

TOWNSHIP OF EDWARDSBURGH CARDINAL

COVID-19 Vaccination Policy Revision January 2022

Purpose

The Township of Edwardsburgh Cardinal (the “Township”) is committed to providing a safe working environment for our employees, our residents and members of the public with whom we interact with on a regular basis. The purpose of the Vaccination Policy (the “Policy”) is to provide guidelines pertaining to the expectations and requirements of individuals with respect to COVID-19 vaccination and outlining how this policy is incorporated into our overall health and safety plan.

Scope

This policy applies to any individual who is employed by or who represents the Township in any capacity, including but not limited to full-time, part-time, and temporary Township staff, volunteers and all council members.

Definitions

Immunity*: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine*: A product that stimulates a person’s immune system to produce an immunity response to a specific disease, protecting the person from that disease or reducing the severity of illness and/or the transmissibility of that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination*: The act of introducing a vaccine into the body to produce an immunity response to a specific disease.

Immunization*: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

Individual: Anyone who is employed by or who represents the Township in any capacity, including but not limited to full-time, part-time, and temporary Township staff, volunteers and all council members.

Representative: shall mean CAO or their assigned designate(s).

*taken from Centre of Disease Control and Prevention

Background

The employer, supervisor, and employees all have obligations under the *Occupational Health and Safety Act* to maintain a safe work environment.

As the employer, we have a responsibility to protect all workers and the community in which we operate, and it is for this reason that it is critical that the Township and its staff take all precautions to protect against COVID-19.

Although being fully vaccinated does not eliminate the risk of becoming infected, it does greatly increase the ability of the body to actively respond to and reduce the severity of the infection, compared to the non-vaccinated.

The Township is actively promoting vaccination to:

- 1) Reduce employee absences due to illness; and
- 2) Ensure sustained workplace productivity; and
- 3) Keep the workforce healthy by preventing employees from getting COVID-19; and
- 4) Boost workplace morale.

Vaccination should be viewed as another layer of protection used in conjunction with and not as a substitute to primary precautionary measures.

Primary precautionary measures include good hygiene practices, physical distancing, wearing a mask when physical distancing is not possible, and staying home when feeling sick.

COVID-19

COVID-19 is defined as the SARS-CoV-2 virus (severe acute respiratory syndrome coronavirus 2). As COVID-19 has spread, mutations have occurred in the virus's genetic code, resulting in several new variants of COVID-19. In this Policy, COVID-19 refers to both the initial COVID-19 virus and all of its mutations/variants.

COVID-19's incubation period is usually five to seven days but can range from one to fourteen days. Individuals may spread COVID-19 within fourteen days of contracting the virus and may develop symptoms any time within those fourteen days. Although some people may not develop symptoms (i.e., are asymptomatic), they may still spread the virus. Common symptoms of COVID-19 include the sudden onset of a high fever, chills, sore throat, fatigue, and a dry cough. These symptoms may be accompanied by other symptoms such as body aches, loss of taste and smell, and diarrhea. More serious symptoms include difficulty breathing or shortness of breath, chest pain, and loss of speech or movement. In some cases, COVID-19 can be fatal.

The COVID-19 vaccine is one of the most effective ways to prevent transmission of and infection by COVID-19. Canadian public health authorities have stated that vaccines are safe, have few side effects, and have a high rate of effectiveness.

Vaccine Requirement

It is the policy position of the Township to strongly recommend and encourage all staff to become vaccinated to protect against COVID-19, as recommended by the Local Medical Officer of Health and the Chief Medical Officer of Health for the Province.

In the case of an individual who has been offered the vaccine and chosen not to be vaccinated, the Township will ~~require the employee to undergo daily workday testing, view the information and may implement necessary actions up to and including restricting access to the workplace, placing the individual on an unpaid leave of absence, and/or modifying or terminating their contract of employment.~~

Vaccination Status

Individuals are required to disclose the status of vaccination (full, partial, non) to their appropriate representative by September 30, 2021.

The process for disclosing and recording status is as follows:

- 1) Individual meets with the appropriate representative;
- 2) Present a valid vaccination record provided through the Ministry of Health;
- 3) Appropriate Representative completes Vaccination Status form found in schedule A of this document;
- 4) Individual and Representative sign-off on form; and
- 5) Completed form will be kept in individual's confidential human resource file.

