



## Vaccination of Healthcare Workers at William Osler Health System Rules of Engagement, Meetings, Invitees

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31 December 2020

Utilizing the current provincial guidance and the ethical frameworks provided, on December 24, 2020, the COVID Clinical Response Committee (CCRC) has been asked to gather a representative group of individuals to provide urgent guidance on implementation of priority vaccination of Healthcare Workers at William Osler Health System. The authority for this framework was provided to CCRC by the Senior Leadership Team.

This document details the rules of engagement, meeting tasks, and invitees. Not all invitees will be able to attend every meeting but are **always** encouraged to provide feedback to the chairs.

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### Rules of Engagement

- When asked for agreement or consensus, silence cannot be interpreted as consensus.
  - Use zoom features (yes, thumbs up, etc.) to communicate agreement.
  - Use any method, including texting the co-chairs or colleagues to raise points of disagreement.
  - If leaders are at the meeting and you disagree with your leader about something, we strongly encourage you to disagree. Everyone is safe to raise any concern here in whatever manner you wish.
  - The chairs will regularly check in with individuals to ensure opportunities for input are frequent.
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#### • **Tasks for Meetings 1 & 2 - December 30**

- Achieve consensus on principles (identifying areas of controversy and defer).
- Achieve consensus on the process for development of deployment procedure.
- Achieve consensus on the information needed to risk stratify staff and physicians (e.g. questions to be asked in the survey).
- By end of day, have a draft working document that can be shared on the CCRC website to demonstrate work in progress.

#### • **Tasks for Meeting 3 - December 31**

- Establish an ethical but widely practical response to significant surplus of vaccine that is available for inoculation of healthcare workers.
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## Invitees

We sought diverse input from leaders, staff, and physicians. We believe the panel to be diverse and will be supplemented by opportunities for staff input on a continuous basis.

<p>Asif, Bilal          Atendido, Clint          Balachandran, Brinda          Baqi, Mahin          Beisel, Melissa          Belcastro, Victor          Brough, Mary          Bushey, Brenda          Chidwick, Paula          Churchill, Deborah          Eastman, Marlene          Fallis, Brooks (Co-Chair)          Fiumara, Francesca (Co-Chair)          Hanlon, Tracy          Hansen, Terri Lynn          Healey, Andrew (Co-Chair)          Herman, Stanley          Hogeboom, Lindsay          Kapilla, Varun          Karua, Taj</p>	<p>Klar, Brian          Langan, Aimee          Malcolm, Nadine          Marshman, John          Miletin, Michael          Milton, Ruth          Minna, Roberta          Mosnia, Patricia          Moss, Irene          Murray, Martha          Nyamekye, Evelyn          Pimentel, Dora          Popescu, Andreea          Raso, Tony          Ricahrdson, David          Sukhai, Natasha          Thom, Jessica          Ujomu, Benedicta</p>
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## Provincial Ethical Framework

### Ethical framework for COVID-19 vaccine distribution

- The following ethical principles have been distilled from a synthesis of existing COVID-19 vaccine distribution frameworks. Appreciating that their application will to an extent be context-dependent and that other values and principles may be relevant to decision-making, this framework should serve as a guide and be adapted where appropriate.
- Using the ethical principles outlined below to guide COVID-19 vaccine prioritization and distribution decisions and decision-making processes is critical for ethical and effective distribution and will help to promote consistency, stewardship, accountability, and public trust.
- In addition to guiding decision-making processes and raising important ethical considerations, the principles provide parameters around what evidence or information is needed/should be used to identify relevant priority groups and other distribution considerations.

<p><b>Minimize harms and maximize benefits</b></p> <ul style="list-style-type: none"> <li>· Reduce overall illness and death related to COVID-19</li> <li>· Protect those at greatest risk of serious illness and death due to biological, social, geographical, and occupational factors</li> <li>· Protect critical infrastructure</li> <li>· Promote social and economic well-being</li> </ul>	<p><b>Equity</b></p> <ul style="list-style-type: none"> <li>· Respect the equal moral status and human rights of all individuals<sup>1</sup></li> <li>· Distribute vaccines without stigma, bias, or discrimination<sup>2</sup></li> <li>· Do not create, and actively work to reduce, disparities in illness and death related to COVID-19, including disparities in the social determinants of health linked to risk of illness and death related to COVID-19<sup>3</sup></li> <li>· Ensure benefits for groups experiencing greater burdens from the COVID-19 pandemic</li> </ul>	<p><b>Fairness</b></p> <ul style="list-style-type: none"> <li>· Ensure that every individual for whom vaccines have been found safe and efficacious has an equal opportunity to be vaccinated, both within priority groups and as vaccines become more widely available</li> <li>· Ensure jurisdictional ambiguity does not interfere with vaccine distribution (e.g., Jordan's Principle)<sup>3</sup></li> <li>· Ensure inclusive, consistent, and culturally safe and appropriate processes of decision-making, implementation, and communications</li> </ul>	<p><b>Transparency</b></p> <ul style="list-style-type: none"> <li>· Ensure the underlying principles and rationale, decision-making processes, and plans for COVID-19 vaccine prioritization and distribution are clear, understandable, and communicated publicly</li> </ul>	<p><b>Legitimacy</b></p> <ul style="list-style-type: none"> <li>· Make decisions based on the best available scientific evidence, shared values, and input from affected parties, including those historically under-represented</li> <li>· Account for feasibility considerations to better ensure decisions have intended impact</li> <li>· To the extent possible given the urgency of vaccine distribution, facilitate the participation of affected parties in the creation and review of decisions and decision-making processes</li> </ul>
<p>← <b>Public Trust</b> →</p> <p>Ensure decisions and decision-making processes are informed by the above principles to advance relationships of social cohesion and enhance confidence and trust in Ontario's COVID-19 immunization program</p>				

1. See the Ontario Human Rights Commission's [Policy statement on a human rights-based approach to managing the COVID-19 pandemic](#)

2. See Ontario's [Human Rights Code](#) and specifically Part 1 for Code-protected groups

3. Consider applying the Ministry of Health's [Health Equity Impact Assessment](#) decision support tool to identify potential health equity impacts

4. See [Jordan's Principle](#)