



TYPE	Administrative
NAME	COVID-19 Vaccination Policy
DATE APPROVED BY COUNCIL	June 17, 2022
DATE REVISED BY COUNCIL	

INTENT

The intent of this policy is to require that people who provide services to the College be fully vaccinated against COVID-19, subject to any required human rights-based exceptions.

BACKGROUND

Vaccination against COVID-19 has proven to be effective in preventing transmission and infection of the virus. As the College's in-person operations resume, the College wants to ensure that it maintains a healthy and safe workplace, consistent with its public interest mandate and special duty to promote public health.

THE POLICY

Definitions

"Worker" means a person who performs work or supplies services for monetary compensation from the College, and includes employees, Committee members, Council members, Peer Assessors, Exam Assessors, and contracted service providers. It also includes volunteers who are contracted to provide work to the College from time to time.

"Fully vaccinated" means 14 days have elapsed since the worker has received their second dose of a two-dose COVID-19 vaccine series authorized by Health Canada (e.g., Moderna, Pfizer-BioNTech, AstraZeneca) or their first dose of a one-dose COVID-19 vaccine series (i.e., Johnson and Johnson).

"Proof of full vaccination" means one of the following:

1. A vaccination attestation form provided by the College that is completed and signed by the worker. The attestation will include relevant details regarding the worker's vaccination schedule such as the date of administration of the second dose of COVID-19 vaccination or, in the case of a one-dose vaccine (i.e., Johnson and Johnson), the date of the administration of that dose.

2. A copy of the second dose (or single dose, in the case of a one-dose vaccine) administration receipt provided by the Ontario Ministry of Health or other government with oversight for the administration of the vaccine.
3. A copy of the Ontario Government vaccine certificate demonstrating the worker is fully vaccinated.

Mandatory Vaccination

The College has adopted a mandatory vaccination policy, where all College workers must be fully vaccinated with the COVID-19 vaccine in order to attend at the College office or any College-sponsored event or activity. Workers will be asked to provide proof of full vaccination to the Registrar and CEO.

Please note that the College will make any necessary accommodations to this policy as may be required under the *Human Rights Code*. Workers who are requesting a human rights-based exemption to the policy should make such request to the Registrar and CEO. Such requests will be evaluated on an individualized basis, and workers may be asked to provide further information to the College in order to evaluate the request. In evaluating requests, the College will consider the relevant principles under the *Human Rights Code*, the College's public protection mandate, and the College's responsibilities to its workers under the *Occupational Health and Safety Act* to maintain a healthy and safe workplace.

Any information about a worker's vaccination status or exemption request will be used to assess compliance with this policy and will be stored in a secure manner, accessible only to designated College personnel.

RELATED LEGISLATION AND DOCUMENTS

Occupational Health and Safety Act, R.S.O. 1990, c. O.1

Human Rights Code, R.S.O. 1990, c. H.19

Vaccination Attestation Form

REVISION CONTROL

Date	Revision	Effective



COLLEGE OF
DENTURISTS
OF ONTARIO

VACCINATION ATTESTATION FORM

I, _____, attest to the College of Denturists of Ontario that I am fully vaccinated against COVID-19, where fully vaccinated means that 14 days have elapsed since I have received my second dose of a two-dose COVID-19 vaccine series authorized by Health Canada (e.g., Moderna, Pfizer-BioNTech, AstraZeneca) or my first dose of a one-dose COVID-19 vaccine series (i.e., Johnson and Johnson).

The relevant information about my vaccination status is as follows:

Name of the COVID-19 vaccine(s) I received (e.g., Moderna, Pfizer-BioNTech, AstraZeneca, Johnson and Johnson):

Please list all vaccines if you received more than one type

The date of my second dose of a two-dose COVID-19 vaccine series (or the date of my first dose of a one-dose COVID-19 vaccine series, if applicable):

I understand that providing false information to the College may result in disciplinary action, up to and including termination of employment for cause (in the case of College employees).

I attest that the foregoing information is true. I have had an opportunity to ask any questions I have about this attestation to the College's Registrar and CEO. I further understand that the College may require that I provide further information about my vaccination status upon reviewing this attestation form.

Date

Signature