

EVIDENCE SYNTHESIS BRIEFING NOTE

TOPIC: COVID-19 IMMUNIZATION POLICIES FOR HOSPITALS AND HEALTH CARE WORKERS

Information finalized as of June 4, 2021.^a This Briefing Note was completed by the Evidence Synthesis Unit (Research, Analysis and Evaluation Branch, Ministry of Health).

Purpose: To examine COVID-19 immunization policies for hospitals and health care workers (HCWs).

Key Findings:

- Two research articles were identified that support the use of vaccine mandates, with medical and religious exemptions, to protect staff and patients and reduce HCW shortages.
 - A Canadian study argued that the legality of these mandates would likely be determined via labour law that considers the “reasonableness” of the employer’s directive, as is evident from case law related to mandatory influenza vaccination. Vaccine mandates may be challenged under the Canadian Charter of Rights and Freedoms, but these appeals likely will not succeed if medical and religious exemptions are made. Challengers may also argue that HCWs have the right to wear personal protective equipment (PPE) in lieu of receiving vaccination, which means that governments must support vaccine surveillance and monitor emerging evidence of the effectiveness and safety of vaccines relative to evidence of the effectiveness of PPE in reducing transmission of SARS-CoV-2.
- Two studies suggested that vaccine mandates may maximize vaccine uptake in HCWs, but risk exacerbating breakdowns in trust between them and their institutions. Instead, vaccine policies should focus on robust educational campaigns, strengthening HCWs’ trust in health care systems by addressing their concerns, and increasing vaccine access (e.g., on-site vaccine clinics, time off for vaccination).
- Evidence from vaccine mandates for influenza suggest that mandates, increased access, and increased awareness may be effective interventions to increase vaccine coverage in HCWs, while education and incentives may have limited impact.
- COVID-19 vaccine hesitancy in HCWs across jurisdictions revolve around safety, efficacy, and trust. Health systems in Quebec, the US (Texas, Indiana, Kentucky, New Jersey, and Pennsylvania), Iceland, Italy, and Victoria (Australia) have implemented COVID-19 vaccine mandates for their employees, with exemptions for medical and religious reasons. HCWs who refuse vaccination may be suspended, terminated, or transferred to duties that do not risk spreading the virus.
 - Some commentators suggest that future legal cases regarding vaccine mandates are likely. For example, at Texas’ Houston Methodist, a lawsuit was filed by 117 employees to prevent the integrated hospital system from terminating unvaccinated employees.
 - Some US health care institutions have opted not to mandate vaccination, partially attributed to the fact that vaccines are only FDA-approved for emergency use thus far.

Ontario Analysis: Ministry of Health guidance strongly recommends COVID-19 vaccination for HCWs, but it is voluntary. An employer may choose to create their own policies regarding mandatory staff immunization as a protective measure for residents and patients.

Implementation Implications: Health care institutions can implement mandatory COVID-19 vaccination policies but may risk legal pushback and employees’ trust, so strategies focused on increasing voluntary vaccination may be an alternative consideration before implementing mandatory vaccination policies.

^a This briefing note includes current available evidence as of the noted date. It is not intended to be an exhaustive analysis, and other relevant findings may have been reported since completion.

Supporting Evidence

[Table 1](#) lists and describes scientific evidence and jurisdictional experiences regarding COVID-19 immunization policies for hospitals and health care workers (HCWs). In the Appendix, [Table 2](#) provides detailed summaries of the policies identified from Canadian and international jurisdictions. The majority of the information presented is taken directly from the identified sources.

Table 1: Summary of Scientific Evidence and Jurisdictional Experiences Regarding COVID-19 Immunization Policies for Hospitals and Health Care Workers

