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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 working principles and process plan for this group. Not all invitees will be able to attend every meeting but are **always** encouraged to provide feedback to the chairs.

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### **Principles of Vaccine Distribution to Healthcare Workers**

- Vaccination is only one tool in our efforts to control the COVID-19 pandemic. Other public health measures and personal protective equipment remain as important as ever in controlling COVID-19 within our hospitals and our communities.
- Vaccination of healthcare workers will be through an informed process, it is strongly encouraged but remains voluntary.
  
- We will be transparent about principles and process. Questions about the process will be directed to the Co-Chairs of this group. Individuals should not respond on behalf of this working group.
- We will purposely seek feedback from all staff and physicians and incorporate feedback as this group feels is appropriate. Aggregate responses to feedback will also be made transparent.
  
- A perfect model for the order in which vaccines should be allocated to staff and physicians does not exist. Because of the pace and complexity of the work, implementation of even the best model will be imperfect.
- We will strive for equity as our guiding principle. However, uncontrollable factors will mean frequently lower risk individuals will be vaccinated before higher risk individuals.
  - Access to vaccination is not defined by role in hospital (e.g. administrator, doctor, nurse, volunteer) but rather by risk of COVID-19 transmission (patient to staff and staff to high-risk patient) combined with your personal risk of severe illness or death from COVID-19.
  
- We will do our best to vaccinate healthcare workers as fast as possible.
- We will target zero vaccine wastage.
- The risk from acquiring COVID-19 is not equal across staff members and physicians.
- When vaccine supply is limited, we will prioritize based on the following risks ([CMAJ](#)):
  - High risk of severe illness and death from COVID-19 (i.e. advanced age, high-risk health conditions)
  - At higher risk to transmit to Osler patients who are at high risk of severe illness or death from COVID-19
  - Essential to maintaining the COVID-19 response and contributing to the maintenance of essential services (“criticality to health system capacity”)

- We trust our staff and physicians to be honest when responding to the survey for risk stratification. There will be minimal verification of responses. Honesty supports the most at risk staff now, however everyone who wants the vaccine will eventually have access to a vaccine.
  - Where individuals belong to the same block of estimated risk, a randomization approach will be employed, documented and archived for future auditing purposes.
  - Supply is not predictable due to uncertainties around long term care and congregate settings.
  - We do expect to have an adequate supply of vaccine to vaccinate all staff and physicians but the timeline is dependent on the provincial deployment strategy.
  - If required, daily vaccinations may be distributed across multiple units to reduce potential strain on Health Human Resources.
  - It is acknowledged that the site of the vaccination clinic is at Brampton Civic Hospital. While this is not modifiable, with logistical adjustments, the vaccination clinic will endeavor to ensure access is not preferential to Brampton Civic Hospital.
  - For those with unique circumstances that require specific discussion around risk and benefit of vaccination, the Vaccine Deployment Team will provide a consultation process.
  - The ethical principle of fairness entails, especially in the implementation of a prioritization process, a review mechanism for identified issues or concerns. Such a mechanism is available for situations and cases where new information may lead to improvements and increased fairness. This mechanism is especially relevant in an evolving context where the overarching goal is to provide as many vaccinations as possible. To this end please, staff, volunteers, and physicians will have a single source to which to bring concerns.
  - Individual concerns should be directed to the person to whom you report as a first point of contact with assistance from occupational health as required.
  - William Osler Health System must develop an educational plan to educate staff about the vaccine to ensure the decision to take the vaccine is well-informed.
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## Process for Working Group

- Step 1. Collect information needed from all staff, active volunteers, and physicians (at all levels of privileges) surveys to understand demand and to potentially risk stratify. 48 hour deadline for initial assessment but a rolling enrollment will be employed.
  - An email strategy alone is not sufficient. This must be supplemented through overhead announcements, phone trees, management call outs and meetings, and huddles. The Communications Group will be engaged to provide further support as this is essential to support implementation of the principle of equitable access.
- Step 2. Based on the number of staff who wish to receive vaccine immediately, risk stratify based on a balance of system risks (exposure, forward transmission, criticality, redundancy), and personal risks (age, comorbidities).
  - If a small number of staff wish to receive a vaccine, the requirement for risk stratification will be minimal.
  - If a large number of staff wish to receive the vaccine, more detailed risk stratification will be required with a view to equity.