



The Corporation of the District of Peachland

POLICY

COVID-19 VACCINATION POLICY

POLICY NUMBER: PER-025A

REFERENCE:

DECEMBER 17, 2021: CAO AUTHORIZATION

PURPOSE

The District of Peachland is committed to the safety and protection of its Council Members, Employees and Members of the Public from the risks of the unprecedented COVID-19 pandemic.

The District adheres to the advice of the Government of BC, the BC Center for Disease Control, and the Provincial Health Officer that recognizes the COVID-19 vaccine as an effective way of preventing or reducing the risk of infection with COVID-19. The District also recognizes that unvaccinated employees are at a higher risk than vaccinated employees of being infected with COVID-19 and transmitting COVID-19 to others.

This policy sets expectations and requirements for all employees with respect to COVID-19 and vaccinations with the intent of minimizing the risk of workplace outbreaks which could adversely disrupt District operations.

SCOPE

To minimize risks of disruption to essential services and groups, this policy applies to all District of Peachland Employees, regardless of workplace or work site location, including members of Peachland Fire & Rescue Service.

This policy also set the expectations of all District of Peachland Council Members as outlined in Section 5 of this policy.

Peachland Fire & Rescue Service Members are also subject to any additional rules and regulations set out by both BC Provincial and Canadian Federal Governments.

DEFINITIONS

- **“Council Member”** means a duly elected official for the Corporation of the District of Peachland.
- **“COVID-19”** means the SARS-CoV-2 coronavirus, including all variants.
- **“COVID-19 Vaccine/Vaccination”** means a COVID-19 vaccination series authorized by Health Canada.
- **“Employee(s)”** means all District of Peachland employees regardless of workplace or worksite location and includes contract employees who work in District facilities and members of the Peachland Fire & Rescue Service.
- **“Fully Vaccinated”** means having obtained all required doses of a Health Canada approved COVID-19 Vaccine and 14 calendar days have elapsed following the final dose and having provided Proof of Vaccination.

The District reserves the right to amend the definition of “Fully Vaccinated” in the event public health recommendations change, for example to include boosters and/or additional vaccinations.

- **“Medical Practitioner”** means a Physician/Specialist who is registered and licensed with the College of Physicians and Surgeons of British Columbia and is currently practicing medicine within British Columbia.

- **“Proof of Vaccination”** means the BC Vaccine Card issued by the Province of British Columbia, in electronic or paper form, or an official COVID-19 vaccination card provided at the time of vaccination, or other provincial, territorial or international equivalent indicating individual COVID-19 vaccination status.

POLICY

1.0 Vaccination Requirement

- 1.1 All District employees and members of Peachland Fire & Rescue Service are required to be Fully Vaccinated by February 28, 2022.
- 1.2 New employees are required to Show Proof of Vaccination as a condition of employment.

2.0 Proof of Vaccination

- 2.1 All employees must complete the Vaccination Status Disclosure form and provide it, along with supporting Proof of Vaccination to Human Resources no later than February 28, 2022. Instructions about how and to whom to deliver completed copies of this material are set out in the Vaccination Status Disclosure Form.

3.0 Accommodations

- 3.1 Employees with a certified medical condition, religious or other protected human rights grounds for not being vaccinated may be eligible for accommodation.
- 3.2 Employees seeking an accommodation, including those that have a medical exemption, either temporary or permanent, must follow the accommodation process and submit an application to Human Resources. For medical exemptions, the proof for exemption must be written by a licensed medical practitioner in good standing. Accommodation requests will be considered on a case-by-case basis.
- 3.3 Employees unvaccinated due to a medical or human rights accommodation may be required to take additional infection and prevention control measures, including regularly providing proof of a negative COVID-19 test, as well as self-isolating if exposed to COVID-19. Costs associated with COVID-19 testing will be the responsibility of the employee.

4.0 Compliance

- 4.1 It is a condition of employment that employees comply with the requirements set out in this Policy. Employees who do not comply with this Policy:
 - a) will be placed on an immediate unpaid Leave of Absence for a period of four weeks;
 - b) will report their vaccination status weekly to Human Resources while on the unpaid Leave of Absence;
 - b) will be permitted to return to work from the unpaid Leave of Absence upon becoming fully vaccinated and providing proof of vaccination;
 - c) will be subject to adverse employment consequences, including discipline up to and including termination of employment should the Employee continue to not comply with the requirements of this policy prior to the expiry of the leave as set out above.