Scientific Evidence	<p><u>Support for COVID-19 Vaccine Mandates</u></p> <ul style="list-style-type: none"> • A US research commentary (Dec 29, 2020) noted that HCWs are at increased risk of contracting infectious diseases and transmitting to vulnerable populations. Consequently, health care institutions must institute infection control protocols, and many require HCWs to receive the influenza vaccination. These institutions owe both legal and ethical duties to staff and patients to ensure a safe environment. Moreover, because vaccines prevent hospitalizations, their wide use in health care settings may reduce worker shortages. Even among HCWs, however, SARS-CoV-2 vaccine mandates could be counterproductive, given the stress of working during a pandemic. Offering non-medical exemptions could reduce HCW concerns over mandates.¹ • A Canadian study (Feb 8, 2021) recommended that provincial governments should put in place rules for mandatory vaccination of HCWs across all public and private settings, and should not leave this to the discretion of individual employers. The rationale for this is that vaccination will protect individual HCWs, and the patients for whom they care, from acquiring SARS-CoV-2, reducing the overall burden of COVID-19 on services and ensuring adequate personnel to minister to people’s health needs through the pandemic. <ul style="list-style-type: none"> ○ If individual employers were to require vaccination among their staff, the legality of these mandates would likely be determined via labour law that considers the “reasonableness” of the employer’s directive, as is evident from case law related to mandatory influenza vaccination. ○ Government mandates for the vaccination of HCWs may be challenged under the Canadian Charter of Rights and Freedoms, but these challenges, on the extant evidence, likely will not succeed if provisions are made for those who cannot receive the vaccination because of underlying health issues and for those who object to vaccination on bona fide religious or conscientious objection grounds. ○ Challengers may argue that HCWs have the right to wear personal protective equipment (PPE) in lieu of receiving vaccination, which means that governments must support vaccine surveillance and keep abreast of emerging evidence of the effectiveness and safety of the various SARS-CoV-2 vaccines relative to evidence of the effectiveness of PPE in reducing transmission of SARS-CoV-2.² <p><u>Support for Other Policies Before Implementing COVID-19 Vaccine Mandates</u></p> <ul style="list-style-type: none"> • A study (Feb 17, 2021) noted that mandating COVID-19 vaccination of HCWs could maximize vaccine uptake, but risks exacerbating breakdowns in trust between them and their institutions. Ethical arguments for mandating COVID-19 vaccination of HCWs appeal to their duties to ‘do no harm’ and to care for patients, but the fulfilment of these duties requires a safe working environment. The study argues for policies aimed at strengthening HCW’s trust in health care systems by addressing HCW concerns, including the institutional factors that have put them at
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	<p>risk of infection throughout the COVID-19 pandemic, before considering a COVID-19 vaccine mandate. Moreover, institutions should start developing vaccination policies early, beginning with robust educational campaigns to promote voluntary vaccination.³</p> <ul style="list-style-type: none"> • A US editorial (June 2021) discussed some of the legal and public health policy issues related to employer-mandated vaccination. The editorial argued that rigid, coercive approaches enforced by employers could harden the opposition of individuals who are currently unsure about the vaccine. Rather than rushing to compel vaccination, employers should help educate their employees about the benefits of vaccination, and help employees, to the extent possible, get vaccinated (e.g., offering on-site vaccination, giving employees time off for vaccination).⁴ <p><u>Lessons Learned from Vaccine Mandates for Influenza</u></p> <ul style="list-style-type: none"> • A systematic review and meta-analysis (2016) on interventions to increase seasonal influenza vaccine coverage in HCWs found that mandatory vaccination was the most effective intervention component, followed by “soft” mandates such as declination statements,^b increased awareness, and increased access. For incentives, the difference was not significant, while for education no effect was observed. These results indicated that effective alternatives to mandatory HCWs influenza vaccination exist and need to be further explored in future studies.⁵ • A review (2016) summarized that seasonal influenza vaccine uptake rate of HCWs varies widely from <5% to >90% worldwide. Perception of vaccine efficacy and side-effects are conventional factors affecting the uptake rates. These factors may operate on a personal and social level, impacting the attitudes and behaviours of HCWs. Vaccination rates were also under the influence of the occurrence of other non-seasonal influenza pandemics such as avian influenza. The review suggested that a multi-faceted approach is necessary to persuade HCWs to participate in a vaccination program, especially in areas with low uptake rate, because of the following factors: <ul style="list-style-type: none"> ○ Different strategies have been implemented to improve vaccine uptake, with important ones including the enforcement of the local authority’s recommendations, practice guidelines, and mandatory vaccination policies. Practiced in some regions in North America, mandatory policies have led to higher vaccination rate, but are not problem-free. ○ The effects of conventional educational programs and campaigns are in general of modest impact only. ○ Availability of convenient vaccination facilities, such as mobile vaccination cart, and role models of senior HCWs receiving vaccination are among some strategies which have been observed to improve vaccination uptake rate.⁶ • According to a Finnish study (Feb 22, 2021), Finland was the first European country to introduce a nation-wide mandatory seasonal influenza vaccination policy for HCWs by mandating that administrators of health care institutions only employ vaccinated HCWs. After the new mandate, the vaccination coverage of HCWs in Kuopio University Hospital increased close to 100%. The majority (57.9%) of all HCWs supported the new policy, with physicians being more compliant than nurses. 12.7% of physicians and 41.5% of nurses found the new mandate coercive or that it restricted their self-determination.⁷
International Scan	<p><u>COVID-19 Vaccine Mandates</u></p> <ul style="list-style-type: none"> • US: As of March 25, 2021, the Food and Drug Administration (FDA) does not mandate vaccination under Emergency Use Authorizations. However, whether a state, local

^b A declination form is a mandatory written statement that the HCW refuses vaccination and provides the reasons for doing so ([Lytras et al., Mar 2016](#)).

