

	The Corporation of the Township of St. Clair Personnel Policies	Policy No:	100.41
		Revision No:	
		Title:	COVID-19 Mandatory Vaccination
Approved By:	John Rodey	Implementation Date:	November 2, 2021
Signature:		Review/Update Date:	
Location:		Approval Date:	November 1, 2021

1. POLICY STATEMENT

COVID-19 has had an unprecedented impact in the community, workplace and on the Township's operations and services. COVID-19 infection leads to illness that can include serious illness and possibly death.

Over the course of the COVID-19 Pandemic, numerous health and safety measures have been implemented in an effort to avoid the transmission of COVID-19 between and amongst co-workers and those we serve.

As highly transmissible variants of COVID-19 emerge, infecting at a greater rate unvaccinated individuals, who are then more prone to serious illness, hospitalization and to transmitting the virus to others, vaccination against COVID-19 has emerged as a safe, reasonable, and effective protection against COVID-19. Vaccination has been shown to be effective in reducing COVID-19 transmission and to provide a high degree of protection against infection and serious illness from COVID-19 and its variants.

The health and safety of Township employees and those we serve is a priority. The Township of St. Clair, as an employer, has an obligation under the Occupational Health and Safety Act to take every precaution reasonable in the circumstances for the protection of its workers.

In an effort to:

- maintain a healthy and safe workplace for all,
- reduce the risks of transmission and serious illness associated with COVID-19 and its variants, and
- prevent outbreaks in the workplace,

the Township has mandated this vaccination policy to reduce the risk of COVID-19 in the workplace.

2. POLICY PURPOSE

The purpose of this policy is to outline the St. Clair Township's requirement regarding COVID-19 vaccination and provide direction to employees, contractors, and volunteers including Firefighters, members of Council and persons appointed by Township Council on the requirement to receive the COVID-19 vaccination, provide proof of vaccination or a bona fide exemption and conditions for attending work without vaccination.

3. SCOPE

This policy applies to all employees of the Township, including full-time, part-time, permanent, temporary and casual, volunteers including Firefighters, members of Council and persons

appointed by Township Council, and students.

The policy applies to contractors and consultants acting on behalf of the Township as required.

New employees to the township are required to be in compliance with this policy on their first day of employment and are subject to the terms outlined below.

The Township reserves the right to amend the scope of this policy as required, with minimal notice, to meet changing provincial or federal requirements.

4. DEFINITIONS

For the purpose of this Policy:

"Employee(s)" means employees of the Township, individuals providing personal services to the Township under contract, students, and volunteers including Firefighters, members of Council and persons appointed by Township Council.

"Rapid Antigen Test(ing)" means an antigen screening test approved to screen asymptomatic individuals for COVID-19.

"Vaccinated" means to be fully treated with, and having received a complete series of, a COVID-19 vaccine approved for use in Canada by Health Canada (e.g., two doses of two-dose vaccine series) for a period of at least fourteen (14) days.

"Workplace" means any premise, land, location, vehicle, or thing where an Employee works but does not include an employee's home while the employee is participating in a work from home arrangement.

5. RESPONSIBILITIES

The Township and its Employees have a responsibility to take all precautions reasonable in the circumstances to safeguard health and safety in the workplace. To that end, it is essential that the Township and its Employees be vaccinated against COVID-19 in accordance with this policy.

6. POLICY

1. Employees

- a. Save and except as stated in section 2.0 below, every Employee attending and/or working from a Township Workplace shall be vaccinated against COVID-19.
- b. Employees subject to paragraph a) above shall submit proof of being fully vaccinated to the Township no later than December 14, 2021, together with completed St. Clair Township Consent to Disclose/Release Medical Information Form. Individuals who are not Employees of the Township as at the effective date of this Policy shall submit proof of being Vaccinated prior to their start date.
- c. For the purposes of this Policy and in particular paragraph b) above, proof of vaccination shall be limited to a copy of:

