



FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC

FIQ Montréal | Siège social
1234, avenue Papineau, Montréal (Québec) H2K 0A4 |
514 987-1141 | 1 800 363-6541 | Téléc. 514 987-7273 | 1 877 987-7273 |

FIQ Québec |
1260, rue du Blizzard, Québec (Québec) G2K 0J1 |
418 626-2226 | 1 800 463-6770 | Téléc. 418 626-2111 | 1 866 626-2111 |
fiqsante.qc.ca | info@fiqsante.qc.ca

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CSSS@ASSNAT.QC.CA

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THE FIQ AND FIQP'S OPINION ON MANDATORY VACCINATION AGAINST COVID-19 FOR
CAREGIVING STAFF IN THE HEALTH NETWORK AND OTHER CATEGORIES OF WORKERS
WHO ARE IN PROLONGED CONTACT WITH CITIZENS – AUGUST 26, 2021

INTRODUCTION

The Fédération interprofessionnelle de la santé du Québec–FIQ and Fédération interprofessionnelle de la santé du Québec | Secteur privé–FIQP are feminist labour organizations who represent 76,000 member nurses, licensed practical nurses, respiratory therapists and clinical perfusionists working in the Québec health and social services institutions. The FIQ and FIQP have always actively participated in the various consultations marking the history of the health network, to defend the interests and concerns of their members, but also of patients and the public.

The issue of mandatory vaccination for the health network personnel directly involves the Federations, as 92.1% of the Class 1 personnel working in public institutions and private subsidized institutions (EPC) have received a first dose of the vaccine and 87.5% are already fully vaccinated voluntarily, according to the Institut national de santé publique du Québec (INSPQ, August 22, 2021), a rate clearly higher to that of the general population. The Federations will first set out their position, resolutely in favour of vaccination, but with reservations about its mandatory nature, and will then put forward all the protective measures that are still necessary in order to stop the spread of the virus in institutions.

Furthermore, the FIQ and FIQP regret from the outset that they are only able to intervene when the decision to impose vaccination has already been made and announced, without access to the latest public health findings. In the last available opinion published in mid-January 2021, dealing specifically with the mandatory vaccination of health workers against COVID-19, the Public Health Ethics Committee (PHEC) of the INSPQ recommended “a campaign for non-mandatory vaccination based on the values of reciprocity and solidarity that are so important in promoting vaccination, especially in times of pandemic.” This approach is clearly no longer the government's choice, but the scientific basis that guides it today is not available on the eve of the debate to which the Federations are invited. The participation in this consultation exercise is therefore carried out without having had access to all the relevant elements of analysis, which raises many questions.

The health network is also in an unprecedented fragile state, while the government and employers seem to be helplessly watching the exodus of healthcare professionals, who have worked tirelessly since the beginning of the pandemic, risking their physical and psychological health. Any collateral damage further depriving the health network of healthcare professionals must be prevented

1. FIQ and FIQP positions

On vaccination and mandatory vaccination

The Federations have always recommended vaccination to all their members. From the beginning of the vaccination campaign against COVID-19, they have strongly endorsed this recommendation, even going so far as to call for the vaccine to be made available more quickly to healthcare professionals. Therefore, they share the government's goal of vaccinating the largest number possible of healthcare professionals.

Since last April, the healthcare professionals have been subjected to the conditions of ministerial order 2021-024. This order stipulates that unvaccinated healthcare professionals or those who have received a first dose less than 14 days ago must be tested at least three times a week to be able to work. The Federations have not questioned this order and the terms and conditions it contains.

The high vaccination rate of healthcare professionals demonstrates that a voluntary vaccination campaign produces impressive results. Despite the difficult context and obvious lack of personnel that has existed well before the health emergency, the healthcare professionals followed the recommended behaviours during a pandemic and set an example, as they play an important role in reducing the population's reluctance to be vaccinated. These results were obtained through encouragement, information and collaboration. Again, according to the PHEC Opinion, "(...) a vaccination strategy respectful of health workers is the recognition of their essential voluntary contribution to the collective effort to fight the pandemic."

The current situation is not one of persistent low vaccination coverage among healthcare professionals. So, the choice to resort to mandatory vaccination for healthcare professionals, and the conditions of application that are emerging could have pitfalls. Instead, the Federations believe that the government would benefit from acknowledging that healthcare professionals are committed to vaccination, recognizing their efforts, building on this positive experience and the impressive results of their vaccination campaign.