	<p>government, or employer, may require or mandate COVID-19 vaccination is a matter of state or other applicable law. If an employer requires employees to provide proof that they have received a COVID-19 vaccination from a pharmacy or their own health care provider, the employer cannot mandate that the employee provide any medical information as part of the proof. Medical and religious exemptions can be implemented.⁸</p> <ul style="list-style-type: none"> ○ The US Equal Employment Opportunity Commission (EEOC; May 28, 2021) noted that employers can legally require employees physically entering the workplace to receive a COVID-19 vaccine if it complies with the reasonable accommodation provisions of the Americans with Disabilities Act, Title VII of the Civil Rights Act of 1964, and other equal employment opportunity considerations.⁹ Similar statements were made by California’s Department of Fair Employment and Housing (Mar 2021) regarding FDA-approved vaccines against COVID-19.¹⁰ ○ A large survey (Feb 11-Mar 7, 2021) by the Kaiser Family Foundation and Washington Post among HCWs in hospitals, assisted-living facilities, patients’ homes, and other settings found that approximately half received at least their first vaccine dose and one in six would leave their job if employers required them to get vaccinated. While individuals’ explanations for vaccine hesitancy vary, they often revolve around the three core ideas of safety, efficacy, and trust.¹¹ ○ Texas’ Houston Methodist (with 26,000 employees and employed physicians) became the first major integrated hospital system in the country to require its employees be vaccinated in order to help stop the spread of COVID-19 and keep patients, visitors, and colleagues safe.¹² Those who do not comply would first have a discussion with their supervisor, then could face suspension or termination.¹³ For the first phase, as of Apr 15, 2021, 99.4% of the management team has complied. For the second phase, June 7, 2021 is the deadline for all employees to get the COVID-19 vaccine; as of April 15, 2021, more than 84% of system employees and 96% of employed physicians received at least one shot.¹⁴ On May 28, 2021, a lawsuit was filed by a group of 117 employees to prevent the health system from terminating unvaccinated workers.^{15,c} ○ Indiana (Indiana University Health), Kentucky (University of Louisville Health), New Jersey (RWJBarnabas Health), and Pennsylvania (University of Pennsylvania Health System) have also implemented COVID-19 vaccine mandates for their employees, with exemptions for medical and religious reasons.^{16,17,18,19} ○ Illinois proposed a bill to require employees at certain health facilities and departments to receive a COVID-19 vaccine if offered, while New Jersey’s proposed bill that prohibits mandatory COVID-19 vaccination does not apply to HCWs, except for those objecting based on sincerely-held religious beliefs. Oregon’s legislation prohibits employers from requiring vaccinations as a condition of employment for HCWs, unless vaccination is otherwise required by federal or state law, rule, or regulation.²⁰ ● Iceland: As of May 17, 2021, HCWs can expect employers to require vaccination if there are no medical reasons for not being vaccinated (e.g., allergies). HCWs who do not receive vaccinations may be transferred internally according to the rules of each institution (e.g., from
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^c The lawsuit alleges the hospital is "illegally requiring its employees to be injected with an experimental vaccine as a condition of employment". It specifically cites that the COVID-19 vaccines are authorized for emergency use by the FDA but have not been fully approved. The employees allege that Houston Methodist is violating Texas public policy and the Nuremberg Code, a medical ethics code for human experimentation drafted in 1947 because of the Nuremberg trials at the end of World War II ([Gooch, Jun 1, 2021](#)).

an emergency department job to a job where the unvaccinated worker is less likely to be infected by a patient with COVID-19 or to infect others). Vaccination status can also affect new hires in health care institutions. There are no rules on employers' requirements for vaccinations in the general labour market, but the rights of people in the labour market are comparable to HCWs and other workers who are within the Icelandic trade unions.²¹

- **Italy:** With an emergency decree on April 1, 2021, Italy became the first European country to make vaccination against COVID-19 mandatory for HCWs. HCWs who refuse to have the vaccine will have the option to be transferred to duties that do not risk spreading the virus or to be suspended without pay for as much as a year. Whether the decree is constitutional is still unclear, and many commentators believe that future legal cases regarding vaccination are likely.²²
- **Australia:** A study (Apr 22, 2021) noted that Australian employers of high-risk workers (e.g., HCWs) could mandate vaccination for COVID-19. Such a direction could be lawful and reasonable, excepting for those with relevant medical exemptions, for whom low-risk roles must be sought if possible. The federal government has limited but available powers to enact compulsory vaccination for high-risk workers under the Biosecurity Act. While there is variation amongst states and territories, compulsory vaccination is allowed for in Victoria and Western Australia and could be enabled via passage of specific legislation elsewhere. State-level human rights instruments and Commonwealth constitutional provisions are unlikely to invalidate a policy or regulation mandating compulsory vaccination for high-risk workers. Where employee vaccination is mandated, organizations may become liable for any adverse outcomes of vaccination.²³
 - **Victoria:** As of May 31, 2021, all health and aged care staff working directly with patients or nursing home residents in the public system should be inoculated against the flu and COVID-19 in order to prevent breakouts. Workers who have not been vaccinated against COVID-19 will not be able to work. In an attempt to increase coverage, the government permits HCWs to jump the queue in state-run mass vaccination clinics.^{24,25}