- i. a vaccination receipt issued by a public health authority,
 - ii. a vaccination receipt issued any Province, and/or
 - iii. a vaccination passport issued by a Province and/or Government of Canada.
- d. An Employee who chooses not to provide proof of being fully vaccinated and do not receive an approved exemption shall submit a completed St. Clair Township COVID-19 Acknowledgement Form no later than December 14, 2021, declaring that they choose not to provide proof of being fully vaccinated. Employees shall submit to regular COVID-19 Rapid Antigen Testing, at his or her cost and on his or her own time, no less than:
 - i. once every seven (7) days, or
 - ii. on such greater frequency and in such manner as set out by Provincial directives, guidelines and/or orders applicable to the Employee's specific Workplace.
- e. Employees subject to Rapid Antigen Testing shall submit the results thereof, whether positive or negative, to the Township on a weekly basis in the form required by the Township. Employees testing positive on a Rapid Antigen Test shall not enter the Workplace. Such Employees shall communicate the positive result to their supervisor and/or manager for further direction. In any event, any Employee subject to Rapid Antigen Testing pursuant to this Policy who attends a Workplace affirms to the Township in doing so that his or her latest antigen test was negative for COVID-19.
- f. In addition to the requirements for Rapid Antigen Testing stipulated in paragraphs (d) and (e) above, an Employee subject to paragraph (d) on account of not having provided proof of vaccination shall be required to successfully complete the Township's education program on COVID-19 vaccines no later than December 21, 2021.
- g. The Township's COVID-19 vaccines education program shall cover the following:
 - i. How COVID-19 vaccines work;
 - ii. Vaccine safety related to the development of the COVID-19 vaccines;
 - iii. Benefits of vaccination against COVID-19;
 - iv. Risks of not being vaccinated against COVID-19; and
 - v. Possible side effects of COVID-19 vaccination.
- h. Employees found to be in violation of this Policy and/or found to have wilfully provided false information to the Township in respect of any subject matter addressed in this Policy are subject to discipline up to and including termination of employment for cause/just cause.

2. Exemptions/Accommodations

The object of this Policy is the protection of the health and safety of Employees and those who the Township serves. Any Employee seeking an exemption and/or reasonable accommodation in relation to this Policy and its requirements in accordance with the *Ontario Human Rights Code* and/or *Accessibility for Ontarians with Disabilities Act*, are asked to speak to their supervisor/manager.

The Employee's circumstances will be reviewed on a case-by-case basis taking into account the

bona fide requirements of their position, duties and responsibilities and reasonably available accommodations, if any, taking into account all relevant factors and limitations on the Township's duty to accommodate prescribed by law.

Employees seeking an exemption are required to provide one of the following:

- a) Completed St. Clair Township Statement of Medical Exemption Form which is consistent with an acceptable exemption established by the College of Physicians and Surgeons of Ontario, and which includes a signed statement provided by either a physician or nurse practitioner in the extended class that sets out:
 - i. That the person cannot be vaccinated against COVID-19; and
 - ii. The effective date and duration of the medical exemption.
- b) Completed St. Clair Township Statement of Religious, Creed, Conscience Belief Form outlining the tenants of the religion, creed, or conscience belief which are impacted by vaccination, and which includes a signed statement provided by the employee's respective faith leader, as required.

The Township's Human Resources Department will assist with these requests and written proof setting out the rationale and grounds for requesting accommodation will be required for the request to be assessed. The Township cannot assure any Employees who cannot or who chooses not to get vaccinated and/or tested will be able to continue working in their current position, or at all.

3. Confidentiality - Privacy

The Township of St. Clair is committed to preserving your privacy.

Any and all information provided to the Township for the purposes of this Policy will be used solely for the purposes of administering and enforcing this Policy and shall be safeguarded by the Township of St. Clair against any unauthorized use, access and/or disclosure.

4. COVID-19 Rapid Antigen Testing

Employees who are not fully vaccinated as of December 14, 2021, will be required to submit to ongoing antigen testing and provide to the Township's Human Resources Coordinator the certified receipt of test results administered by a medical practitioner within 24 hours of the start of the employee's regular scheduled shift. Such testing shall be at the expense of the employee and is required to be submitted on Wednesday of each week, or as otherwise directed. Ongoing antigen testing is required for the duration of this policy, or as otherwise directed.

5. Non-Compliance

In accordance with Township's Human Resources policies, OPSEU collective agreement, and applicable legislation, non-compliance with the COVID-19 Mandatory Vaccination Policy will result in a meeting with the employee, including their Union representative if applicable, which may result in disciplinary action up to and including termination.

6. Continued Adherence to Public Health Measures

All employees are required to practice Public Health measures to control the spread of COVID-19 regardless of their vaccination status.

Employees must adhere to the Township's health and safety protocols at all times while in the workplace, including handwashing, physical distancing where possible, and the use of Personal Protective Equipment as required by their position.

7. Review

a) The Policy may be amended by the Township from time to time as relevant circumstances change, and at all times the Policy shall be applied in accordance with, and subject to, the Occupational Health and Safety Act, the Ontario Human Rights Code, the Ontarians with Disabilities Act, and all other applicable law.

b) Notwithstanding paragraph (a), this Policy shall be regularly reviewed on a frequency of no less than three months.

