence to the governing legislation and rules made under it. There is no common law, proprietary or constitutional right to practice medicine, as this court reiterated in *Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario,* 2019 ONCA 393, 147 O.R. (3d) 444, at para. 187.

[42] In my view, the holdings in these cases extend to all the regulated health professions. Revocation of the appellant's certificate of registration for violating the *Code* engages neither the right to liberty nor the right to security of the person.

[43] The appellant's attempt to repackage the *Charter* argument by expressing the claim negatively rather than positively – arguing that this case is concerned with the negative right not to be deprived of his state-granted privilege to practice his profession, rather than the positive right to practice his profession – neither distinguishes nor undermines *Mussani*. *Mussani* was concerned with the loss of professional registration, and security of the person is not engaged whether the claim is packaged negatively or positively. Rather, security of the person is engaged when there is either interference with bodily integrity and autonomy or serious state-imposed psychological stress: *Carter v. Canada (Attorney General)*, 2015 SCC 5, [2015] 1 S.C.R. 331, at paras. 66-67. Neither has occurred in this case.

[44] Publication of the decision to revoke the appellant's certificate of registration for sexual abuse does not alter the analysis. Professional discipline is stressful, to be sure, but it does not give rise to constitutional protection on that account. In *Blencoe v. British Columbia (Human Rights Commission)*, 2000 SCC 44, [2000] 2 S.C.R. 307, and in *G.(J.),* the Supreme Court articulated the need for a "serious and profound effect" on a person's psychological integrity before security of the person is engaged: *Blencoe*, at para. 81; *G.(J.)*, at para. 60. The threshold was crossed in *G.(J.)* because a mother was facing the possibility that the state would sever her relationship with her child. This is a

profound interference with family autonomy and decisions taken in the context of regulating health care practitioners pale alongside it.

[45] In saying this, I do not mean to minimize the significance of professional discipline. But s. 7 does not apply simply because legislation gives rise to serious consequences. Psychological integrity is a narrow and limited concept, and the right to security of the person is engaged only if there is a serious and profound effect on psychological integrity. The matter is to be judged on an objective basis, having regard to persons of ordinary sensibilities. It is irrelevant whether state action causes upset, stress, or worse. There must be a serious and profound impact on psychological integrity before the protection of s. 7 is engaged. Nothing in this case suggests that this threshold has been crossed, nor has the appellant proffered any basis for this court to revisit that threshold.

Revocation of registration is not inconsistent with the principles of fundamental justice

[46] Given that the rights protected by s. 7 are not engaged by the discipline process, it is unnecessary to determine whether mandatory revocation is contrary to the principles of fundamental justice. But for completeness, I am satisfied that it is not.

[47] The appellant argues that the impugned provisions are overbroad. The test for overbreadth is whether "the law goes too far and interferes with some conduct that bears no connection to its objective": *Canada (Attorney General) v. Bedford*, 2013 SCC 72, [2013] 3 S.C.R. 1101, at para. 101; reiterated in *Carter*, at para. 85. As the Court explained in *Carter*, the test is not whether the legislature has chosen the least restrictive means; it is "whether the chosen means infringe life, liberty or security of the person in a way that has *no connection with the mischief contemplated by the legislature*": at para. 85 (emphasis added).

[48] This is a difficult test to meet and it is not met in this case. Indeed, as the Attorney General notes, the *Code* is more narrowly tailored than it was when *Mussani* was decided; it now includes a spousal exception, which colleges can choose to adopt, and in addition the regulations have been amended to remove the provision of minor or emergency treatment from the prohibition: see *Code*, s. 95(1)(0.a); *Regulated Health Professions Amendment Act (Spousal Exception), 2013,* S.O. 2013, c. 9, s. 2; and *Patient Criteria Under Subsection 1 (6) of the Health Professions Procedural Code*, O. Reg. 260/18, s. 1.2. Subject

to these exceptions, the law establishes a zero-tolerance policy concerning treating relationships that are sexual.

[49] The *Code's* rule-based approach is connected to the Legislature's purpose in prohibiting sexual abuse of patients. It assures patients that their relationships with health care providers will not become sexualized – that they will not have to negotiate a sexualized atmosphere in seeking health care. Plainly, it is within the mischief contemplated by the Ontario Legislature and would not constitute overbreadth within the meaning of s. 7.

The rights of the spouse are not engaged

[50] For completeness, I would also reject the appellant's argument that the impugned provisions of the *Code* engage the liberty or security of the person rights of spouses of health care practitioners, an argument not addressed in *Mussani*. The appellant argues that the *Code* engages the rights of spouses by forcing them to choose between their spousal relationship and their place of residence, and by requiring them to travel to seek treatment rather than be treated by their health practitioner spouses.

