

NOTICE, CONSENT & WAIVER FOR COVID-19 SCREENING

COVID-19 Screening Notice

The Government of Canada is providing free rapid COVID-19 tests (“COVID Tests” or individually a “COVID Test”) through the Department of Health as established under the *Department of Health Act*, S.C. 1996, c.9 (“Health Canada”) to certain organizations for the purposes of allowing them to implement non-diagnostic workplace screening programs (“Workplace Screening”). The Canadian Red Cross Society (“CRCS”) is assisting Health Canada to distribute the COVID Tests, which are point-of-care antigen tests, as well as to collect and analyze certain data in connection with the COVID Tests.

Your employer has been approved to receive COVID Tests for the purposes of implementing Workplace Screening. Your employer is solely responsible for determining whether to use the COVID Tests, including for assessing any obligations or restrictions applicable to: (1) whether and how the COVID Tests can and should be administered; and (2) your employer’s collection, use, disclosure, storage, protection, disposal and other processing of your personal information (including your personal health information) in connection with the COVID Tests.

As a condition of receiving the COVID Tests, your employer will be required to report certain data, including the following information (collectively “Reporting Data”): information regarding the usage of the COVID Tests; the number of COVID Tests used; the number of COVID Tests with negative and presumptive positive results; and diagnostic test results.

Accordingly, your employer will provide the Reporting Data to CRCS, and CRCS will provide such Reporting Data to Health Canada and may also provide such Reporting Data to other government bodies and institutions such as Ontario Health. CRCS and Health Canada will collect and use the Reporting Data, and may further disclose the Reporting Data, for the purposes of tracking the spread of COVID-19, evaluating the effectiveness of the COVID Tests, publicly reporting COVID-19 statistics for Canada and/or any of its provinces or territories, designing and improving public health programs and safety measures, and other for other consistent purposes. The Reporting Data that is provided to Health Canada or other government bodies and institutions may also be accessible to third parties pursuant to the *Access to Information Act*, RSC 1985, c. A-1, and/or any applicable provincial or territorial access to information legislation.

Please note that Health Canada may change its reporting requirements at any time, in its discretion, in which case your employer may also be required to provide additional data and information to CRCS and/or Health Canada.

It is intended that your employer will only provide CRCS with aggregated and de-identified data. However, it is possible that your employer may provide your personal information (including personal health information) to CRCS, despite the intentions of the parties. Any personal information provided to CRCS will be handled in accordance with its privacy policy, which is available at <https://www.redcross.ca/privacy-policy>.

If you test positive for COVID-19, your employer may have additional reporting obligations, including, potentially reporting your test results and other personal information to public health authorities, your organization’s joint health and safety committee or representative, and/or other government bodies and institutions (e.g., the workers’ compensation board and/or Ministry responsible for employment standards in the province where you work). In addition, your employer may collect, use and disclose the results of COVID Tests for its own purposes, including for contact tracing and to evaluate, design and improve its health and safety program and protocols.

You should also be aware that:

- You may experience possible discomfort and other complications that can occur during specimen collection;
- There is a risk for the COVID Tests to give negative results that are incorrect (false negative) or positive results that are incorrect (false positive);
- If you receive a preliminary positive test result, you may be excluded from your employer's premises until medically cleared, required to self-isolate and advise your close contacts to self-isolate, required to obtain a lab-based polymerase chain reaction ("PCR") test within 24 hours, required to report the results of your lab-based PCR test to your employer, required to report a positive test result to public health authorities, and/or otherwise required to follow applicable public health protocols; and
- If you receive a negative test result, you could still possibly have COVID-19, and so you **must** continue to follow public health guidelines, applicable laws, and your employer's health and safety protocols at all times, including within your workplace. If your test is negative but you are having symptoms associated with COVID-19, or have been exposed to someone with COVID-19, you should consult your healthcare provider.

The COVID Tests do not replace treatment by your medical provider. You assume complete and full responsibility to take appropriate action with regard to your COVID Test results, and you agree that you will seek medical advice, care, and treatment from your medical provider if you have questions or concerns, or experience symptoms associated with COVID 19. Neither CRCS, nor Health Canada or your employer, are acting as your medical provider, and neither CRCS, nor Health Canada or your employer, shall be responsible or liable to you or any person with whom you may have contact, for any harm or loss arising out of a false negative test result or a false positive test result.

If you have any questions about CRCS's collection, use and disclosure of information in connection with the COVID Tests, you may contact the Privacy Officer at privacy@redcross.ca.

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COVID-19 Screening - Consent & Waiver

By signing below, I hereby consent to the collection, use and disclosure of my personal information, including personal health information, in connection with taking a COVID Test, as described in the above COVID-19 Screening Notice. Without limiting the above, I expressly consent to my employer disclosing the Reporting Data and any other information or data required by Health Canada to CRCS, and I consent to CRCS collecting, using and disclosing such information and data (including to Health Canada and other applicable government bodies and institutions) for the purposes described in the above Notice.

By signing below, I also hereby release, waive, discharge and agree to indemnify, to the fullest extent permitted by applicable law, The Canadian Red Cross Society, Her Majesty the Queen in Right of Canada and those for which it is responsible at law, the Department of Health as established under the *Department of Health Act*, S.C. 1996, c.9, and my employer, and, to the extent applicable, each of their respective affiliates, directors, officers, employees, contractors, and agents, of and from all claims, demands, damages, losses, costs (including legal costs), expenses, actions and causes of action, of any kind, suffered or incurred by me in connection with taking a COVID Test, receiving or failing to receive the results of a COVID Test (whether or not such results are accurate), and/or the collection, use and disclosure of my personal information in connection with taking a COVID Test. For clarity, but without limiting the generality of the foregoing, such release and

indemnification includes any claims, demands, damages, losses, costs (including legal costs), expenses, actions and causes of action arising out of any injury to persons (including injuries resulting in death) or loss of or damage to property of others which may be or be alleged to be caused by or suffered as a result of the performance or non-performance of the COVID Test(s) and/or my reliance or the reliance of any other person(s) on the results of any COVID Test(s) taken by me.

I ACKNOWLEDGE & AGREE that I have read, understood and agree to the above. I have been given an opportunity to ask questions and sign freely and voluntarily. I understand that I am entitled to receive a copy of this Notice, Consent & Waiver for COVID-19 Screening form, once signed, and can request my COVID Test results directly.

Printed Name: _____

Signature: _____

Date: _____