On fears of the adverse effects of mandatory vaccination

Vaccination reluctance is a more common phenomenon in the general population than among healthcare professionals, whose education and awareness-raising role is of fundamental strategic importance in reducing this reluctance. In this respect, mandatory vaccination could have adverse effects. In fact, health workers' trust in the authorities is a key factor in their willingness to strongly recommend vaccination to their patients (Karlsson et al., 2019). The government talks about the protection of healthcare professionals, but the latter remember the inconsistencies they encountered in the battles they had to wage to ensure this protection. This was the case in access to the respiratory protection required in the context of the airborne transmission of the virus, which the Administrative Labour Tribunal allowed, whereas an order of the National Director of Public Health restricted it for several months, even though there was a lot of scientific evidence recognizing airborne transmission. Insofar as mandatory vaccination could be perceived as a new expression of the authoritarian management culture that prevails in the health and social services network, there is reason to anticipate that this mandatory vaccination will further affect the confidence of certain healthcare professionals in the authorities. This would have consequences on their work of educating and raising awareness in the population. However, to fight the pandemic, it is not only a question of improving the vaccination rate of health workers (which is already very high), but above all of improving the vaccination rate of the general population.

Vaccination must also be considered as a preventive measure in terms of occupational health and safety (OHS). The literature in this field is clear: imposing preventive measures is not compatible with increased adherence to them. Concretely, by making vaccination mandatory, there is a risk of lowering adherence and respect of other OHS preventive measures, which are also important (availability of personal protective equipment and especially respiratory protection against airborne transmission, organization of work which respects the different zones, adequate ventilation given airborne transmission, etc.). Vaccination is a preventive measure, embedded in a series of other, equally important, preventive measures. By focusing its public message primarily on mandatory and unilateral vaccination, the government is sending the wrong message and may, in spite of itself, be contributing to a decline in support for all protective measures.

Moreover, the issue of mandatory vaccination comes at a time when the health and social services network is reeling from a serious staff shortage, a situation that must be considered. Therefore, the question will soon arise as to where health workers who refuse to be vaccinated will be assigned. Without voluntary adherence to vaccination, some health workers may cease to provide work or be reassigned, which could further exacerbate labour shortages and destabilise work teams. This risks further weakening a system that cannot afford it, already weakened by a structural staff shortage aggravated by the crisis.

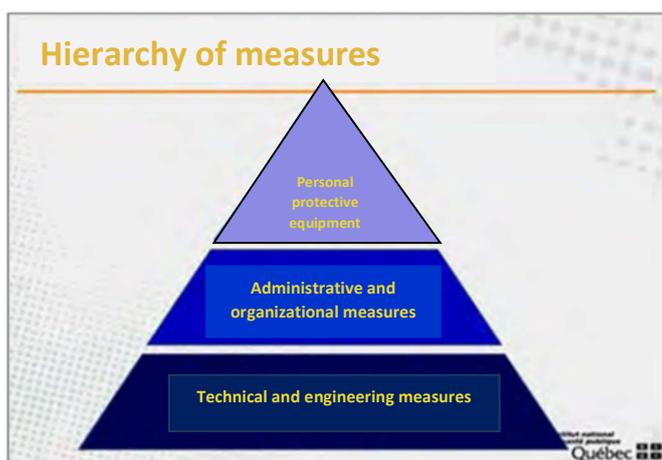
In addition to these anticipated undesirable consequences, certain preliminary data would make it possible to ensure that the proposed measure really has the expected impact: the portrait of the situation of healthcare professionals who are not yet fully vaccinated is essential in this respect. Are they pregnant, immunocompromised, on a work stoppage? Are they part of that tiny proportion who

are still reluctant to be vaccinated, because of the specific context? Are they in prolonged contact with the patients? This portrait needs to be clarified in order to implement relevant strategies and to continue education and awareness-raising work with these people, where appropriate. Similarly, a range of measures must continue to be implemented to ensure healthcare professionals and their patients are protected.

RECOMMENDATION 1: Make available an accurate (non-nominal) picture of the situation of non-vaccinated healthcare professionals.

2. Measures necessary to ensure full protection of the patients and healthcare professionals and reduce the transmission of COVID-19

To protect the patients and prevent the transmission of COVID-19 in the health and social services network (RSSS) institutions, it is necessary to deploy the full hierarchy of preventive measures. Hence, in their fight against COVID-19, the government and health network institutions must set up control and engineering measures, administrative and organizational measures and provide appropriate personal protective equipment (PPE).



Taken from the presentation of Beaudreau, L. and Laberge, A. (2012) at the AIPI's 34 days of infection prevention, in Gatineau

Vaccination is an essential preventive measure that fits in the hierarchy, but it should not become the only measure deployed. A combination of several preventive measures is necessary to curb the spread of COVID-19, bearing in mind that engineering measures are still among the most effective. While this is not to question the benefits of vaccination, it would be unwise to rely solely on it as the only cure for all the ills of the pandemic. The government's focus on vaccination as the main strategy for the prevention and control of COVID-19 obscures several other equally or even more effective means.