Support for Other Policies Before Implementing COVID-19 Vaccine Mandates

- **World Health Organization:** A policy brief (Apr 13, 2021) identified important ethical considerations and caveats that should be evaluated and discussed by governments and/or institutional policy-makers who may be considering mandates for COVID-19 vaccination, including for HCWs. Forms of mandatory vaccination are not uncommon in health care settings, including requirements that unvaccinated HCWs stay at home during outbreaks, policies in which vaccination is required as a condition of employment, requirements that unvaccinated HCWs be transferred to settings where the risk is lower, and “vaccinate-or-mask” policies. The policy brief concluded that voluntary vaccination against COVID-19 should be encouraged before contemplating mandatory vaccination in a manner that is transparent, fair, non-discriminatory, and involves the input of affected parties.²⁶
- **US:** The EEOC (May 28, 2021) noted that employers that are administering vaccines to their employees may offer incentives for employees to be vaccinated, as long as the incentives are not coercive. Employers may also provide employees and their family members with information to educate them about COVID-19 vaccines and raise awareness about the benefits of vaccination.²⁷
 - Health care institutions in Virginia (Sentara Healthcare) and New Orleans (Ochsner Health) have decided not to mandate COVID-19 vaccination for employees, partially attributed to

	<p>the fact that vaccines are only FDA-approved for emergency use thus far. Once vaccines are fully approved, organizations may reconsider their decisions.^{28,29}</p>
<p>Canadian Scan</p>	<p><u>COVID-19 Vaccine Mandates</u></p> <ul style="list-style-type: none"> • In a Ministerial Order (Apr 9, 2021), Quebec became the first province in Canada to require COVID-19 vaccination and testing for certain employees. Employees are required to provide proof of a COVID-19 vaccination or undergo no less than three COVID tests per week and provide the results to their employer. The Order applies to “salaried persons” in health and social services institutions who work in the following environments: emergency units, except psychiatric emergency units; intensive care units, except psychiatric intensive care units; clinics specific to COVID-19, including screening, evaluation, and vaccination clinics; units identified by an institution as reserved for persons with a positive COVID-19 diagnosis; residential and long-term care centres; other residential units; and pneumology units. <ul style="list-style-type: none"> ○ If any employee refuses or neglects to undergo mandatory screening tests or to provide test results or proof of vaccination, they will be reassigned to duties within their job title in another environment. Where the person refuses reassignment or reassignment is not possible, that person will not be allowed to reintegrate the work environment and will receive no remuneration until they comply.³⁰ <p><u>Voluntary COVID-19 Vaccination and Reporting</u></p> <ul style="list-style-type: none"> • Alberta Health Services’ COVID-19 Immunization Policy (Feb 11, 2021) states that HCWs are encouraged to be immunized with the COVID-19 vaccine, when available for them. HCWs are encouraged to report their immunization to Workplace Health and Safety for reporting and outbreak management purposes.³¹
<p>Ontario Scan</p>	<ul style="list-style-type: none"> • The Ministry of Health’s Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination (Mar 17, 2021) noted that COVID-19 vaccination is strongly recommended for all HCWs but remains voluntary. An employer may choose to create their own policies regarding mandatory staff immunization as a protective measure for residents and patients.³²

Appendix

Table 2: Summary of COVID-19 Immunization Policies for Hospitals and Health Care Workers across Jurisdictions

Jurisdiction	Description of Immunization Policy
Canada	
Ontario – Ministry of Health COVID-19: Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination (Mar 17, 2021)	<ul style="list-style-type: none"> COVID-19 vaccination is strongly recommended for all health care workers but remains voluntary. An employer may choose to create their own policies regarding mandatory staff immunization as a protective measure for residents and patients.³³
Alberta – Alberta Health Services (AHS) COVID-19 Immunization Policy (Feb 11, 2021)	<ul style="list-style-type: none"> The policy states that health practitioners are encouraged to be immunized with the COVID-19 vaccine, when available for them. Health practitioners are encouraged to report their immunization to Workplace Health and Safety for reporting and outbreak management purposes.³⁴
Quebec – Minister of Health and Social Services Ordering of measures to protect the health of the population amid the COVID-19 pandemic situation (Quebec’s Public Health Act; Apr 9, 2021)	<ul style="list-style-type: none"> In a Ministerial Order, Quebec became the first province in Canada to require COVID-19 vaccination and testing for certain employees. Under the Order, the targeted employees are required to provide proof of a COVID vaccination or undergo no less than three COVID tests per week and provide the results to their employer. The Order applies to “salaried persons” in health and social services institutions who work in the following environments: <ul style="list-style-type: none"> Emergency units, except psychiatric emergency units; Intensive care units, except psychiatric intensive care units; Clinics specific to COVID-19, including screening, evaluation, and vaccination clinics; Units identified by an institution as reserved for persons with a positive COVID-19 diagnosis; Residential and long-term care centres; Other residential units; and Pneumology units. If any employee refuses or neglects to undergo mandatory screening tests or to provide test results or proof of vaccination, they will be reassigned to duties within their job title in another environment. Where the person refuses reassignment or reassignment is not possible, that person will not be allowed to reintegrate into the work environment and will receive no remuneration until they comply.³⁵
United States (US)	
Centers for Disease Control and Prevention (CDC) Workplace Vaccination Program (Mar 25, 2021)	<ul style="list-style-type: none"> The Food and Drug Administration (FDA) does not mandate vaccination under Emergency Use Authorizations. However, whether a state, local government, or employer, for example, may require or mandate COVID-19 vaccination is a matter of state or other applicable law. If an employer requires employees to provide proof that they have received a COVID-19 vaccination from a pharmacy or their own health care provider, the employer cannot mandate that the employee provide any medical information as part of the proof. Two types of exemptions can be implemented: <ul style="list-style-type: none"> Medical exemptions: Some people may be at risk for an adverse reaction because of an allergy to one of the vaccine components or a medical condition.

