Vaccine certificates
https://policybase.cma.ca/link/policy14448

Policy document
2021-08-21
Population health, health equity, public health
Ethics and medical professionalism

Documents

Vaccine certificates

Policy position recommendation

1. The Canadian Medical Association recommends that all health care workers in long-term care facilities, retirement homes, and other health-care settings be required to be fully vaccinated against COVID-19. This recommendation is based on the evidence that vaccination is the most effective way to protect health care workers and their patients from the serious health risks associated with COVID-19.

2. The Canadian Medical Association recommends that health care workers who are unvaccinated or partially vaccinated against COVID-19 be required to undergo regular testing for COVID-19. This recommendation is based on the evidence that testing is an effective way to prevent the spread of COVID-19 in health care settings.

3. The Canadian Medical Association recommends that health care workers who are unvaccinated or partially vaccinated against COVID-19 be required to wear personal protective equipment (PPE) while working. This recommendation is based on the evidence that PPE is an effective way to prevent the spread of COVID-19 in health care settings.

4. The Canadian Medical Association recommends that health care workers who are unvaccinated or partially vaccinated against COVID-19 be required to complete a risk assessment before returning to work. This recommendation is based on the evidence that risk assessment is an effective way to prevent the spread of COVID-19 in health care settings.

5. The Canadian Medical Association recommends that health care workers who are unvaccinated or partially vaccinated against COVID-19 be required to comply with all public health measures, including the use of masks, social distancing, and hand hygiene. This recommendation is based on the evidence that public health measures are effective ways to prevent the spread of COVID-19 in health care settings.
Mandatory COVID-19 vaccination of health care workers

https://policybase.cma.ca/link/policy14449

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health human resources
Population health, health equity, public health

Documents
Vaccine acceptance

https://policybase.cma.ca/link/policy14450

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
Global vaccine equity

Policy document

2021-08-21

Ethics and medical professionalism
Population health, health equity, public health

Global vaccine equity

Full policy recommendation:

1. Countries and vaccine manufacturers should ensure equitable access to COVID-19 vaccines, particularly in low- and middle-income countries.

2. The World Health Organization (WHO) and the United Nations (UN) should work together to ensure that vaccine distribution is fair and transparent.

3. Governments should prioritize vaccinating high-risk populations, such as healthcare workers and elderly people.

4. Vaccine manufacturers should be transparent about their production processes and ensure that vaccines are available to all who need them.

5. The WHO should continue to monitor vaccine distribution and take action to address any imbalances.

In support:

- The principle of equity in vaccine distribution should be upheld.
- There is a need for increased investment in research and development of new vaccines.
- The WHO should play a leading role in coordinating vaccine distribution.
Return to school during COVID-19

Full policy recommendation:

1. The CMA recommends communicating effectively with parents and students about the rationale for vaccination and the benefits and risks of school vaccination programs. It should be clear that school-based vaccination programs are voluntary and are not mandatory. The CMA also recommends providing information about the risks and benefits of different vaccination programs available to children and their families, including information about the potential risks associated with vaccine mixing. The CMA further recommends that school-based vaccination programs be developed in consultation with public health authorities and that they be aligned with national and provincial vaccination guidelines.

2. The CMA recommends that schools develop and implement comprehensive plans to mitigate the risk of COVID-19 transmission. These plans should include measures to ensure physical distancing, mask-wearing, enhanced cleaning and disinfection, and the use of personal protective equipment. The CMA also recommends that schools provide clear and consistent guidance to parents and students on the implementation of these measures.

3. The CMA recommends that schools work with public health authorities to ensure that they are aware of the latest information on the risk of COVID-19 transmission in schools and that they are able to respond appropriately. The CMA further recommends that schools have a plan in place for the effective management of suspected or confirmed COVID-19 cases and that they are able to communicate effectively with parents and students about the management of cases.

4. The CMA recommends that schools develop and implement plans to support the mental health and well-being of students during the COVID-19 pandemic. These plans should include measures to promote resilience and coping skills, as well as support for students who are experiencing stress or anxiety.