The FIQ and FIQP suggest continuing to apply and/or implement the following preventive measures, all in accordance with the hierarchy of preventive measures:

- **Improve the ventilation in the RSSS institutions by increasing the number of hourly air changes.** Several residential and long-term care centres (CHSLD) in Québec have no mechanical ventilation allowing fresh air into the residents' rooms, thereby increasing the concentration of inhalable particles. When a mechanical ventilation system is available, certain CHSLDs do not even reach one air change per hour, due to outdated systems and buildings. It is urgent for the government to review its strategy for preventing COVID-19 by improving air quality.
- **Continue screening and increase access to rapid tests.** Screening is a minimally invasive organizational measure for healthcare professionals that reduces the spread of COVID-19 by removing anyone with the virus from the workplace in a timely manner.
- **Increase training in infection control and prevention (ICP).** Since the beginning of the pandemic, the healthcare professionals have not been able to obtain the support needed to apply the safest work methods, the ICP teams being incomplete and this sector of activity suffering from a chronic lack of funding. These gaps were sorely felt, and it was imperative to improve the support for healthcare professionals in ICP. Significant additions have been made, but this is an area where we must remain alert. Healthcare professionals must be trained in order to apply these safe work methods. The frequency of this training must also be increased.
- **Foster targeted interventions** in the institutions where vaccination coverage is not high to encourage as much voluntary adherence to the measure as possible.
- **Continue to limit staff mobility.** Certain employers have started using staff reassignments again to fill foreseeable absences, despite the *Directive sur la stabilisation de la main-d'œuvre des milieux de vie publics et privés conventionnés des établissements du réseau de la santé et des services sociaux* (December 2020). One of the important lessons from the first wave of the pandemic is that reassigned workers may unfortunately become vectors for spreading the virus. This directive must be strictly applied.
- **Maintain the supply of N-95 respiratory protective equipment (RPE)** for healthcare professionals working in a hot or warm zone. Supplying respiratory protective equipment is the last rampart against COVID-19 in the hierarchy of preventive measures. It is essential that the government foster access to RPE and not restrict access in any way, as has been the case in the past.



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RECOMMENDATION 2: Continue to apply and/or implement the following preventive measures (control and engineering measures, administrative and organizational measures and provide the appropriate PPEs):

- Improve the ventilation in the RSSS institutions;
- Continue screening and increase access to rapid tests;
- Increase training in infection control and prevention;
- Foster targeted interventions in the institutions with lower vaccination coverage;
- Continue to limit staff mobility;
- Maintain supplying N-95 respiratory protective devices to the healthcare professionals working in hot and warm zones.

Transparency and access to vaccination data

It also remains important that unions, as partners in occupational health and safety, are aware of the most up-to-date information on vaccination in a timely manner and that parity is promoted. This means the government, the Ministry of Health and Social Services (MSSS) and institutions in the health network working closely with the unions. Without the relevant information, the union cannot fully fulfill its role of representing and informing its members. The good results from the vaccination campaign are also the result of certain joint initiatives (participation in the dissemination of a common message at the request of the MSSS to promote vaccination), but the Federations believe that more can be done. In fact, with greater transparency and sharing of the relevant data, targeted intervention could be considered where vaccination rates are deemed insufficient, as recommended in this opinion, which has not happened frequently to date. Better collaboration will result in sharing best practices between the institutions and unions and to put forward winning strategies for the benefit of vaccination. Such collaboration would gradually restore confidence among healthcare professionals.

RECOMMENDATION 3: Improve the sharing of data related to vaccination and involve the unions more in developing targeted strategies, in a parity process.

Conclusion

There is a strong consensus on the importance of vaccination and its necessity for all: the healthcare professionals promote it themselves. The issue at the heart of mandatory vaccination is more that of the bond of trust between healthcare professionals and the government, a bond that has gradually eroded due to the coercive approach that the government has chosen to apply on numerous occasions with the workers in the health network. Healthcare professionals have seen their quarantine reduced to return to work more quickly, their presence required while they had COVID-19 symptoms, they had to fight as far as the courts to be adequately protected and ministerial orders still govern their working conditions. Imposing mandatory vaccination adds to that series of measures that are not part of collaboration and adherence. And it is mainly on this basis that some healthcare professionals have reservations.



What the Federations are proposing is to specifically document the picture of the situation of unvaccinated healthcare professionals, deploying the full hierarchy of preventive measures and increasing collaboration, particularly for targeted interventions. The commitment of healthcare professionals in the fight against COVID-19 cannot be questioned in any way, whether by the vaccination rate reached, by their participation in vaccination campaigns or by their constant presence with their patients. In the event that some of its members were affected by various measures resulting from their non-vaccination, it goes without saying that the Federations would represent them, in accordance with their obligations under the Labour Code. At a time when service breakdowns are multiplying and many healthcare professionals are resigning, the measures chosen must be examined in light of the current state of the health network and the negative, predictable and harmful effects must be avoided.

The president of the FIQ,

Nancy Bédard

NB/MAL/vg/SM