	<ul style="list-style-type: none"> ○ Religious exemptions: Some people may decline vaccination because of a religious belief. ● Employers offering vaccination to workers should keep a record of the offer to vaccinate and the employee’s decision to accept or decline vaccination.³⁶
<p>US Equal Employment Opportunity Commission</p> <p>Technical Assistance – What You Should Know About COVID-19 and the Americans with Disabilities Act (ADA), the Rehabilitation Act, and Other EEO Laws (May 28, 2021)</p>	<ul style="list-style-type: none"> ● Employers can legally require employees physically entering the workplace to receive a COVID-19 vaccine. An employer would not violate EEOC laws by implementing a mandate if it complies with the reasonable accommodation provisions of the Americans with Disabilities Act and Title VII of the Civil Rights Act of 1964 and other equal employment opportunity considerations.³⁷ ● Federal EEO laws do not prevent or limit employers from offering incentives to employees to voluntarily provide documentation or other confirmation of vaccination obtained from a third party (not the employer) in the community, such as a pharmacy, personal health care provider, or public clinic. If employers choose to obtain vaccination information from their employees, employers must keep vaccination information confidential pursuant to the ADA. ● Employers that are administering vaccines to their employees may offer incentives for employees to be vaccinated, as long as the incentives are not coercive. Because vaccinations require employees to answer pre-vaccination disability-related screening questions, a very large incentive could make employees feel pressured to disclose protected medical information. ● Employers may provide employees and their family members with information to educate them about COVID-19 vaccines and raise awareness about the benefits of vaccination. The technical assistance highlights federal government resources available to those seeking more information about how to get vaccinated.³⁸
<p>California – Department of Fair Employment and Housing (DFEH)</p> <p>DFEH Employment Information on COVID-19 (Mar 2021)</p>	<ul style="list-style-type: none"> ● An employer may require employees to receive an FDA-approved vaccination against COVID-19 infection so long as the employer does not discriminate against or harass employees or job applicants on the basis of a protected characteristic, provides reasonable accommodations related to disability or sincerely-held religious beliefs or practices, and does not retaliate against anyone for engaging in protected activity (such as requesting a reasonable accommodation). ● If an employee does not have a disability reason or sincerely-held religious reason for not being vaccinated with an FDA-approved vaccine, the employer is not legally required by the Fair Employment and Housing Act to reasonably accommodate the employee. ● If an employer requires its employees to receive a vaccination against COVID-19 administered by a third-party, the employer may require an employee or applicant to submit “proof” of vaccination. However, because such documentation could potentially include disability-related medical information, employers may wish to instruct their employees or applicants to omit any medical information from such documentation. Any record of employee or applicant vaccination must be maintained as a confidential medical record.³⁹
<p>Illinois</p> <p>Senate Bill 2015 (Apr 20, 2021)</p>	<ul style="list-style-type: none"> ● Pending legislation, Senate Bill 2015 would require employees at certain facilities and departments to receive a COVID-19 vaccine, if offered. These facilities include: (i) veterans’ homes, (ii) nursing homes, (iii) the intensive care unit of the University of Illinois Hospital; and (iv) the intensive care units of hospitals licensed under the Hospital Licensing Act. ● The Bill was referred to the Assignments Committee on February 26, 2021.⁴⁰
<p>Indiana – Indiana University (IU) Health</p> <p>(Jun 1, 2021)</p>	<ul style="list-style-type: none"> ● This 16-hospital system in Indianapolis will require employees to be vaccinated for COVID-19 by Sept 1, 2021 to protect patients and help reduce the spread of COVID-19 in facilities and in the community. ● Employees may apply for a deferral or exemption from the COVID-19 vaccine based on medical or religious reasons. Applications will be reviewed and granted individually. ● IU Health has required annual flu shots for employees for nearly a decade.⁴¹
<p>Kentucky – University of Louisville Health</p> <p>(May 26, 2021)</p>	<ul style="list-style-type: none"> ● Team members and providers, including residents, fellows, and rotating students, must be fully vaccinated by Sept. 1, 2021. ● The health system also is requesting that long-term contracted staff, such as food and nutrition services, environmental services, and security, be fully inoculated. ● New hires will be required to be fully vaccinated before they can begin work at the health system.