7. RELATED POLICIES AND DOCUMENTS

This policy shall be read in conjunction with the following policies and documents:

Policies:

- HS 100.1 Health & Safety Policy and Program
- HS 100.24 Workplace Violence and Harassment
- HS 100.38 Preventing COVID-19 in the Workplace
- HS 100.39 COVID-19 Workplace Safety Plan
- HS 100.37 Non-Occupational Disability Accommodation
- All health and safety rules, including COVID-19 protocols, communicated in the workplace.

Additional Documents:

- Accessibility for Ontarians with Disabilities Act (AODA)
- Municipal Freedom of Information and Privacy Protection Act (MFIPPA)
- Ontario Human Rights Code
- Occupational Health & Safety Act

Appendices:

- I. St. Clair Township Consent to Disclose/Release Medical Information Form
- II. St. Clair Township COVID-19 Acknowledgement Form
- III. St. Clair Township Statement of Medical Exemption Form
- IV. St. Clair Township Statement of Religious, Creed, Conscience Belief Form

Revision History:

Revision No.	Date	Description of Revision	Revised By



COVID Vaccination Consent to Disclose/Release Medical Information Form

I, _____, consent to disclose/release:
(Print your name)

my personal health information consisting of my COVID-19 vaccination status; related *Ontario Human Rights Code* exemption(s); *Charter of Rights and Freedoms* ground(s); or medical exemption(s), and the supporting documentation ancillary to such exemption(s).

to The Corporation of the Township of St. Clair, Human Resource Department for the purposes of implementation of its COVID-19 Mandatory Vaccination Policy, for administering health and safety protocol, and infection and prevention control measures in the workplace.

I understand the purpose for disclosing this personal health information to The Corporation of the Township of St. Clair. I understand that I can refuse to sign this consent form.

My Name: _____ Address: _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ Date: _____

Witness Name: _____ Address: _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ Date: _____



St. Clair COVID-19 Acknowledgment Form

Section 1 – Employee Information

Last Name		First Name		DOB (yyyy/mm/dd)
Home Address				
Unit Number	Street Number	Street Name		PO Box
City/Town			Province	Postal Code
Employee Number			Department	

I _____ choose not to disclose my full vaccination status; or

I _____ choose not to be fully vaccinated.

I acknowledge that by not being fully vaccinated or by not disclosing my full vaccination status, I am required to do the following:

- as of December 14, 2021, undertake regular antigen testing, at my own expense, prior to attending the workplace for my scheduled shift, every Wednesday of each week, or as otherwise directed, for the duration of the COVID-19 Mandatory Vaccination Policy;
- provide to the Township's Human Resources Department the certified receipt of test results administered by a medical professional for each antigen test;
- complete the COVID-19 Vaccine Mandatory Education Module no later than December 21, 2021.

I understand that the Township will make efforts to provide appropriate accommodation, however I understand that the Township is not legally obligated to do so. If accommodations cannot be provided, I understand that I may be placed on an unpaid leave.

Date (yyyy/mm/dd)

Signature of Employee



COVID-19 Vaccination Statement of Medical Exemption Form

Section 1 – Employee Information

Last Name	First Name	DOB (yyyy/mm/dd)
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Home Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Employee Number		Department	

Section 2 – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

Does the patient have a medical which meets the guidelines established by the College of Physicians and Surgeons of Ontario as a contraindication to receiving an approved vaccination?

What is the nature of the diagnosed condition?

What is the effective date and duration of the medical condition?

Attach additional pages to this form, if required.

Section 3 – Signature

Name of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Signature of Physician or Registered Nurse in the Extended Class	Date (yyyy/mm/dd)
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Date (yyyy/mm/dd)

Signature of Employee



COVID-19 Vaccination Statement of Religious, Creed, Conscience Belief Form

Section 1 – Employee Information

Last Name		First Name		DOB (yyyy/mm/dd)	
Home Address					
Unit Number	Street Number	Street Name		PO Box	
City/Town			Province		Postal Code
Employee Number			Department		

Section 2 – Statement of Religious or Creed Belief - Statement of Faith Leader

Please outline the tenants of the religious/creed which are impacted by vaccination.

Please describe the individual's involvement, connection to the religious belief/creed.

Attach additional pages to this form, if needed.

Section 3 – Signature

Name of Faith Leader and Organization

Business Address					
Unit Number	Street Number	Street Name		PO Box	
City/Town			Province		Postal Code
Signature of Faith Leader				Date (yyyy/mm/dd)	

Date (yyyy/mm/dd)

Signature of Employee