[51] It is not clear that it is appropriate to address this argument in the context of this case, which concerns the rights of practitioners rather than spouses. But in any event, I see no merit in the argument. Even assuming (without deciding) that the rights of spouses under s. 7 of the *Charter* are engaged in the present context, on the facts here travelling for health care treatment would constitute an inconvenience rather than an infringement of liberty or security of the person. The appellant draws a long bow in likening this case to *R. v. Morgentaler*, [1988] 1 S.C.R. 30, in which access to abortion was criminalized but permitted subject to compliance with a regulatory scheme that operated differently across the country. The inconvenience posited by the appellant in this case is minor, if not trivial. And to the extent that a health care professional provides care that is minor in nature or is required on an emergency basis, it is permitted on the basis that it does not establish a practitioner-patient relationship. In short, nothing in this case rises to the level of an infringement of s. 7 from the perspective of the spouse of a practitioner.

The fresh evidence application

[52] The respondent brings a fresh evidence application designed to demonstrate that there was no factual basis for the argument that S.M. would have suffered stress and anxiety if not treated by the appellant. In light of the

rejection of the appellant's s. 7 argument, the fresh evidence could not be expected to have affected the result in this case and I would not admit it.

Revocation of registration does not infringe section 12 of the *Charter*

[53] The appellant argues that the rejection of a s. 12 breach in *Mussani* was premised on the erroneous rejection of the very facts of this case as a reasonable hypothetical, because the court did not think these circumstances were possible. Further, the appellant says, the combined effect of mandatory revocation of registration and the permanent notation on the public register constitutes cruel and unusual treatment.

[54] The appellant's submissions founder at the first stage of the inquiry. Although "treatment" may extend the protection of s. 12 beyond instances of punishment and other state action associated with the criminal law that affects individuals, there is no authority supporting the premise that professional regulation constitutes "treatment" within the meaning of s. 12. I see no basis for concluding that regulation of the health care professions is subject to s. 12, and no basis for concluding that it would meet the very high bar established by the Supreme Court in any event.

[55] Contrary to the appellant's argument, this court did not reject the very facts of this case as a reasonable hypothetical in *Mussani.* The hypothetical in *Mussani* at para. 101 was premised on the provision of *incidental* care to a spouse, which the court considered unlikely to establish a physician/patient relationship. Moreover, Blair J.A. rejected the argument that the law wrongly included relationships that began during the course of treatment, as occurred in this case. As he explained at para. 79:

> The fact that an intimate sexual relationship which began during treatment may blossom into a truly loving one but still lead to revocation of a health professional's certificate of registration, does not necessarily make the Mandatory Revocation Provisions unconstitutionally broad, in the sense that they overshoot the legislative objectives. The health professional need only terminate the treatment relationship to avoid the problem. The issue is whether the means chosen by the Legislature – mandatory revocation of the certificate of registration – are overly broad *in relation to the purpose of the legislation.* If they are not, the legislature has the right to make difficult policy decisions that may, in rare cases, override what might otherwise

be considered permissible conduct. [Emphasis in original; citations omitted.]

[56] The appellant's argument that s. 12 is infringed must be rejected. *Mussani* remains good law.

The relevance of the Charter and fairness concerns

[57] Rejection of the appellant's *Charter* arguments does not mean that health care practitioners do not enjoy the protection of the *Charter*. It means only that revocation of the appellant's certificate of registration does not limit his rights in either ss. 7 or 12 of the *Charter*. The severity of the impact of this regulatory penalty on the appellant does not alter this analysis.

[58] In answer to a question from the panel during the hearing of the appeal, the appellant invited the court to stay the decision of the Discipline Committee pursuant to s. 106 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43, even if it upheld the decisions in *Leering* and *Mussani*, on the basis that it was harsh or unfair. In effect, the court was invited to nullify the legislation.

[59] The short answer to this invitation is no. The court cannot refuse to give effect to the lawful decision of an administrative tribunal on the basis that it disapproves of the outcome in a particular case.

[60] The court's power to stay a matter in s. 106 is far more limited in nature: it is concerned with staying "any proceeding in the court", rather than the decisions of administrative tribunals, and is typically invoked to stay judicial proceedings based on jurisdiction, convenience of forum, choice of law or venue clauses, or pending criminal or civil proceedings or arbitration. It is not available in this case. Nor is there any other basis to refuse to give effect to the Discipline Committee's decision. If the penalty of mandatory revocation of a certificate of registration is considered unfair or unwise, it is a matter for the Legislature to address.

CONCLUSION

[61] In summary, as this court held in *Leering*, the *Code* defines sexual abuse as the concurrence of a sexual relationship and a health care professional-patient relationship. And as this court held in *Mussani*, neither this definition nor the penalty of revocation of registration establishes limits on either s. 7 or s. 12

of the *Charter*. It follows from the dismissal of the appeal that the decision of the Discipline Committee must be given effect.

[62] I would dismiss the appeal and award the respondent costs in the agreed amount of $5,000, all inclusive.

Released: July 5, 2021 "K.F."

"Grant Huscroft J.A."

"I agree. K. Feldman J.A."

"I agree. J.C. MacPherson J.A."

"I agree. R.G. Juriansz J.A."

"I agree. M. Jamal J.A."

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[1] The Court acknowledged that there was some room for interpretation when it comes to whether or not a complainant was a patient of the health care practitioner, involving cases of incidental treatment, an issue not relevant in this case.

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Fixing Good Character Registration Requirements

by Erica Richler
Summer 2021 - No. 258[1]

As a general rule, regulators cannot discipline practitioners for conduct that occurred before they became registered: *Association of Professional Engineers of Ontario v. Leung*, 2018 ONSC 4527 (CanLII), https://canlii.ca/t/htl3k. One exception is where the applicant provided false information on their application for registration about their pre-registration conduct. However, the questions posed on the application form must then be clear and unambiguous before the regulator can act on a failure to disclose past examples of bad conduct: *Payne v. Law Society of Upper Canada*, 2014 ONSC 1083 (CanLII), https://canlii.ca/t/g6982.

Therefore it is important for regulators to screen for applicants whose past conduct suggests that they will act unprofessionally in the future. Regulators who fail to do so face considerable criticism. Even someone with good technical skills can cause significant damage through inappropriate, dishonest or abusive conduct: https://www.theglobeandmail.com/opinion/article-the-good-doctor-its-time-to-stop-treating-character-like-an/.

In the case of police officers, the evidence shows that officers who have had conduct issues in the past are much more likely to have additional complaints in the future when they move to a different jurisdiction: https://www.newyorker.com/news/us-journal/how-violent-cops-stay-in-law-enforcement.

However, in recent years, regulators have been criticized for imposing good character requirements that are misguided, ineffective, intrusive, unnecessarily traumatic and discriminatory.

Misguided and Ineffective

Many criticisms of good character registration requirements go back to the seminal article by Alice Woolley's on *Tending the Bar: The "Good Character" Requirement for Law Society Admission*: https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=1911&context=dlj (now Justice Woolley).

Alice Woolley argues that the conceptual foundation of the good character approach is flawed:

> Good character is thus defined not simply as a matter of moral behaviour, but also as a matter of having the virtues which will result in moral behaviour…
>
> It is impossible to prove that conduct flows from character, and some have argued that the assertion that it does is largely indefensible… *[footnote omitted]*
>
> To the social psychologist the overwhelming empirical evidence is that it is the circumstances of the lawyer's life—the pressures, culture and temptations of legal practice—which will dictate the ethics of his practice.

[1] This is a reprinted version of a paper published by the Canadian Network of Agencies of Regulation (CNAR).

FOR MORE INFORMATION
This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867,
E-Mail: info@sml-law.com

Alice Woolley also expressed significant concerns about how the good character process is administered:

> First, there is little consistency with respect to how past misconduct will be treated. Second, there is little consistency with respect to the significance which will be accorded to positive third party references about the applicant. Third, there is significant variation in how psychological evidence is used. Fourth, decisions often turn less on the evidence received about the applicant than on the panel's impression of the applicant as a witness during the proceeding. Finally, and perhaps most significantly, even when two cases present similarly on several evidentiary levels, inconsistent outcomes may be reached…
>
> Further, and more significantly, because law societies do not undertake independent investigation of applicants, there is no assurance that all applicants with issues arising from prior misconduct have been identified. Even a basic requirement that applicants provide a criminal record check, or a social services check, would significantly widen the scope of the law societies' inquiries. … [The] investigation of potential applicants should reach beyond the simple self-reporting system currently used.

Alice Woolley concludes:

> [T]hc focus ncccls to bc lcss on an applicant's "character" writ large than on her "fitness" for the ethical rigours of legal practice.

Research in the United States suggests that past criminal findings are poor predictors of future professional misconduct: Levin, Leslie, "Rethinking the Character and Fitness Inquiry" (2014). Faculty Articles and Papers. 125, cited at: https://opencommons.uconn.edu/law_papers/125.

Intrusive, Unnecessarily Traumatic and Discriminatory

The May 2021 article in Canadian Lawyer entitled *Good character, bad predictor, for law societies* cites Alice Woolley: https://www.canadianlawyermag.com/resources/professional-regulation/good-character-bad-predictor-for-law-societies/356482.

The article goes further, suggesting that the good character questions asked of applicants are too broad.

> Amy Salyzyn, an associate professor at the University of Ottawa's faculty of law, says there is a lack of evidence that the "good character" process is even effective in protecting the public. "If you look at the number of questions on the good character requirement form . . . it would be interesting to know what empirical evidence is behind [each] question," says Salyzyn. "Because the connection between those questions and future concerns aren't always evident. I think it's a part of a broader need for law societies to engage in evidence-based regulation."

Samantha Peters from the University of Ottawa law school raised the issue of the discriminatory impact of the good character requirements:

> "I understand that the good character requirement is intended to protect the public and maintain high ethical standards in the profession," says Peters. "But I think that the

> current process, as it stands, does not fully take into account the over-policing, wrongful convictions and criminalization of everyday movements of Black, Indigenous and criminalized folks."

An earlier article in Canadian Lawyer by Naomi Sayers, an Indigenous lawyer, described the trauma of going through the good character screening process: https://www.canadianlawyermag.com/news/opinion/the-trauma-of-proving-my-good-character/275404.

In an article published earlier this year, Andrew Flavelle Martin reviewed the case law and literature on regulators asking questions about applicants' mental health: Mental Illness and Professional Regulation: The Duty to Report a Fellow Lawyer to the Law Society | Alberta Law Review. Such questions may be presumptively discriminatory and need to be worded in such a way as to not to be overly inclusive, capturing medical histories that are unlikely to be relevant to the suitability to practise the profession.

The CBC recently reported on a request for a regulator to reduce the kinds of good character information that applicants for regulation need to disclose because the questions are "an intrusion of privacy …. [and] also deter members of marginalized groups from joining the legal profession …." https://www.cbc.ca/news/canada/manitoba/manitoba-lawyers-good-character-screening-1.5954198

In the United States there has been a concern that criminal records have unduly excluded people from occupations and professions, particularly racialized and marginalized individuals. Reforms are ongoing to reduce this barrier: https://ij.org/report/barred-from-working/; https://www.clearhq.org/page-1860709.

So What is a Regulator to do?

These critiques are not entirely consistent. Some call for broader scrutiny of past conduct to identify possible concerns. Others call for more limited questions focused on the most relevant of conduct and which do not have discriminatory effect.

However, even the strongest critics seem to see some sort of ongoing role for regulators to screen the past conduct of applicants for registration. As Alice Woolley states:

> Moreover, it is possible to imagine plausible but hypothetical cases … in which maintenance of the character requirement seems essential. If, for example, a lawyer were to be disbarred by the Law Society of Alberta for misappropriation of client funds and then apply for admission to the Nova Scotia Barristers' Society, it is obvious that his admission should be denied on the basis of his character as evidenced by his disbarment. *[footnote omitted]*

A good starting point for regulators is the leading case of *Ontario (Alcohol and Gaming Commission of Ontario) v. 751809 Ontario Inc. (Famous Flesh Gordon's),* 2013 ONCA 157 (CanLII), https://canlii.ca/t/fwk8l. That case dealt with whether a member of the Hells Angels met the "good character" requirements to obtain a liquor licence. The learning points from that case include the following:

- The test in that legislation did not even refer to "good character". Rather it took the more modern and relevant approach of asking whether the past conduct of the applicant afforded reasonable grounds for belief that the

applicant will not carry on business in accordance with the law and with integrity and honesty.
- The regulator could look at any past conduct of the applicant, not just past conduct in the practice of the business or profession.
- The past conduct did not need to result in criminal findings.
- The analysis of the past conduct was for the sole purpose of assessing whether it was likely to affect the future conduct of the practitioner.

Also, the standard of suitability based on anticipated future conduct is less generous to the applicant than the standard for removing someone from the profession who is already a member. That a practitioner has not been removed by their current regulatory body does not mean that another regulator has to register someone with a troubled practice history: *Lum v Alberta Dental Association and College (Review Panel)*, 2016 ABCA 154 (CanLII), https://canlii.ca/t/grmxn; *Nowoselsky v Saskatchewan Association of Social Workers*, 2015 SKQB 390 (CanLII), https://canlii.ca/t/gmn1w.