	<ul style="list-style-type: none"> The health system is allowing medical and religious exemptions, as it does for the flu vaccine. After Sept. 1, those who do not have an exemption may be subject to disciplinary action. The date was picked because full FDA approval of at least one of the COVID-19 vaccines is expected by then.⁴²
<p>New Jersey Assembly Bill 5096 (Apr 20, 2021)</p>	<ul style="list-style-type: none"> Assembly Bill 5096 prohibits the following entities from mandating that any person receive a COVID-19 vaccine: (i) state, county, and local government entities; (ii) public and private childcare centres; (iii) preschool programs; (iv) elementary and secondary schools; and (v) higher education institutions. The Bill's restrictions would not apply to health care workers, individuals employed by or providing services at a health care facility, or others required to receive a vaccination as a condition of working with a medically-vulnerable population. The health care worker exemption will be subject to an exception for those objecting based on sincerely-held religious beliefs. The Bill would require the New Jersey Department of Health to establish a program to reimburse health care workers and others required to be vaccinated for their out-of-pocket costs. The Bill was referred to the Assembly Health Committee on December 10, 2020.⁴³
<p>New Jersey – RWJBarnabas Health (May 20, 2021)</p>	<ul style="list-style-type: none"> RWJBarnabas Health, which has more than 35,000 employees, is requiring supervisors and above to be vaccinated for COVID-19 by no later than June 30, 2021, with plans to eventually extend the mandate to all employees.⁴⁴
<p>Oregon Oregon Revised Statute 433.416 (Apr 20, 2021)</p>	<ul style="list-style-type: none"> Oregon Revised Statute 433.416 prohibits employers from requiring vaccinations as a condition of employment for health care workers, unless vaccination is otherwise required by federal or state law, rule, or regulation. Under Oregon law, "health care worker" is broadly defined to include: (i) persons licensed to provide health care, (ii) employees of health care facilities, (iii) licensed health care providers (including clinical laboratories), (iv) firefighters, (v) law enforcement and corrections officers and (vi) parole or probation officers.⁴⁵
<p>Pennsylvania – University of Pennsylvania Health System (May 19, 2021)</p>	<ul style="list-style-type: none"> The COVID-19 vaccine will be mandatory for all employees and clinical staff by no later than September 1, 2021. New hires must provide proof of at least one dose two weeks before beginning work. There are exemptions for medical or religious reasons, similar to the health system's long-standing flu vaccine policy. As of May 19, all employees and clinical staff have been offered the vaccine, and more than 33,000 of them (nearly 70%) are fully vaccinated.⁴⁶
<p>Texas – Houston Methodist (Mar 31 – Jun 1, 2021)</p>	<ul style="list-style-type: none"> Methodist (with 26,000 employees and employed physicians) became the first major integrated hospital system in the US to announce that it is requiring employees to be vaccinated. It made the COVID-19 vaccine mandatory for employees, with the first phase including managers and new hires, in order to prioritize safety by helping stop the spread of COVID-19 and keeping patients, visitors, and colleagues safe.⁴⁷ As of March 31, 95% of management and all executives have already received at least one dose of a COVID-19 vaccine. Managers who have not been vaccinated had until April 15, 2021 to receive at least one dose or get an approved exemption.⁴⁸ As of Apr 15, 2021, 99.4% of the management team has complied.⁴⁹ June 7, 2021 is the next deadline for all 26,000 employees to get the COVID-19 vaccine. As of April 15, 2021, more than 84% of system employees and 96% of employed physicians have received at least one shot.⁵⁰ Those who do not comply would first have a discussion with their supervisor, then could face suspension, and then termination.⁵¹ As of Apr 15, 2021, Houston Methodist has not seen any voluntary resignations due to its new policy.⁵² As of June 1, 2021, a group of 117 employees is suing Houston Methodist over its COVID-19 vaccination mandate for workers. The lawsuit seeks to prevent the health system from terminating unvaccinated workers. <ul style="list-style-type: none"> The lawsuit, filed May 28, 2021, alleges the hospital is "illegally requiring its employees to be injected with an experimental vaccine as a condition of employment". It specifically cites that the COVID-19 vaccines are authorized for emergency use by the FDA but have not been fully

