

Accelerator Centre Community Vaccination Policy

Written: September 2021

Reviewed: October 2021

Revised: October 22, 2021

1. PURPOSE

The Accelerator Centre is committed to providing a safe working environment for our employees, our clients, and our community members. The COVID-19 pandemic has caused significant morbidity, mortality, and social and economic disruption in Canada and worldwide. COVID-19 vaccines have been approved by Health Canada and are available to all working-age Canadians. The vaccines approved for use in Canada have been shown to be safe and effective against symptomatic COVID-19.¹

With the intent of keeping our community safe and healthy, in March of 2020, we took a strategic decision to transition to a remote work model and allowed staff to work from home and extended our programming remotely. However, we know that many members of our community wish to continue to leverage our physical office spaces to connect and collaborate. Others may be beginning to consider return to the office soon.

The purpose of this Vaccination Policy (the "Policy") is to provide guidelines pertaining to the expectations and requirements of those using our physical office space with respect to COVID-19 vaccination requirements.

With the pandemic continuing to impact businesses globally, we believe a multi-prong approach to preventing the spread of COVID-19 is necessary. In line with the approach that organizations and policy makers are taking in across Canada and globally, we also believe that the current set of approved vaccinations is our best line of defence against COVID-19. While no single effort will completely stop the spread of COVID-19, we have a responsibility to protect our community and do our part to stop the spread within the community in which we operate. It is for this reason that we have implemented a **mandatory vaccine** policy as outlined below.

This policy will be in effect from October 29, 2021 until further notice. We acknowledge that the COVID-19 pandemic is an ever changing and unprecedented global event. As such, the Accelerator Centre intends to evolve this policy as public health conditions and recommendations change.

1

Government of Canada, *Recommendations on the use of COVID-19 vaccines*, January 12, 2021: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>.

2. SCOPE

The Policy applies to anyone wishing to access any facility managed by the AC including mentors, clients, tenants, and all other visitors to our physical spaces; hereafter known as “community members.” AC staff are also required to abide by similar requirements under a separate employee policy.

3. POLICY

Vaccination

The Policy will operate in accordance with applicable human rights legislation, occupational and safety legislation, employment standards legislation, and any other applicable law. Information collected under the Policy will be collected, used, and disclosed in accordance with applicable law.

The Accelerator Centre will accommodate community members who are unable to be vaccinated due to a medical reason. The Accelerator Centre may request additional documentation regarding exemption requests at managements discretion.

- A.** Effective October 29, 2021, all community members wishing to access our buildings must provide proof of full vaccination against COVID-19 in order to enter or access any AC managed facility, including our buildings at 295 Hagey Blvd and 420 Wes Graham Way. Our 44 Gaukel Street facility is managed by the City of Kitchener. Community members wishing to access the 44 Gaukel Street facility must abide by the City of Kitchener policy regarding the use and access to building.
- B.** Being fully vaccinated means it has been 14 days or more since you received a full course of a COVID-19 vaccination approved by either Health Canada or the World Health Organization. A full course means you have had your final dose of either a two-dose vaccine series or a one-dose vaccine.
- C.** Those wishing to access a building must demonstrate proof of vaccination to the Accelerator Centre by October 29, 2021 or your access card will be deactivated until suchtime as proof of vaccine is provided.
- D.** AC staff are on-site Monday – Thursday and you can show your proof of vaccine to any staff member for confirmation under this policy.
- E.** AC community members are responsible for ensuring their guests and staff members joining the community after October 29, 2021 comply with this Policy. Access cards will only be issues to community members who have demonstrated proof of vaccine.
- F.** Your access card is assigned to you alone. AC community members may not share access cards under any circumstances. If you have forgotten your access card, you must obtain a visitor card from the AC staff member on-site.

If you need to register for a first or second dose of the COVID-19 vaccine, visit the [Region of Waterloo’s COVID-19 resource page](#) or contact your local public health unit.

You can obtain your proof of vaccination at covid-19.ontariohealth.ca. After accepting the terms of use, you will be prompted to enter your health card number, at which point you can download your receipt(s) from your COVID-19 vaccine(s).