Without limiting the generality of the foregoing, an employee who falsifies or misrepresents their vaccination status or the results of a COVID-19 screening test will be terminated.

5.0 Vaccination Requirement for Members of Council

- 5.1 All Council Members are required to be fully vaccinated with a COVID-19 Vaccine by February 28, 2022.
- 5.2 All Council Members must complete the Vaccination Status Disclosure form and provide it, along with supporting Proof of Vaccination to the Chief Administrative Officer no later than February 28, 2022.
- 5.3 Council Members with a certified medical condition, religious or other protected human rights ground for not being vaccinated will be eligible for accommodation.
- 5.4 Council Members seeking an accommodation, including those that have a medical exemption, either temporary or permanent, must follow the accommodation process and submit an application to the Chief Administrative Officer. For medical exemptions, the proof for exemption must be written by a licensed medical practitioner in good standing. Accommodation requests will be considered on a case-by-case basis.
- 5.5 Council Members unvaccinated due to a medical or human rights accommodation will be required to take additional infection and prevention control measures, including providing proof of a negative COVID-19 test prior to attending any Council meetings or functions, as well as self-isolating if exposed to COVID-19. Costs associated with COVID-19 testing will be the responsibility of the Council Member.
- 5.6 Council Members who do not comply with this Policy must attend Council meetings and Council functions through electronic means only.

6.0 Privacy of Information

- 6.1 The District will maintain vaccination disclosure information, including documentation verifying receipt of a vaccination series in accordance with privacy legislation. This information will only be used to the extent necessary for implementation and application of this policy, for administering health and safety protocols, and infection and prevention control measures in the workplace and shall be destroyed when no longer required.

END OF POLICY

I understand that this information is confidential and will be treated as such by my employer in accordance with applicable legislation. The information will only be maintained so long as it is required. If you have any questions or concerns, you may speak with your manager, Human Resources, or your union.

_____ Date

_____ Employee/Council Member Signature

Human Resources has seen and verified the proof of vaccination.

_____ Date

_____ Human Resources

For office use only:

Vaccine status verified on: _____
Date

By: _____
Print Name

Type of documentation provided:

- QR Code (preferred)
- BC Immunization Card
- Other (specify) _____

Signature of verifier: _____

Date: _____

The personal information on this form is collected by the District of Peachland pursuant to s. 26© of the Freedom of Information and Protection of Privacy Act and will be used for the purpose of administering the District's Mandatory Covid-19 Vaccination Policy. Questions can be directed to the Director of Corporate Services at 250-767-3704.

MEDICAL ACCOMMODATION REQUEST FOR VACCINE EXEMPTIONS

Employees with a disability that prevents them from being vaccinated may be eligible for accommodation. Requests for accommodation will be addressed on a case-by-case basis. This form is for those who are seeking an accommodation due to a disability.

The purpose for collection and use of this information is to fulfill the responsibility of the District of Peachland ("the District") to ensure the health and safety of its employees. Information supplied on this form will be used to consider your request for accommodation.

In order to ensure consistency for accommodation requests throughout the District, the following processes have been put in place:

- **Request for Medical Accommodation Form** - District's mandatory form that must be completed and signed by a Physician/Specialist who is registered and licensed with the College of Physicians and Surgeons of British Columbia and is currently practising medicine within British Columbia.
- **Cost** – any costs associated with the form's completion will be the responsibility of the employee.
- **Submission Date** – completed forms must be submitted by February 28, 2022. Incomplete or late forms will not be reviewed or considered.
- **Approval is Not Guaranteed** – employees will be notified in writing if your accommodation (exemption) has been approved or denied.

Completed forms are to be sent confidentially to Jennifer Sawatzky – Corporate Officer or in the case of a Council member to Joe Creron – Chief Administrative Officer.

The District will ensure that the collection, use, disclosure, storage, and disposition of all personal information will be in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA).



**DISTRICT OF PEACHLAND
REQUEST FOR ACCOMMODATION
MEDICAL EXEMPTION FROM VACCINATION**

To request a medical exemption from the District of Peachland’s Covid-19 Vaccination Policy, you must complete and submit this Accommodation Request Form. Failure to submit the Form and provide the requested information will result in the District of Peachland denying your request.

Name:	
Department:	Position:
Manager:	Work Phone #:

I, _____ (print name), hereby authorize my physician to release the information on this form to the District of Peachland for the purpose of verifying my vaccination status. I understand that I may revoke this authorization at any time.

Signature: _____ **Date:** _____

By signing this form, I am attesting that I am requesting an accommodation in good faith and that the information I am providing is true and correct.