	<p>approved. The employees allege that Houston Methodist is violating Texas public policy and the Nuremberg Code, a medical ethics code for human experimentation drafted in 1947 because of the Nuremberg trials at the end of World War II.⁵³</p>
<p>Virginia – Sentara Healthcare (May 19, 2021)</p>	<ul style="list-style-type: none"> At Sentara Healthcare, a 12-hospital system with 28,300 employees serving Virginia and North Carolina, about 66% of staff received at least the first vaccine dose as of April 20, 2021. Most are fully vaccinated, and the health system continues to have vaccination clinics for staff. The health system has decided not to mandate the vaccine for employees, the decision partially attributed to the vaccines not being fully approved by the FDA, although they are a supporter of vaccines.⁵⁴
<p>New Orleans – Ochsner Health (May 19, 2021)</p>	<ul style="list-style-type: none"> This health system with more than 30,000 employees decided not to mandate the vaccine for employees, as long as they are only FDA-approved for emergency use. The organization could reconsider the decision after full approval. The flu vaccine is a mandatory requirement unless someone has a medical or religious exemption, so once the COVID-19 vaccines are approved by FDA, the hospital system will consider that and make their decision.⁵⁵
<p>Kaiser Family Foundation and Washington Post Front-line Health Care Workers Survey (Feb 11 – March 7, 2021)</p>	<ul style="list-style-type: none"> This survey was based on interviews conducted in English and Spanish with a nationally representative sample of 2,298 US adults age 18 years or older, including an oversample of health care workers. Specifically, health care workers were defined as those who work in a health care delivery setting in direct contact with patients or their bodily fluids. The survey also included a comparison survey allowing researchers to compare the group of front-line health care workers to the general population, that included 971 US adults not working as front-line health care workers. The survey was conducted online and via phone from February 11 to March 7, 2021.⁵⁶ The Post-KFF survey is the most comprehensive survey of vaccine adoption across the health care workforce, encompassing those working in hospitals, assisted-living facilities, patients' homes, and other health-care delivery settings. According to the poll, approximately half of front-line health care workers (52%) stated they had received at least their first vaccine dose at the time they were surveyed. More than one in three said they were not confident vaccines were sufficiently tested for safety and effectiveness. As many as one in six health workers said that if employers required them to get vaccinated, they would leave their job. While individuals' explanations for that hesitancy vary, they often revolve around three core ideas: safety, efficacy, and trust.⁵⁷
<p>United Kingdom (UK) and Europe</p>	
<p>Iceland – Directorate of Health Vaccination against COVID-19 - FAQs (May 17, 2021)</p>	<ul style="list-style-type: none"> Health care professionals can expect employers to require vaccination if there are no medical reasons for not being vaccinated (e.g., allergies). Health care professionals who do not receive vaccinations may be transferred internally according to the rules of each institution (e.g., from an emergency department job to a job where the unvaccinated worker is less likely to be infected by a patient with COVID-19 or to infect others). Vaccination status can also affect new hires in health care institutions. There are no rules on employers' requirements for vaccinations in the general labour market within Iceland, but the rights of people in the labour market are comparable to health care workers and other workers who are within the Icelandic trade unions.⁵⁸
<p>Italy – Government Emergency Decree (Apr 1, 2021)</p>	<ul style="list-style-type: none"> Italy became the first country in Europe to make vaccination against covid-19 mandatory for health care workers, as its government approved an emergency decree on 1 April to contain a third wave of the disease. Health professionals who refuse to have the vaccine will have the option to be transferred to duties that do not risk spreading the virus or to be suspended without pay for as much as a year. The Order of Doctors, Surgeons and Orthodontists (FNOMCeO), which backs the new decree, says that most doctors, nurses, and dentists in Italy have already received, or will soon receive, the COVID-19 vaccine. Only about one in 10,000 medical staff is refusing to be vaccinated, it said, and greater reluctance is seen among less skilled workers in medical facilities and care homes. Whether the decree is constitutional is still not clear, and many commentators believe that future legal cases regarding vaccination are likely. The National Bioethics Committee generally supports voluntary vaccination but has said that it accepts the value of mandatory vaccination of health care workers when necessary.⁵⁹

