

THE CORPORATION OF THE TOWNSHIP OF SOUTHGATE

BY-LAW NUMBER 2021-148

being a By-law to adopt a "COVID-19 Vaccination Policy"
known as Policy Number 87

Whereas the Municipal Act, S.O. 2001, Chapter 25, as amended, Section 5 (3), states that municipal power, including a municipality's capacity, rights, powers and privileges, shall be exercised by by-law unless the municipality is specifically authorized to do otherwise; and

Whereas the Municipal Act, S.O. 2001, Chapter 25, as amended, Section 9, provides that a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other Act; and

Whereas the Council of The Township of Southgate has deemed it desirable to adopt a policy with respect to COVID-19 Vaccination,

Now therefore be it resolved that the Corporation of the Township of Southgate hereby enacts as follows:

1. **That** the "COVID-19 Vaccination Policy" known as Policy No. 87, attached hereto as Schedule A is hereby adopted; and
2. **That** By-law 2021-062 is hereby repealed; and
3. **That** this by-law shall come into force and effect on the date of its passing.

Read a first, second and third time and finally passed this 6th day of October, 2021.

John Woodbury – Mayor

Lindsey Green – Clerk



COVID-19: Vaccination Policy

1. Policy Statement

The health and safety of Township of Southgate employees and our community is a priority. The Township of Southgate is committed to taking every precaution reasonable in the circumstances for the protection of the health and safety of workers from the hazard of COVID-19. Vaccination is a key element in the protection of Township employees and the public against the hazard of COVID-19.

2. Purpose

The purpose of this policy is to outline the Township's expectations with regards to COVID-19 immunization of employees, students, volunteers, Council and Committee members. All eligible employees are required to provide proof of full COVID-19 vaccination as a critical control measure for the hazard of COVID-19 unless accommodation is requested. It is crucial as a municipality that we maintain the highest level of employee health and safety, continuity of the public services we provide, minimize the possibility of service interruptions and ensure the public's confidence during direct customer service contacts, that employees are protected by double vaccinations, in addition to the COVID-19 protocols we have in place.

3. Scope

This policy applies to all Township of Southgate employees, students and volunteers as well as Council and Committee members that attend Township facilities. For the purpose of this policy only, reference to "employees" shall also be read to include students, volunteers, Council and Committee members. Employees shall include all statuses including but not limited to fulltime, parttime, seasonal, casual and contract.

New Township of Southgate employees are required to provide proof of full vaccination against COVID-19 as a condition of being hired by the Township of Southgate.

4. Definitions:

- a. **COVID-19** refers to a virus belonging to a large family called coronavirus, which includes the virus that causes the common cold and more severe respiratory diseases. The virus that causes COVID-19 is a novel coronavirus, named SARS-CoV-2.
- b. **Vaccine** is a substance used to stimulate the production of antibodies and provide immunity against specific diseases.
- c. **Employer** for the purpose of this policy is the Township of Southgate.
- d. **Fully Vaccinated** an individual is considered fully vaccinated 14 days after receiving their second dose of an approved two-dose COVID-19



vaccine series or their first dose of an approved one-dose COVID-19 vaccine. Mixing of vaccines are considered fully vaccinated as long as both doses have been administered within recommended timelines.

If a COVID-19 Vaccine booster shot becomes required in order to maintain immunity from COVID-19, this will be required in order to be considered fully vaccinated under this policy.

- e. **Approved vaccine** is a vaccine series that has been approved by Health Canada. At the time of this policy creation, the following are considered approved vaccines:
 - i. **AstraZeneca**
 - ii. **Moderna**
 - iii. **Pfizer-BioNTech**
 - iv. **Janssen (Johnson & Johnson) (1 dose)**
- f. **Employees** for the purpose of this policy only includes employees of all statuses (fulltime, parttime, seasonal, casual, contract), students, volunteers, Council and committee members that attend in person meetings and events.
- g. **Unvaccinated** means having not had a COVID-19 vaccine or having only a partial vaccine series.

5. Background and Current Situation

Full vaccination has been shown to be effective in reducing COVID-19 virus transmission and protecting vaccinated individuals from severe consequences of COVID-19 and COVID-19 variants including the Delta variant currently circulating in Ontario.