See also the discussion by Rebecca Durcan about how Canadian regulators, generally, are analyzing the relevance of past conduct concerns, from whatever source, to the future professional behaviour of the applicant: https://www.clearhq.org/page-1860709.

Going beyond the guidance of the case law, regulators might consider the following:

1. The legislative test should be amended if necessary so that it is based on whether the past conduct of the applicant provides a reasonable basis to believe that their future behaviour is likely to cause harm.
2. Even though the questions posed should not be limited to criminal conduct,[2] they should be as objective as possible. For example, conduct that resulted in complaints, investigations, formal allegations, charges, tribunal findings or court findings might all be reportable.
3. The questions should capture concerns where consequences were avoided, for example, by resigning from a position or similar avoidance strategies.
4. Regulators should consider whether it is appropriate to obtain additional information beyond the applicant's self-declaration. For example, contacting prior regulators of applicants should probably be routine. Even better would be a searchable database shared with other regulators. Are internet searches appropriate? Should CanLII or other court and tribunal case databases be searched? Should criminal record checks be required?
5. The regulator should have a comprehensive published policy explaining in plain language the purpose of the registration conduct requirements, the process followed, and the considerations taken into account by the regulator. The policy should expressly address concerns about how disabilities will be accommodated and how the experience of individuals from marginalized groups will be taken into account.
6. Communications strategies should be developed to ensure that potential applicants learn of the expectations and processes early on in their education and training for entry into the

[2] In some jurisdictions, human rights provisions limit scrutiny of offence records. Those restrictions need to be honoured.

profession. Posting a policy on the regulator's website may not be sufficient.

7. Special care must be taken in formulating the questions that will be asked about mental illness, addictions and historical conduct so as to comply with human rights obligations.
8. Regulators should carefully review their processes and language used in communicating with applicants where there are concerns, particularly where those concerns might be related to disabilities and past trauma. For example, inviting the applicant to have a preliminary telephone call before receiving a formal letter requesting additional information may be appropriate in some cases. Perhaps the regulator can offer a resource person, who is not involved in the decision making, to communicate with the applicant, if desired.
9. Investigations into concerns should be planned and focused. Requiring an applicant to report on their entire life experiences may not be necessary or appropriate.
10. Both staff conducting investigations of prior conduct concerns and decision makers on whether the applicant's past conduct creates a risk of future harm should receive training. The training should not only cover the published criteria, but should also include awareness of the impact of disabilities, race and social disadvantages on creating reportable past conduct concerns.

Regulators will continue to face competing demands in the assessment of prior conduct of applicants for registration. However, awareness of the issues should enable regulators to balance protection of the public with humane, legally defensible processes and relevant criteria.

Council Member Terms as of September 3, 2021 [1]

Name	District	Date First Elected/Appointed	Date Re-elected/ Reappointed	Date of Expiry of Current Term
Elected Members				
Dr. Kyle Grice	4 (Central)	April 2021	NA	April 2022
Dr. Jarrod Goldin	7 (Academic)	April 2021	NA	April 2023
Dr. Colin Goudreau	6 (Western)	April 2020	NA	April 2023 [2]
Dr. Sarah Green	5 (Central West)	April 2020	NA	April 2023
Dr. Paul Groulx	2 (Eastern)	April 2019	NA	April 2022
Dr. Steven Lester	3 (Central East)	April 2019	NA	April 2022
Dr. Dennis Mizel	5 (Central West)	April 2018	April 2021	April 2024
Dr. Angelo Santin	1 (Northern)	April 2021	NA	April 2024
Dr. Julia Viscomi	4 (Central)	April 2021	NA	April 2024
Appointed Members [3]				
Mr. Gagandeep Dhanda	Mississauga	April 9, 2020	April 9, 2021	April 9, 2024
Ms Robyn Gravelle	Burlington	May 16, 2019	May 16, 2020	May 16, 2023
Mr. Rob MacKay	Thunder Bay	November 28, 2018	NA	November 27, 2021
Mr. Shawn Southern	Union	October 8, 2020	October 8, 2021	October 7, 2024
Ms Anuli Ausbeth-Ajagu	Mississauga	December 10, 2020	December 10, 2021	December 10, 2024
Mr. Markus de Domenico	Toronto	December 10, 2020	December 10, 2021	December 10, 2024
Vacant				

[1] Please advise Ms Rose Bustria a.s.a.p. if you aware of aware of any discrepancies.
[2] Dr. Goudreau served as a noncouncil committee member of the Discipline Committee prior to being elected to Council (the by-laws provide for a nine consecutive year maximum as either a council or noncouncil committee member).
[3] CCO requires at least 6 public members to be properly constituted.