

# Health Care Worker

## COVID-19 Vaccine Prioritization: Rationale

Priority groups, settings and rationale are defined by the Ministry of Health. Timeline may change based on vaccine availability and provincial directions.

### Phase 1: A

Jan-Mar 2021



### Phase 1: B

Mar-Apr 2021



### Phase 2

Apr-Jun 2021

### Highest Priority

- Provide direct, in-person patient care to patients at highest likelihood of being COVID-19 positive or work in environments with high in-person exposure to these patients.
- Ensure vital pandemic response services are protected and maintained.
- Hospitals are the largest source of case acquisition among health care workers and outbreak associated patient deaths outside of long-term care and retirement homes.
- Specialized patient populations at highest risk of negative outcomes if they contract COVID-19.
- Most critical health care workers to COVID-19 response and to highly vulnerable communities.

### Very High Priority

- Provide more direct, in person patient care.
- Higher level of urgency and criticality, services that cannot be delayed or deferred.
- Higher likelihood of engaging in higher exposure risk procedures.
- Unable to work virtually or remotely.
- Specialized patient populations at high risk of negative outcomes if they contract COVID-19.
- Interactions with patients/clients with less access to PPE.
- High criticality to health system.

### High Priority

- Lower risk of exposure relative to highest and high priorities.
- Less urgent care, services that can be delayed/deferred relative to highest and high priorities.
- Unable to fully work virtually or remotely.

### Moderate Priority

- Services that can be provided remotely/virtually or within non patient facing areas of health care facilities.
- Moderate priority phase will include health care workers not yet immunized.

**Health sector organizations** – all workers are considered ‘health care workers’.

**Non-health sector organizations** - only workers providing a health service or direct patient care are considered ‘health care workers’.

## COVID-19 Vaccine Prioritization: Sectors & Settings

### All hospital and acute care staff in frontline roles with COVID-19 patients and/or with a high-risk of exposure to COVID-19, including those performing aerosol-generating procedures:

- Critical Care Units
- Emergency Departments and Urgent Care Departments
- COVID-19 Medical Units
- Code Blue Teams, rapid response teams
- General internal medicine and other specialists involved in the direct care of COVID-19 positive patients

### All patient-facing health care workers involved in the COVID-19 response:

- COVID-19 Specimen Collection Centers
- Teams supporting outbreak response
- COVID-19 vaccine clinics and mobile immunization teams
- Mobile Testing Teams
- COVID-19 Isolation Centers
- COVID-19 Laboratory Services

### Medical First Responders:

- ORNGE
- Paramedics
- Firefighters providing medical first response

### Community health care workers serving specialized populations including:

- Needle exchange/syringe programs & supervised consumption and treatment services
- Aboriginal Health Access Centers, Indigenous Community Health Centers, Indigenous Interprofessional Primary Care Teams, and Indigenous Nurse Practitioner-Led Clinics
- Community Health Centers
- Highly critical health care workers in remote and hard to access communities
- Home and community care health care workers caring for recipients of chronic homecare and seniors in congregate living facilities or providing hands-on care to COVID-19 patients in the community

HIGHEST PRIORITY

### Acute care and other hospital settings:

- Patient care areas not included in Highest Priority (e.g. surgical care, obstetrics, etc.)

### Congregate settings: (outside of highest priority level)

- Assisted living
- Correctional settings
- Residential facilities
- Hospices and palliative care settings
- Shelters
- Supportive housing

### Community care with high risk of exposure and serving specialized patient populations:

(outside of the Highest Priority level)

- Community Health Centers
- Home and community care
- Adult day programs for seniors

### Other health care services for Indigenous populations: (outside of the Highest Priority level)

- Community agencies with patient-facing providers delivering any type of health services to First Nations communities and Indigenous Peoples

### Community care with high risk of exposure and serving the general population: (outside of the Highest Priority level)

- Birth centres
- Community Based Specialists
- Death investigation professionals
- Dentistry
- Gynecology/obstetrics
- Midwifery
- Nurse practitioner-led clinics / contract nursing agencies
- Otolaryngology (ENT)
- Pharmacies
- Primary care
- Respirology
- Respiratory Therapy
- Walk-in clinics

### Laboratory services

VERY HIGH PRIORITY

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### Community care with lower risk of exposure and serving special populations:

- Developmental services
- Mental health and addictions services

### Community care with lower risk of exposure and serving general population:

- Campus health
- Community diagnostic imaging
- Daycare/school nursing
- Dietary/nutrition
- Independent health facilities (e.g. Opticians/Optomety, Podiatry, Audiology, medical and surgical specialties)
- Naturopathy/Holistic care
- Social work
- Sexual health clinics

### Non-acute rehabilitation and therapy:

- Chiropractic
- Chronic pain clinics
- Kinesiology
- Occupational therapy
- Physiotherapy
- Psychiatry
- Psychology
- Psychotherapy
- Registered massage therapy / Acupuncture
- Other therapy

### Public health

HIGH PRIORITY

**Non-Frontline health care workers:**  
-People working remotely and who do not require PPE to work

**Remaining health care workers not yet immunized**

MODERATE PRIORITY

PHASE 1: A  
Jan-Mar 2021

PHASE 1: B  
Mar-Apr 2021

PHASE 2  
Apr-Jun 2021