Given the continuing spread of COVID-19, including the Delta variant within Ontario, the compelling data demonstrating a higher incidence of COVID-19 among the unvaccinated population and the increasing levels of contact between individuals as businesses, services, and activities have reopened, it is important for all Township employees be fully vaccinated in order to protect themselves against serious illness from COVID-19 as well as to provide indirect protection to others, including colleagues.

6. Responsibilities

- a. **Employer**



- As per section 25(2)(a) of the Occupational Health and Safety Act, the employer shall “provide information, instruction and supervision to a worker to protect the health and safety of the worker”;
 - As per Section 25(2)(h) of the Occupational Health and Safety Act, the employer shall “take every precaution reasonable in the circumstances for the protection of a worker”;
 - All levels of management are responsible for the administration of this Policy; and
 - The employer will support employees in obtaining their COVID-19 vaccination by allowing reasonable arrangements to be made to allow staff to attend COVID-19 vaccination clinics during work hours.
- b. Managers & Supervisors**
- Lead by example;
 - Ensure employees complete any required education or training about COVID-19, including vaccinations and safety protocols;
 - As per Section 27(2)(c) the Supervisor shall “take every precaution reasonable in the circumstances for the protection of a worker”;
 - Ensure that employees are aware of the importance of getting vaccinated against COVID-19;
 - Where feasible, support time from regular duties for staff to attend vaccination;
 - Follow and comply with any federal or provincial mandates or directives regarding the vaccination of staff; and
 - Continue to enforce workplace precautions that limit the spread of COVID-19 virus.
- c. Human Resources**
- Assist management with any labour relations and health and safety issues arising from application of this policy;
 - Provide information and guidance to leaders and employees on COVID-19 immunization as requested;
 - Receive immunization records and track all employees’ vaccination status;
 - Confidentially track employee proof of vaccination, medical exemption as well as the completion of mandatory education session for unvaccinated employees;
 - Provide disability management services for staff as required;
 - Provide staff with access to information on COVID-19, health and safety precautions, and on the value of the COVID-19 vaccine;
 - Provide staff information on location and scheduling of vaccination clinics when available; and
 - Support and participate in discipline meetings as required.



d. Employees

- Review provided information and remain informed about COVID-19 and COVID-19 immunization as it relates to their role, personal health and/or professional requirements;
- Continue to follow health and safety protocols to ensure personal safety and prevent the spread of COVID-19 before and after vaccination;
- Provide proof of vaccination or accommodation documentation to Human Resources by specified dates;
- Adhere to any federal or provincial mandates or directives requiring vaccination;
- Complete any required Health and Safety education or training about COVID-19, including regarding vaccinations and safety protocols.
- Identify opportunities to obtain COVID-19 vaccination through community clinics or from health care professionals;
- If multiple doses of the vaccine are required, ensure subsequent doses are also received within the recommended timeframe; and
- All new hires of the Township of Southgate shall provide proof of full vaccination prior to beginning employment with the Township.

7. Vaccination Process and Timelines

- September 20, 2021
 - Human Resources will request proof of vaccination or written accommodation request in accordance with below sections to all current staff and volunteers.
- September 30, 2021
 - Staff must provide proof of vaccination of at least their first vaccination or written accommodation request if not previously provided.
- October 8, 2021
 - Human Resources will request proof of vaccination or written accommodation request in accordance with below sections to all Council members and Committee members who wish to attend in-person meetings.
- October 15, 2021
 - All Employees that have not provided proof of vaccination must attend a mandatory Health & Safety training session about COVID-19 by this date.
 - All Employees that have provided written accommodation requests must attend a mandatory meeting with Human Resources by this date.
 - Employees that have provided proof of one dose of a two-dose series of vaccination and intend on getting their second dose once eligible, are not required to attend the COVID-19 training session.



- October 31, 2021
 - Employees must provide proof they are fully vaccinated; and/or
 - Written accommodation requests will be addressed (approved / not approved) before this date.
- November 15, 2021
 - Approved accommodation requests will have agreed upon accommodations in place by this date.
 - Rejected accommodation requests will have a written agreement between employee and employer on actions to be taken with dates assigned by this date.
 - Those that are not fully vaccinated and do not plan to do so, have not provided proof of vaccination and/or have not provided written accommodation request by this date will be placed on an unpaid leave of absence with Council review.

8. Proof of Vaccination

The Township of Southgate requires proof of vaccination from all employees.

Proof of Vaccination will be in the form of the COVID-19 Vaccine Receipt that is currently available from the [provincial booking portal](#) or can be obtained by calling the Provincial Vaccine Booking Line at 1-833-943-3900. If/when the Government of Canada or the Province of Ontario release an approved form of Proof of Vaccination such as a Vaccination Card, this will also be accepted as a form of proof.

Proof of vaccination is to be submitted to Human Resources directly and will be kept confidential in a Human Resources file. The Township will maintain vaccination disclosure information, in accordance with privacy legislation. This information will only be used to the extent necessary for implementation of this policy, for administering health and safety protocols, and infection and prevention control measures in the workplace.

9. Accommodations

a. An employee that does not provide proof of full vaccination must:

- Attend mandatory Health & Safety education training about COVID-19 and vaccinations.
- Require regular Rapid Antigen Testing be completed and confirmation will be required. A Southgate Rapid Antigen Testing protocol will provide greater detail.
- Request an exemption and/or accommodation in writing by completing one of three forms available depending on the circumstances surrounding the exemption/accommodation:



- Employees who are not able to obtain a COVID-19 vaccine for a reason related to a protected ground set out in the Ontario Human Rights Code can request accommodation by completing "Request for COVID-19 Vaccination Exemption - Statement of Creed/Religious Belief Form" (Schedule A); or
- Employees who are not able to obtain a COVID-19 vaccine for a reason related to a medical exemption can request accommodation by completing the "Request for COVID-19 Vaccination Exemption – Reporting Confirmation from a Medical Professional Form" (Schedule B). Section 3 of the form must be completed by a regulated health care professional such as a Physician or Nurse Practitioner; or
- All other accommodation requests will complete the "Request for COVID-19 Vaccination Exemption - General Accommodation Form" (Schedule C) and send to Human Resources.
- All accommodation requests must include details on how that employee can deliver on their job description and their responsibilities in all aspects and the actions they will take related to common workspaces, equipment use, dealing with members of the public, etc. The request must include how the employee will respect and protect the safety of all co-workers they may come into contact with within the workplace in relation to COVID-19 transmission and outbreak health and safety concerns.

b. Accommodation Request Process

- All accommodation requests will be reviewed by Human Resources and required senior management in order to evaluate what accommodations can be made.
- The employee requesting the accommodation will work with Human Resources and if necessary senior management, to create an agreed upon accommodation plan.
- All approved accommodations are subject to additional safety protocols including but not limited to greater isolation rules.
- The Township commits to working with employees to provide accommodation until undue hardship. Only in extreme circumstances will the Township proceed with layoff or termination actions and will have the decision reviewed by Council.

10. Support for Vaccinations

- The Township's Vaccination policy supports employees in obtaining their COVID-19 vaccination.



- Grey Bruce Health Unit is asking workplaces to help encourage vaccination by creating a supportive environment that makes it easier for workers to get vaccinated.
- Reasonable arrangements, if operationally feasible, will be made to allow for staff to attend COVID-19 vaccination clinics during work time.
- Employees will ensure awareness and approval from their supervisor in advance before attending a clinic during work time.
- Supervisors will ensure continued flexibility in scheduling staff to attend vaccination appointments. All efforts should be made to allow the employee to use time at the beginning or end of their shift day or to extend lunch and break times as operationally feasible with work schedules to attend vaccination clinics.
- Employees will be provided paid sick time to go get their vaccine up to a maximum of three (3) hours per visit.
- The Township of Southgate has been working with Grey Bruce Health Unit to organize frequent, local vaccination events in Dundalk and the surrounding communities.

11. Continued Compliance with all Health and Safety Precautions

Unless a legislated or regulatory exemption applies, all Township of Southgate employees are expected and required to continue to comply with applicable health and safety measures to reduce the hazard of COVID-19, including but not limited to compliance with established workplace access controls (e.g. screening), wearing a mask or face covering, using provided PPE, maintaining appropriate physical distancing and self-monitoring of potential COVID-19 symptoms when at work or otherwise engaged in Township business.

Employees who remain unvaccinated due to a substantiated Human Rights Code related accommodation request, may be required to take additional infection and prevention control measures, including providing proof of a negative COVID-19 test, as well as self-isolate if exposed to COVID-19.

12. Ongoing Monitoring and Assessment of COVID-19 Workplace Safety Measures

The Township will continue to closely monitor its COVID-19 risk mitigation strategy and the evolving public health information and context, to ensure that it continues to optimally protect the health and safety of employees in the workplace and the public that they serve. To that end, and in consultation with Grey Bruce Public



Health and occupational health and safety experts, the Township will continue to assess other available workplace risk mitigation measures, including, for example, requiring proof of a negative COVID-19 test, etc. If it is determined that additional precautions are necessary, the Township may decide to deploy new measures (including at an individual level) to protect employees and the public from COVID-19, and may amend this policy accordingly and/or communicate the required precautions to impacted employees.

13. Continued Diligence

- All employees are reminded to continue to practice Public Health measures to control spread regardless of vaccination status.
- Employees must adhere to the health and safety protocols at all times while in the workplace, including handwashing, physical distancing where possible and the use of Personal Protective Equipment as required by their position and task.

14. Consequences of Non-Compliance with Policy

Employees who do not comply with this policy may be subject to discipline, up to and including dismissal.



Request for COVID-19 Vaccination Exemption - Statement of Creed/Religious Belief Form

Section 1: Requester (Employee)

To be completed by the individual employed directly by the Township of Southgate (employee)

Employee Name:	Date of Request:
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Section 2: Important Information – Please read

The Township of Southgate requires that all employees who work at the Township show proof of COVID-19 vaccination unless they have a valid exemption. In order to receive a valid exemption for creed/religious reasons, an individual must complete this Statement of Creed/Religious Belief form and must submit the properly completed form to the Human Resources department.

Section 3: Declaration of Requester

Please explain within the text box below or by way of an attached letter why you are unable to be vaccinated due to your religion/creed. Please ensure you provide background on your religious belief/creed and connect the religious belief/creed to the reason you are requesting an exemption. If possible, please provide supporting documentation published by religious leaders or others practicing your religion/creed.



Section 4: Accommodation Request Details

Please explain within the text box below or by way of an attached letter details on how you can deliver your job description and responsibilities in all aspects and what actions you will take related to common workspaces, equipment use, dealing with members of the public, etc. The request must include how you will respect and protect the safety of all co-workers you may come into contact with within the workplace in relation to COVID-19 transmission and outbreak health and safety concerns.

Section 5: Important Information – Please read

I, _____ am an employee of the Township of Southgate and make oath or solemnly affirm and say as follows:

1. The requirements of the Township's vaccination policy for persons working at the Township of Southgate conflict with my sincerely held beliefs and convictions based on my creed/religion.
2. I understand that the Grey Bruce Public Health Unit or the Township may impose additional restrictions or requirements on me for health and safety reasons which may not apply to others at the Township who have been fully vaccinated.
3. I understand that the Township may require me to follow additional health and safety protocols, including, but not limited to:
 - a. Mandatory COVID testing and disclosure of test results
 - b. Masking and/or physical distancing; and/or
 - c. Education Sessions
4. I understand that I may choose to be vaccinated at a later date.
5. I request that I be exempted from the proof of vaccination requirements of the Township of Southgate.



Section 6: Staff Acknowledgement and Signature

By signing this form, I understand that information confirming my exemption (if one is required) will be collected by the Township of Southgate Human Resources department who will confirm my exemption status, as necessary for health and safety purposes, and with my manager.

Employee Signature

Date (dd/mm/yyyy)

Your information on this form is collected, used, and disclosed for the purposes set out above, in accordance with Municipal Freedom of Information and Protection of Privacy Act and consistent with the reasons and purposes set out in the Township's COVID-19 Vaccine Policy. Questions regarding the collection, use, and disclosure of your information may be directed to Human Resources. The use of the information reported on this form will be only used internally for review by Human Resources in consultation with the CAO and Department Head for the purposes of determining accommodation approval in relation to the job description responsibilities. If approved the requirements to accommodate the employee if possible will be determined and reported back to the employee in a confidential letter format.

The COVID-19 Vaccine Exemption Form will be filed in a confidential location and not the employee's personnel file.



Request for COVID-19 Vaccination Exemption - Reporting Confirmation from a Medical Professional Form

The medical exemptions outlined below are derived from National Advisory Committee on Immunization (NACI) and the Ontario Ministry of Health guidance document on Medical Exemptions to COVID-19 Vaccination.

