Provincial Antigen Screening Program (PASP) Participation Agreement

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| Workplace Name: |  |
| Workplace Address: |  |
| Workplace Phone: |  |

The PASP is a “Supervised Self-Screening Program'' for workplace employee screening. The objective of the program is to provide an additional safety measure in small businesses that are high-risk and essential workplaces, by providing access to Covid-19 point-of-care antigen tests to small businesses to enable them to provide enhanced workplace screening to help guard against the spread of Covid-19. The Province of Ontario has provided test kits to the Amherstburg Chamber of Commerce (ACOC) and Amherstburg Community Services (ACS), free of charge, to distribute, under agreement, to small businesses with 150 employees or less in the province. The Province, and by extension, ACOC and ACS, makes no guarantees about the availability or volumes of screening kits that may be available.

If you are ordering Covid-19 Rapid Antigen Screening Kits from the ACOC as part of the PASP, the following terms and conditions apply:

1. Upon execution of this document, completion of training by watching the Rapid Test training video on the ACOC website and completion of the GAIA screening tool, test kits can be picked up at Amherstburg Community Services, 320 Richmond Street, Amherstburg ON.
2. Eligible Businesses that receive the test kits must ensure that the test kits are:
   1. Used only for the purposes of the initiative; and
   2. Not resold or distributed to any other person (with or without charge).
3. Eligible businesses shall ensure that there is no fee charged to persons being screened using the test kits. Such screening must be provided free of charge to the person being tested.
4. In providing Covid-19 point-of-care antigen testing to individuals using the test kits at their sites, Eligible businesses that receive the test kits must ensure compliance with all applicable laws, provincial or federal directives, and provincial or federal guidance, including:
   1. [Ministry of Health COVID-19 Guidance: Considerations for Rapid Antigen Screening.](https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx#symptoms)
   2. Public Health Infection, Prevention and Control (IPAC) guidelines.
5. Eligible businesses that receive the test kits must supply, at the business’ own cost, the appropriate human resources and all equipment and supplies (other than the test kits themselves) required to perform the COVID-19 point-of-care antigen testing using the test kits at their site.
6. Eligible businesses that receive the test kits must ensure that the person performing COVID-19 point-of-care antigen testing using the test kits at their site must be a health professional or trained individual that has the appropriate knowledge, skills, judgment, and oversight to perform the test correctly. The Screening Supervisor must watch the provided training video on the ACOC website.
7. The ACOC and ACS have chosen to participate in this program to help local employers reduce the spread of Covid-19 and help keep our community safe. The ACOC and ACS shall not be liable for any loss, claim, or demand made by participating businesses or their employees, or made against participating businesses by any other party, due to or arising from the transfer, handling, storage, use or disposal of the test kits, and participating businesses shall indemnify the ACOC and ACS from and against any and all such losses, claims or demands (including in respect of any other party).
8. This agreement comes into effect upon execution and shall expire on March 31, 2022, unless terminated earlier in accordance with this section. The ACOC may terminate this Agreement immediately upon written notice to you if you fail to comply with any term of this Agreement. For clarity, if the agreement is terminated, you shall no longer be participating in the PASP and shall not receive any further access to screening kits from the ACOC and ACS.

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| Workplace Name: |  |
| Screening Supervisor Name (Print): |  |
| Screening Supervisor Email: |  |
| Screening Supervisor Signature: |  |
| Date Signed: |  |