Non-Vaccinated or Partial Vaccinated Testing Protocol

Any employee who is not fully vaccinated must complete ~~daily workday~~ regular rapid antigen point of care testing for COVID-19, ~~at a minimum of once every seven days or such shorter period as directed by the Township,~~ and provide verification of the negative test result to their department manager ~~prior to starting the workday on a weekly basis or such shorter period as directed by the Township.~~

The testing frequency will be based on public health and provincial guidance documents on best practices. The individual will be required to produce a negative result from a recognized and approved testing method 24 hr prior to attendance at township meetings and/or start of the workweek.

Accommodations

The Employer will assess any request for accommodation related to this Policy in accordance with its obligations pursuant to the *OHRC*. The Township reserves the right to request such information as it deems necessary for such purposes. Accommodation requests will be assessed on a case-by-case basis.

Employees requesting accommodation in relation to this Policy must:

1. Disclose to the Township their need for accommodation;
2. Provide the required supporting information/documentation to substantiate the reason(s) that they are unable to receive a COVID-19 vaccine; and
3. Cooperate and participate in the Employer's efforts to accommodate, including by accepting reasonable accommodation.

Any information or documentation provided during the accommodation process will be held in the strictest confidence, to be shared only on a "need to know" basis to facilitate the accommodation process.

Supporting Documentation

For the purposes of this policy, required supporting documentation will be:

1. Written proof of a medical reason, provided by a physician or registered nurse practitioner that sets out:

- a) a documented medical reason that the employee cannot be vaccinated against COVID-19; and
 - b) the effective time-period for the medical reason (i.e. permanent or time-limited).
2. Written documentation from an ordained member of the religious faith or denomination, deemed acceptable by the courts, will be required for a religious exemption.

The Township may request further information as necessary for the purposes of determining an accommodation request, including information beyond that requested in Schedule A.

Non-Compliance

Individuals failing to follow this policy may be subject to disciplinary action up to and including termination of employment.

Progressive Steps

1. Education
2. Support
3. Correction
4. Discipline

Confidentiality

Information relating to an individual's proof of vaccination and/or the reason(s) for not receiving a COVID-19 vaccination will remain in their confidential Human Resources file for the purposes of ensuring the safety of the Township's employees, contractors, and local communities, in the event of a COVID-19 outbreak.

Related Policies

The Township and all employees shall continue to comply with all existing COVID-19 infection prevention measures in place, as amended from time to time, and this Policy shall be read in conjunction with such policies, measures, and directives.

COVID-19 Related Illnesses or Absences

The same rules that apply under collective bargaining agreement and non-union personnel policy for other illnesses or absence shall apply for COVID-19 related illnesses or absences.

Review and Modification of Policy

The Township will review this Policy on a regular basis and reserves the right to modify its contents at any time, based on current available public health information and recommendations, any further legislative amendments, and operational requirements.

Contact for Interpretation

Contact your immediate supervisor with any questions relating to the interpretation of this policy.

See Schedule A – Township Vaccination Status Form

Schedule A – Township Vaccination Status Form

Name: _____ Date: _____

Vaccination Status (please check one)

_____ Full _____ Partial (Complete Part A) _____ None (complete Part A and B, **or** C)

Part A: Next Scheduled Dose: _____

Part B: Next Scheduled Dose: _____

Part C – Reason: _____ medical _____ religion/creed

By signing below, I _____ (print individual name) am attesting that the information provided above is truthfully to the best of my knowledge and the organization can use this information as a valid record of my vaccination status. I acknowledge that failure to submit this form in accordance with the Policy or knowingly submitting false information on this form may result in disciplinary action up to and including termination of employment.

Individual Signature: _____

Representative Name: _____

Representative Signature: _____

Full Vaccination: means the individual has received (2) two doses of an approved vaccine and 14 days have passed since second dose.

Partial Vaccination: means the individual has received only (1) dose or (2) doses of an approved vaccine and the 14 day period has not ended.

Non-Vaccinated: means the individual has not received any approved vaccine doses.

Approved COVID-19 Vaccines

Moderna
Pfizer-BioNTech
AstraZeneca/COVISHIELD
Janssen (Johnson & Johnson)

Additional Notes:

