# City of Evanston COVID-19 PUBLIC HEALTH PROOF OF VACCINATION ORDER

### Guidance for covered entities to ensure compliance among employees

- The City of Evanston's Public Health Proof of Vaccination Order requires covered locations to develop and keep a written record describing the protocol for implementing and enforcing the requirements of the Order.
- This document provides guidance for employers to ensure compliance with this Order among employees.

## [Covered entity]'s COVID-19 "Proof of Vaccination" Compliance Plan

#### 1. Purpose and Applicability

[Covered entity] is committed to providing a safe and healthy workplace for all our employees and customers. [Covered entity] has developed the following plan to comply with the City of Evanston's Public Health Proof of Vaccination Order.

This workplace <u>IS</u> a covered entity and therefore subject to Evanston's Proof of Vaccination Order.	
This workplace <u>IS NOT</u> a covered entity and therefore not subject to Evanston's Proof of Vaccination (	Order. ⊔
If not, specify relevant exemption:	

#### 2. Roles and Responsibilities

[Covered entity]'s goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting and complying with this plan.

[Covered entity] has appointed a COVID-19 Safety Coordinator(s) to aid implementation and monitoring of this plan. The COVID-19 Safety Coordinator(s) has [Covered entity]'s full support in implementing and monitoring this COVID-19 plan, and has authority to ensure compliance with all aspects of this plan, including confirming the vaccination status of employees and ensuring they comply with testing requirements.

COVID-19 Safety Coordinator(s)				
Name	Title/Facility Location	Contact Information (office location, phone, email address)		

#### 3. Confirming vaccination status among employees

Similar to patrons, employees of covered entities must show proof of vaccination to employers. Proof of vaccination means proof of receipt of an approved COVID-19 vaccination. Such proof may be established by:

 A CDC COVID-19 Vaccination Record Card or an official immunization record from the jurisdiction, state, or country where the vaccine was administered or a digital or physical photo of such a card or record, reflecting the person's name, vaccine brand, and date administered.

Covered entities are NOT expected or required to maintain copies of CDC Vaccination Record Cards or similar, but ARE required to document verification and compliance with this Public Health Order. Such documentation should be writing and must be available for inspection upon request of any City of Evanston official authorized to enforce this Order. A suggested template for documentation is provided in Section 5.

#### 4. COVID-19 testing for employees who are not fully vaccinated

Employees who are not fully vaccinated against COVID-19 must comply with a COVID-19 testing requirement. Employers are responsible for ensuring compliance with this. Employees who are not fully vaccinated must receive a test for COVID-19 every 7 days. The test must be:

- A viral test for SARS-CoV-2 (not an antibody test).
- Cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the U.S. Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus.
  - A full list of tests with an EUA from the FDA is available both molecular tests (e.g. PCR) and antigen tests approved by the FDA are acceptable.
- Administered in accordance with the authorized instructions;
- NOT both self-administered and self-read, unless observed by the employer or an authorized telehealth proctor.
  - A rapid antigen test performed by the employee at home without being observed by a telehealth provider is NOT acceptable.
  - A rapid antigen test performed by the employee at home while observed by a telehealth proctor IS acceptable.
  - A rapid antigen test performed by the employee while observed by their employer (e.g. a COVID-19 Safety Coordinator) IS acceptable.
- Documented in an auditable way.
  - A template to aid employers is shown below.
  - Employers are NOT expected or required to maintain copies of COVID-19 test results, but ARE
    required to document verification and compliance with this Public Health Order. Such
    documentation should be writing and must be available for inspection upon request of any
    Village official authorized to enforce this Order.
  - A suggested template for documentation is provided in Section 6.

To impact COVID-19 transmission, COVID-19 test results must be acted upon. People who test positive must be isolated from others (and excluded from work) per <u>CDC guidance</u>. Individuals who receive an inconclusive test result should be retested in order to provide a positive or negative result.

Neither COVID-19 vaccination nor testing eliminate all risk to employees and customers. Employers are encouraged to continue to take all recommended mitigation steps to slow the spread of COVID-19, as relevant to your business. These may include ensuring adequate ventilation, strengthening physical distancing, introducing physical barriers, enhanced cleaning and disinfection, health screening, and medical management for staff who are exposed to or test positive for COVID-19.

# 5. Documentation of employee compliance with this Order: Proof of vaccination

Proof of vaccination is usually required only once. This sheet can be used to record compliance by a number of employees.

Employee name	Proof of compliance demonstrated (Yes/No)	Date proof of compliance provided	Signed by employee	Verified by: (usually COVID- 19 Safety Coordinator)	Signed by COVID-19 Safety Coordinator

6.	<b>Documentation of employee</b>	compliance with	this Public	Health C	Order: (	COVID-19	testing for
	employees who are not fully	vaccinated					

Proof of COVID-19 testing for employees who are not fully vaccinated is required every 7 days. This sheet can be used to record compliance by one employee over a period of approximately three months.

Employee Name:	
Employer:	

Week commencing	Date specimen was collected for COVID-19 testing	COVID-19 test result (Positive or Negative)*	Verified by: (usually COVID- 19 Safety Coordinator)	Signed by COVID-19 Safety Coordinator	Signed by employee
01/09/2022					
1/16/2022					
1/23/2022					
1/30/2022					
2/6/2022					
2/13/2022					
2/20/2022					
2/27/2022					
3/6/2022					
3/13/2022					
3/20/2022					
3/27/2022					
4/3/2022					
4/10/2022					
etc					

People who test positive should be <u>isolated</u> away from others, per CDC guidance. If an indeterminate test result is received, individuals who should be retested.