Australia	
<p>Australia</p> <p>Medicolegal Considerations of Mandatory COVID-19 Vaccination in High-Risk Workers (Apr 22, 2021)</p>	<ul style="list-style-type: none"> • Australian employers of high-risk workers (e.g., health care workers) could mandate vaccination for COVID-19. Such a direction may well be lawful and reasonable, excepting for those with relevant medical exemptions, for whom low-risk roles must be sought if possible. • The federal government has limited but available powers to enact compulsory vaccination for high-risk workers under the Biosecurity Act, and while there is variation amongst states and territories, compulsory vaccination is allowed for in Victoria and Western Australia and could be enabled via passage of specific legislation elsewhere. • State-level human rights instruments and Commonwealth constitutional provisions are unlikely to invalidate a policy or regulation mandating compulsory vaccination for high-risk workers. • Where employee vaccination is mandated, organizations may become liable for any adverse outcomes of vaccination.⁶⁰
<p>Victoria – Department of Health</p> <p>(May 31, 2021)</p>	<ul style="list-style-type: none"> • All health and aged care staff working directly with patients or nursing home residents in the public system should be inoculated against the flu and COVID-19. Workers who have not been vaccinated against COVID-19 will be stood down from front-line duties in order to prevent outbreaks. • In an attempt to increase coverage, the government will allow aged-care and disability-care workers to jump the queue in state-run mass vaccination clinics.^{61,62}
International Organizations	
<p>World Health Organization</p> <p>COVID-19 and Mandatory Vaccination: Ethical Considerations and Caveats (Apr 13, 2021)</p>	<ul style="list-style-type: none"> • This policy brief noted that with COVID-19 vaccination under way or on the horizon in many countries, some may be considering whether to make COVID-19 vaccination mandatory in order to increase vaccination rates and achieve public health goals and, if so, under what conditions, for whom, and in what contexts. • It is not uncommon for governments and institutions to mandate certain actions or types of behaviour in order to protect the wellbeing of individuals or communities. Such policies can be ethically justified, as they may be crucial to protect the health and well-being of the public. Nevertheless, because policies that mandate an action or behaviour interfere with individual liberty and autonomy, they should seek to balance communal well-being with individual liberties. While interfering with individual liberty does not in itself make a policy intervention unjustified, such policies raise a number of ethical considerations and concerns and should be justified by advancing another valuable social goal, like protecting public health. • This policy brief does not provide a position that endorses or opposes mandatory COVID-19 vaccination. Rather, it identifies important ethical considerations and caveats that should be explicitly evaluated and discussed through ethical analysis by governments and/or institutional policy-makers who may be considering mandates for COVID-19 vaccination, including: 1) necessity and proportionality; 2) sufficient evidence of vaccine safety; 3) sufficient evidence of vaccine efficacy and effectiveness; 4) sufficient supply; 5) public trust; and 6) ethical processes of decision-making. • The application of these ethical considerations for health workers is often discussed because of the unique settings in which health workers work and their ethical obligation not to harm their patients. Moreover, mandatory COVID-19 vaccination might appear to be particularly plausible for health workers given that vaccination of this population might be seen as necessary to protect health system capacity (ethical consideration 1) and because health workers are commonly identified as a priority group for vaccination, meaning there is more likely to be a sufficient supply to meet the needs of this population (ethical consideration 4). Whether a mandate for health workers is necessary and proportionate (ethical consideration 1) and would not undermine trust (ethical consideration 5) might depend on the local context and should be investigated empirically before a mandate is considered for this population. <ul style="list-style-type: none"> ○ Forms of mandatory vaccination are not uncommon in health care settings, including requirements that unvaccinated health workers stay at home during outbreaks, policies in which vaccination is required as a condition of employment, requirements that unvaccinated health workers be transferred to settings where the risk is lower, and “vaccinate-or-mask” policies. <ul style="list-style-type: none"> ▪ Given current rates and concerns of health worker burn-out as a result of the pandemic and the potential consequence of an inadequately resourced health workforce, mandatory vaccination policies that require unvaccinated health workers to stay at home or require vaccination as a condition of employment or hospital privileges might have significant negative consequences for already overburdened health systems.

	<ul style="list-style-type: none"> ▪ Policies that require unvaccinated health workers to be transferred to settings where the risk is lower might have similar consequences, as they might remove critical health workers from settings that badly need health human resources, such as congregate living settings where care is provided to older adults. Additionally, it may be difficult to distinguish high- and low-risk settings where there is widespread community transmission of SARS-CoV-2. ▪ Some health institutions might wonder whether vaccinate-or-mask policies, which have not been proposed for COVID-19 but are sometimes used as a type of vaccine mandate for seasonal influenza, should be similarly used to mandate COVID-19 vaccinations among health workers. As masks are likely to be a requirement in health care settings for the foreseeable future, the incentive for health workers to be vaccinated under vaccinate-or-mask policies – namely, that they will not have to wear a mask in all patient care settings while the virus is circulating if they are vaccinated – will simply lack the same force. Vaccinate-or-mask policies would retain this force if vaccination against COVID-19 meant that vaccinated health workers could refrain from wearing masks, but this is not scientifically or ethically justified given the importance of personal protective equipment for institutional infection prevention and control, particularly where there is uncertainty surrounding a vaccine’s capacity for sterilizing immunity. In this case, vaccinate-or-mask policies risk placing too much emphasis on the protective effect of masks. Because no vaccine is 100% effective, standard infection prevention and control precautions, which includes masks but also a number of other standard precautions, should be used to minimize risk. • Overall, the policy brief concluded that governments and/or institutional policy-makers should use arguments to encourage voluntary vaccination against COVID-19 before contemplating mandatory vaccination. Efforts should be made to demonstrate the benefit and safety of vaccines for the greatest possible acceptance of vaccination. Stricter regulatory measures should be considered only if these means are not successful. Similar to other public health policies, decisions about mandatory vaccination should be supported by the best available evidence and should be made by legitimate public health authorities in a manner that is transparent, fair, non-discriminatory, and involves the input of affected parties.⁶³
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