Documents:

- Interchangeability of vaccines (vaccine mixing)
- CMA Policybase - Canadian Medical Association
Interchangeability of vaccines (vaccine mixing)

https://policybase.cma.ca/link/policy14453

Policy document

2021-08-21

Health care and patient safety
Population health, health equity, public health

Interchangeability of vaccines (vaccine mixing)

Policy position/Recommendation

The Canadian Medical Association (CMA) recognizes the importance of ensuring that treatments, procedures, and interventions are safe, effective, and accessible for all Canadians. In the context of vaccination, interchangeability refers to the ability to substitute one vaccine for another within a specific indication, without compromising safety, efficacy, or immunogenicity.

The CMA has developed a position statement on vaccine interchangeability to provide guidance on when and how vaccines can be substituted to ensure accessible, effective, and safe vaccination programs for all Canadians. This position statement is intended to support the development of clinical and public health policies on vaccine interchangeability.

The CMA recognizes that interchangeability should be evaluated on a case-by-case basis, taking into consideration factors such as the specific indication, the vaccine strains, and the ability of the population to access the vaccine.

The CMA encourages health care providers to follow the recommendations of the Canadian Advisory Committee on Immunization Practices (ACIP) and other relevant national and international guidelines when assessing vaccine interchangeability.

Interchangeability of vaccines (vaccine mixing) (Policy 2021-

CMA Policybase - Canadian Medical Association
Firearms Control (Update 2021)
https://policybase.cma.ca/link/policy14401

POLICY TYPE          Policy document
DATE                2021-07-15
REPLACES            Firearms control (Update 2001)
TOPICS              Population health, health equity, public health
                      Health care and patient safety

Documents
Active Transportation

https://policybase.cma.ca/link/policy9483

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2009-05-31

TOPICS
Population health, health equity, public health

Documents
Health equity and the social determinants of health: A role for the medical profession

https://policybase.cma.ca/link/policy10672

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2012-12-08
TOPICS  Population health, health equity, public health

Documents
Restricting marketing of unhealthy foods and beverages to children and youth in Canada: A Canadian health care and scientific organization policy consensus statement

https://policybase.cma.ca/link/policy10676

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2012-12-08

TOPICS
Population health, health equity, public health

Documents
EARLY CHILDHOOD DEVELOPMENT

CMA Policy

EXECUTIVE SUMMARY

Early childhood development is foundational for lifelong health and well-being. The first 1000 days of life, often referred to as the early childhood period, are a critical time for development. During this time, children are particularly vulnerable to experiences that can impact their development negatively and permanently. It is important for all stakeholders, including governments, to recognize the importance of early childhood development and take actions to support and promote it. Achieving this goal requires a comprehensive and sustained approach that includes investment in early childhood education, health, and social services. This policy provides recommendations to support early childhood development and optimize outcomes for children.

POLICY RECOMMENDATIONS

1. The federal government should establish a national strategy for early childhood development that includes targets for improving outcomes and accountability for progress.

2. Provincial and territorial governments should develop comprehensive plans for early childhood development that include strategies for early identification of children at risk and early intervention programs.

3. Federal, provincial, and territorial governments should collaborate to develop and implement evidence-based programs that support early childhood development.

4. Federal, provincial, and territorial governments should work together to ensure that early childhood care and education are accessible and affordable for all families.

5. Health care providers, educators, and caregivers should be trained in early childhood development and provided with resources to support their work.

6. Research should be conducted to better understand the factors that influence early childhood development and to inform policy and program development.

7. Early childhood development should be integrated into all areas of public policy, including health, education, and social services.

The CMA recommends that:

1. The federal government establish a national strategy for early childhood development that includes targets for improving outcomes and accountability for progress.

2. Provincial and territorial governments develop comprehensive plans for early childhood development that include strategies for early identification of children at risk and early intervention programs.

3. Federal, provincial, and territorial governments work together to ensure that early childhood care and education are accessible and affordable for all families.

4. Health care providers, educators, and caregivers be trained in early childhood development and provided with resources to support their work.

5. Research be conducted to better understand the factors that influence early childhood development and to inform policy and program development.

6. Early childhood development be integrated into all areas of public policy, including health, education, and social services.