TREATING PHYSICIAN ATTESTATION

I CERTIFY THAT the above individual is in my care. I attest that I am aware of and have reviewed the latest “Valid contraindications and deferrals to COVID-19 vaccination”, published by the Office of the Provincial Health Officer of British Columbia, and that based on my knowledge of patient and information available to me, the above patient has a medical condition which prevents them from receiving a COVID-19 vaccine at this time.

The medical contraindication must meet the criteria below as per the national Advisory Committee on Immunization (NACI) and the criteria set out in the “Valid contraindications and deferrals to COVID-19 vaccination”, published by the Office of the Provincial Health Officer of British Columbia a copy of which is attached as Appendix “A”.

Please check the appropriate box:

- Severe allergic reaction or anaphylaxis after a previous dose of an mRNA vaccine.
- Severe allergic reaction to anaphylaxis or to any of the components (including polyethylene glycol (PEG), tromethamine, and polysorbates) of the vaccine

Other reason the patient is unable to receive a COVID-19 vaccine
If you checked the box "Other Reason" above, please provide details related to the other reason:

The Patients medical condition is:

Temporary. Should no longer be an issue effective (date): _____

Permanent

Physician's Name:	
Phone No.:	Fax No.:
Address:	

By signing below, I certify that the answers to the above questions represent my professional medical opinion, which I am qualified to provide, and are based on my own examination of the Employee and relevant medical documentation.

Physician's Signature: _____

Specialty: _____

Date: _____

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RELIGIOUS ACCOMMODATION REQUEST FOR VACCINE EXEMPTIONS

Employees who hold a sincere belief, based on the creed/religion they practise, that they are not permitted to be vaccinated against COVID-19 may be eligible for religious accommodation under the BC Human Rights Code. Requests for accommodation will be addressed on a **case-by-case** basis.

The purpose for the collection and use of this information is to fulfill the responsibility of the District of Peachland ("District") to ensure the health and safety of its employees. Information supplied on this form will be used to consider your request for accommodation.

In order to ensure consistency for accommodation requests throughout the District, the following processes have been put in place:

- **Request for Religious Accommodation Form** – the District's mandatory form must be completed by the employee and the employee's religious leader.
- **Cost** – any costs associated with the completion of the form(s) will be the responsibility of the employee.
- **Submission Date** – completed forms must be submitted by February 28, 2022. Incomplete or late forms will not be reviewed or considered.
- **Approval is Not Guaranteed** – employees will be notified in writing if your accommodation (exemption) has been approved or denied.
- **The District may require additional supporting documentation from the employee's religious leader.**

Completed forms are to be sent confidentially to Jennifer Sawatzky – Corporate Officer or in the case of Council Members to Joe Creron – Chief Administrative Officer.

The District will ensure that the collection, use, disclosure, storage, and disposition of all personal information will be in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA).



**DISTRICT OF PEACHLAND
REQUEST FOR ACCOMMODATION
RELIGIOUS EXEMPTION FROM VACCINATION**

To request an accommodation from the District of Peachland’s Covid-19 Vaccination Policy, you must complete and submit this Accommodation Request Form. Failure to submit the Form and provide the requested information will result in the District of Peachland denying your request.

Name:	
Department:	Position:
Manager:	Work Phone #:

By signing this form, I am attesting that I am requesting an accommodation in good faith and that the information I am providing is true and correct.

I further authorize a representative of the District of Peachland to speak to my creed/religious leader about my request for an exemption and to request further information and/or documentation about my creed/religion from the leader.

Signature: _____ **Date:** _____

Section A: Request for Religious Accommodation
<input type="checkbox"/> I request a religious accommodation to the District of Peachland’s Covid-19 Vaccination Policy.
Section B: Religious Leader Statement*
<i>*IMPORTANT: Please have your Religious Leader attest to and sign this Statement below.</i>
<p>I CERTIFY that:</p> <ul style="list-style-type: none"> • I am familiar with the above-named Employee and his/her/their religious beliefs; and, • The defined tenets of their religion prohibit vaccination for COVID-19. <p>Title of Church or Religious Body: _____</p> <p>Date the above-named Employee joined this faith: _____</p> <p>The defined tenets of the religion that prohibit vaccination for COVID-19 are:</p>

<p>I authorize the District of Peachland to contact me directly for additional information and/or clarification about my knowledge of the Employee's religious belief(s) that provide a basis for accommodation from the District's Covid-19 Vaccination Policy.</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>

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