

Human Resources Policy & Procedure Manual

POLICY NO.	SECTION:	EMPLOYMENT
HR 1.20	POLICY TITLE:	COVID-19 Immunization Disclosure

1 Policy

- 1.01 The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization disclosure which applies to all personnel.
- 1.02 Contingent upon vaccine availability, all eligible individuals are strongly encouraged to receive the first, second and subsequent boosters of the COVID-19 vaccine, unless there is a medical reason to not receive a vaccine.
- 1.03 Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) recognizes the importance of immunization of individuals regularly interacting and providing services to children and families due to the nature of their work and potential for exposure in the community. This policy aims to protect staff, volunteers, students on educational placements, children, and families.
- 1.04 COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It may be characterized by fever, cough, shortness of breath, and several other symptoms. Asymptomatic infection is also possible. The risk of severe disease increases with age but is not limited to the elderly and is elevated in those with underlying medical conditions.
- 1.05 This policy will apply to the following groups of individuals:
- All child care personnel of the licensee;
 - All other personnel of the organization;
 - Volunteers;
 - Students on an educational placement;
 - Any person who provides child care or other services to a child who receives child care (i.e. special needs resourcing consultant);
 - Any person who provides services at the child care centre and all other locations (Main Office, EarlyON & Family Resource Programs) (i.e. repairs, maintenance, custodial, etc.).

2 Procedure

- 2.01 The Chief Medical Officer of Health has given direction to develop, implement and ensure compliance with a COVID-19 Immunization Disclosure policy.

All individuals covered by this policy who are fully vaccinated must provide proof of all required doses of a COVID-19 vaccine approved by the World Health Organization and sign the Attestation – Fully Vaccinated Against COVID-19 (see Attachment A).

All individuals covered by this policy who are **not** vaccinated must provide written proof of a medical reason provided by either a physician or nurse practitioner that sets out:

- a. that the person cannot be vaccinated against COVID-19; and
- b. the effective time period for the medical reason (i.e., permanent or time-limited).

The individual must still submit to OCOF/Nena's antigen testing requirements.

Individuals who do not intend to be vaccinated without a documented medical reason will be required to participate in an education session and must submit to OCOF/Nena's antigen testing requirements (see Attachment B).

- 2.02 Education session

The education session has been approved by the Ministry of Education Early Years and Child Care Division and recommended by OCOF/Nena and addresses all of the following learning components:

- how COVID-19 vaccines work;
- vaccine safety related to the development of the COVID-19 vaccines;
- benefits of vaccination against COVID-19;
- risks of not being vaccinated against COVID-19; and
- possible side effects of COVID-19 vaccination.

This education session must be completed on the employee's personal unpaid time.

Upon completion, the employee must sign the Attestation of Completion of Education Session (see Attachment B).

Here are the links for the videos:

- <https://www.youtube.com/watch?v=lylv8yFnjcM>
- <https://www.youtube.com/watch?v=FWJlgD68LZs> (with ASL interpretation)

2.03 Support for Vaccination

OCOF/Nena will provide up to 2 hours of COVID Sick Pay for all employees to access vaccination sites if their appointment falls during work hours. Please note that the time utilized will count as one COVID-19 Sick Day as per the COVID-19 Staff Absence Reference Guide.

2.04 Testing Requirements

Individuals who are not fully vaccinated must submit to regular rapid antigen testing. Individuals subject to these testing requirements must provide verification of negative test results three times per week.

- Testing is to take place at the individual's residence prior to attending work (this testing must be completed on the personnel's personal unpaid time).
- Testing should be implemented consistently on a weekly basis from Sunday to Friday.
- Testing should not take place more than 48 hours before attending work.

This handout explains how an individual can self-administer a COVID-19 rapid test kit:

<https://www.ontariohealth.ca/sites/ontariohealth/files/2021-08/PASP-COVID19-SelfTesting%20Instrucitons.docx>

<https://sudburychamber.ca/rapidtesting/>

Any individual that receives a preliminary positive result on a COVID-19 rapid antigen test, is required to isolate immediately and follow the COVID-19 screening guidelines at <https://covid-19.ontario.ca/school-screening/>.

Personnel who refuse to comply with COVID-19 related policies, participate in the education session and/or be tested on a regular basis will be suspended without pay until further notice.

2.05 All licensed child care programs are required to submit statistical information to the Ministry of Education related to the implementation of this vaccine disclosure policy.

2.06 Confidentiality Statement

As per s. 77 of O. Reg 137/15 made under the Child Care and Early Years Act, 2014, OCOF/Nena is required to report such statistical information to the Ministry of Education. No identifying information will be provided to the ministry in relation to this policy; all statistical information will be provided in aggregate form.

3 Attachments

- A – Attestation - Fully Vaccinated Against COVID-19
- B – Compliance with COVID-19 Immunization Disclosure

Date Approved: September 23, 2021	Date Revised: January 17, 2022	Authorized By: 
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Attestation – Fully Vaccinated Against COVID-19 Attestation – Entièrement vacciné(e) contre la COVID-19

I / Je, _____ (print name / nom en lettres moulées) choose to disclose that I am fully vaccinated against COVID-19 / *choisis de divulguer que je suis entièrement vacciné(e) contre la COVID-19.*

In this attestation, “fully vaccinated against COVID-19” means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by the World Health Organization (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and having received the final dose of the COVID-19 vaccine at least 14 days ago / *Dans cette attestation, « entièrement vacciné(e) contre la COVID-19 » signifie avoir reçu la série complète d’un vaccin contre la COVID-19 ou une combinaison de vaccins contre la COVID-19 approuvés par l’Organisation mondiale de la Santé. (p. ex., deux doses d’une série de vaccins à deux doses, ou une dose d’une série de vaccins à dose unique); et ayant reçu la dose finale du vaccin contre la COVID-19 il y a au moins 14 jours.*

I affirm that all of the information and answers provided herein and any accompanying supporting documentation are complete, true and correct to the best of my knowledge and belief as required by law. I understand that any misrepresentation, falsification, or omission of any material facts may render this attestation void / *J’affirme que tous les renseignements et toutes les réponses fournis dans le présent document et tous les documents à l’appui qui l’accompagnent sont complets, véridiques et exacts, au meilleur de ma connaissance et de mes convictions, comme l’exige la loi. Je comprends que toute fausse déclaration, falsification ou omission de faits importants peut rendre cette attestation nulle.*

Proof of Vaccination – Attached: / *Preuve de vaccination – Ci-joint :*

- COVID-19 Vaccination Receipt – 1st Dose / *Reçu de vaccination contre la COVID-19 – 1^{re} dose*

- COVID-19 Vaccination Receipt – 2nd Dose / *Reçu de vaccination contre la COVID-19 – 2^e dose*

Signature

Date



Compliance with COVID-19 Immunization Disclosure

Name: _____

I DECLARE THAT (Check one)

- I have written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
 - a. I cannot be vaccinated against COVID-19; and
 - b. the effective time period for the medical reason (i.e., permanent or time-limited).

I will submit to testing in accordance with the organization's policies for unvaccinated personnel.

Note: if medically exempted, the education session does not apply

Record of Medical Reason

Date of Medical Note:

Employee's Signature:

OR

- I am not vaccinated and will participate in and complete a vaccination education session, and will submit to testing in accordance with the organization's policies for unvaccinated personnel.

Attestation of Completion of Education Session

Date of Completion:

Employee's Signature:

****Personnel who refuse to be tested on a regular basis will be suspended without pay until further notice.****