The CMA recommends that all stakeholders, including governments, workplaces, and families, work together to support early childhood development and optimize outcomes for children.
Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic
https://policybase.cma.ca/link/policy9109

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  2008-02-23
TOPICS  Ethics and medical professionalism, Population health, health equity, public health

Determining the impact of chemical contamination on human health
https://policybase.cma.ca/link/policy10149

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  2011-05-28
TOPICS  Population health, health equity, public health

Documents
Concussion in Sport, Leisure, and Occupational Settings

https://policybase.cma.ca/link/policy14023

POLICY TYPE  Policy document
DATE  2019-03-02
REPLACES  Head injury and sport (2011)
TOPICS  Health care and patient safety
Population health, health equity, public health

Documents

[Image of document with text]

Concussion in Sport, Leisure, and Occupational Settings

Executive Summary

Concussion is a common, serious, and often understated condition that requires heightened awareness and action. This policy document updates the 2011 Head injury and Sport policy with new evidence and recommendations. It provides a framework for recognizing and managing concussions in various settings, emphasizing the importance of education, prevention, and support for those affected.

Current

Concussion is a common injury in sport and leisure activities, with the majority occurring in youth. The incidence of concussions may vary depending on the activity and age group. In some settings, such as contact sports, the risk of concussion is higher due to the nature of the sport. The policy aims to address these challenges by promoting evidence-based practices and guidelines.

Topically, concussions can occur in various settings, including sport, leisure, and occupational environments. The policy seeks to align with best practices and to ensure that individuals are provided with the necessary support and resources to manage concussions effectively.

Background to Concussion in Sport, Leisure, and Occupational Settings

1) How this Background in Policy Should be Shaped

The background for a recent recommendation is already embedded in the policy on Concussion in Sport, Leisure, and Occupational Settings. It emphasizes the importance of evidence-based guidelines and best practices in managing concussions.

2) What Time the Head-injury and Sport (2011) Policy Should be Replaced

The policy should be replaced to reflect current evidence and best practices. This includes updated guidelines on recognition, assessment, and management of concussions, as well as improved communication between healthcare providers and patients. The revised policy aims to provide a comprehensive framework for addressing concussions in various settings.
Antimicrobial Resistance (AMR)

https://policybase.cma.ca/link/policy14079

POLICY TYPE: Policy document
DATE: 2019-03-02
TOPICS: Health care and patient safety, Population health, health equity, public health

Documents

CMA Code of Ethics and Professionalism

https://policybase.cma.ca/link/policy13937

POLICY TYPE: Policy document
DATE: 2018-12-08
CMA CODE OF ETHICS AND PROFESSIONALISM

The CMA Code of Ethics and Professionalism articulates the ethical and professional values of the medical profession. The Code provides principles of ethical conduct that guide medical practice. The Code is designed to help medical practitioners reflect on their professional responsibilities and to promote ethical decision-making in medical practice.

The Code is structured around several key principles, including:

1. **Integrity**
   - Medical practitioners should act with integrity, honesty, and trustworthiness.
   - They should not engage in conduct that is contrary to the public interest.

2. **Responsibility**
   - Medical practitioners have a responsibility to act in the best interests of their patients and the community.
   - They should ensure that their actions are consistent with the principles of the Code.

3. **Confidentiality**
   - Medical practitioners should maintain the confidentiality of information about their patients.
   - They should not disclose such information without the patient's consent.

4. **Compassion and Respect**
   - Medical practitioners should demonstrate compassion and respect for their patients.
   - They should provide care that is responsive to the needs of the patient.

5. **Participation in Society**
   - Medical practitioners should participate in the ethical conduct of the community and society.
   - They should participate in the development of health policies and programs.

The Code is an important tool for promoting ethical conduct in medical practice and ensuring the provision of high-quality care. Medical practitioners are encouraged to use the Code to guide their professional decisions and actions.
Climate Change and Human Health
https://policybase.cma.ca/link/policy9809

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2010-06-09

TOPICS
Population health, health equity, public health

Documents
Lessons from the frontlines: A collaborative report on Pandemic H1N1

https://policybase.cma.ca/link/policy9840

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2010-08-26

TOPICS
Population health, health equity, public health

Documents
Ensuring equitable access to health care: Strategies for governments, health system planners, and the medical profession

https://policybase.cma.ca/link/policy11062

POLICY TYPE
Policy document
LAST REVIEWED
2018-03-03
DATE
2013-12-07
TOPICS
Health systems, system funding and performance
Population health, health equity, public health

Documents
The built environment and health
https://policybase.cma.ca/link/policy11063

POLICY TYPE Policy document
LAST REVIEWED 2018-03-03
DATE 2013-12-07
TOPICS Population health, health equity, public health

Documents

The Canadian Medical Association
Policy on the Built Environment and Health

November 7, 2013