Accommodations

- G. Anyone who is unable to be vaccinated due to a medical condition will be able to submit a request for exemption to the vaccine policy to the Accelerator Centre (Appendix A). Exemptions will be considered, at management's discretion, based on medical grounds only.
- H. Ontario recognizes only two reasons for a medical exception to the COVID-19 vaccine requirements; documented allergic reactions and individuals who suffered from adverse reactions to a first dose of a vaccine. Documentation of a diagnosis from a qualified medical professional must be provided in order for exceptions to be considered. (See Appendix A)

4. NON-COMPLIANCE

- A. Community members failing to follow this policy or found to have shown fraudulent proof of vaccination or fraudulent documentation supporting an accommodation request, may be asked not to return to AC facilities.
- B. Program, Facility, and Service fees will not be refunded to community members asked not to return due to violations of COVID-19 policies.
- C. Community members must be respectful of AC staff performing their job functions as it relates to ensuring the safety of our community. Harassment or abuse of AC staff members will not be tolerated. Those who do not act in the best interest of the AC community will no longer have access to AC facilities.

5. CONFIDENTIALITY

Information relating to an individual's vaccine status will be stored in a secure location and will be considered confidential, and it will be used only for the reasons stipulated in this Policy or as required by law. When the information collected under this Policy is no longer needed to address reasonable workplace health and safety concerns in relation to COVID-19, it will be destroyed.

6. CONTACT FOR QUESTIONS AND INTERPRETATION

Please contact [Jay Krishnan](#) with any questions related to the policy.

We at the AC hope that these measures not only keep everyone safe and healthy, but also provides the community with comfort and peace of mind as we ramp up operations to open our doors. Thank you for your assistance in helping us put health and safety first as we work together to prevent the spread of COVID-19.

7. ACKNOWLEDGEMENT

As a member of the AC community, I hereby certify that I have read and understand the contents of this policy. I commit to adhering to this policy and to ensuring my staff, guests or other members of the public that access AC space as by my invitation are aware and comply with the policy.

Signature

Printed Name

Company Name

Date

APPENDIX A

Medical Exemption to Decline The COVID-19 Vaccine

_____ has a medical exemption for the COVID-19 Vaccine in relation to a
Printed Name

condition indicated below.

The following conditions are generally the only absolute medical exemptions from the COVID-19 vaccine:

1. Documented anaphylaxis to a previous dose of COVID-19 vaccine or documented anaphylaxis to one of the vaccine components in authorized, available COVID-19 vaccines:

Vaccine product	Potential allergen included in the vaccine or its container
Pfizer-BioNTech COVID-19 vaccine	Polyethylene glycol (PEG)
Moderna COVID-19 vaccine	PEG Tromethamine (trometamol or Tris)
AstraZeneca COVID-19 vaccine	Polysorbate 80

Ref: see [NACI's Recommendations on the use of COVID-19 vaccines](#), Table 4 for complete details

These recommendations are in accordance with the guidance expressed by the National Advisory Committee on Immunizations (NACI) as of July 2, 2021 on non-medicinal ingredients of authorized, available COVID-19 vaccines that have been associated with allergic reactions in other products.

2. Individuals with a history of myocarditis and/or pericarditis should discuss the risks and benefits of receiving an mRNA vaccine or, alternately, the risks and benefits of receiving a viral vector vaccine (AstraZeneca) with their treating physician and/or primary care provider.
3. Very rare cases of capillary leak syndrome (CLS) have been reported following vaccination with viral vector vaccines (AstraZeneca COVID-19 Vaccine). Patients who have previously experienced episodes of CLS should not be vaccinated with AstraZeneca COVID-19 Vaccine or COVISHIELD but may receive an mRNA vaccine (Pfizer or Moderna).
4. Individuals with a history of combined thrombosis and thrombocytopenia should receive an mRNA vaccine. A combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination with the AstraZeneca COVID-19 Vaccine. Where an allergy precludes administration of an mRNA vaccine, individuals with a history of combined thrombosis and thrombocytopenia may discuss the risks and benefits of a viral vector vaccine (AstraZeneca) with their treating physician and/or primary care provider.

Is the medical restriction permanent? (Yes/No): _____

If the medical restriction is time-limited, provide the time period (Dates): _____

Physician Signature: _____ Date: _____

Physician Name: _____ Name of Clinic /

Practice: _____