Section 1:

To be completed by the staff employed directly by the Township of Southgate (employee)

To be completed by Staff: <input type="checkbox"/> Initial Form <input type="checkbox"/> Follow-up Form	
Employee Name: _____	
I have requested a medical exemption to the Policy #87 COVID-19 Vaccination Policy from (start date)_____ to (end date) _____. (if applicable)	
I consent to releasing the information outlined below to my employer, in accordance with provisions of provincial legislation/statutes and the Township of Southgate's Policies and Procedures. By signing below, I am authorizing any health professional who treats me to provide me and my employer with information about my medical accommodation requirement.	
_____ Employee Signature	_____, 20____ Date

Section 2: Accommodation Request Details

Please explain within the text box below or by way of an attached letter details on how you can deliver your job description and responsibilities in all aspects and what actions you will take related to common workspaces, equipment use, dealing with members of the public, etc. The request must include how you will respect and protect the safety of all co-workers you may come into contact with within the workplace in relation to COVID-19 transmission and the prevention of an outbreak as an employee working group and public health and safety concerns.



Section 3: Medical Professional Details

To be completed by a Physician or Nurse Practitioner

All information provided in this form is confidential and will be used only for the intended purposes set out in this form.

Declaration of Regulated Health Professional

I, _____, certify that, for medical reasons
(Name of Regulated Health Professional) (Last Name, First Name)

indicated below, the above named individual should be exempted from taking the COVID-19 Vaccine. The specific reasons and length of exemption are indicated. The time period for temporary medical exemption is indicated.

The above staff member of the Township of Southgate requires a medical exemption to the COVID-19 vaccine because the individual has met one of the following approved medical exemptions noted below:

☐ Severe allergic reaction or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components.

- i. Has your patient been assessed by an allergist/ immunologist to review methods for possible (re)administration of a COVID-19 vaccine. Yes ☐ No ☐
- ii. If not assessed by an allergist/ immunologist, has the referral been initiated?
Yes ☐ No ☐, if not please explain why?

☐ Delaying second dose because of a diagnosed episode of myocarditis/pericarditis after receipt of an initial dose of an mRNA vaccine.

☐ For time-limited reasons (e.g., timing around a procedure, present condition or other medical treatment).

- i. If time-limited, please indicate how long it is expected to last:

☐ Thrombosis and thrombocytopenia following vaccination: Patients who have experienced venous or arterial thrombosis with thrombocytopenia following vaccination with a viral vector COVID-19 vaccine should not receive a second dose of a viral vector COVID-19 vaccine.

- i. To be re-evaluated on: _____ (dd/mm/yyyy)

☐ Other: Based on new and emerging information on medical contraindications of receiving the COVID-19 vaccine (please provide details below).

Length of Exemption:

☐ Permanent

TOWNSHIP OF SOUTHGATE
Policy # 87
COVID-19 Vaccination Policy
DRAFT: Updated September 22, 2021



Schedule B

☐ Temporary

_____ to _____
From (YYYY/MM/DD) To (YYYY/MM/DD)

Please provide any additional comments necessary and advise the possible methods of accommodation.

Office Stamp:

Medical Practice Specialty: _____

Health Care Provider Name: _____

Signature of Health Care Provider: _____

Date of Assessment (dd/mm/yyyy): _____

Your information on this form is collected, used, and disclosed for the purposes set out above, in accordance with Municipal Freedom of Information and Protection of Privacy Act and consistent with the reasons and purposes set out in the Township's COVID-19 Vaccine Policy. Questions regarding the collection, use, and disclosure of your information may be directed to Human Resources. The use of the information reported on this form will be only used internally for review by Human Resources in consultation with the CAO and Department Head for the purposes of determining accommodation approval in relation to the job description responsibilities. If approved the requirements to accommodate the employee if possible will be determined and reported back to the employee in a confidential letter format.

The COVID-19 Vaccine Exemption Form will be filed in a confidential location and not the employee's personnel file.



Request for COVID-19 Vaccination Exemption – General Accommodation Form

Section 1: Requester (Employee)

To be completed by the individual employed directly by the Township of Southgate (employee)

Employee Name:	Date of Request:
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Section 2: Important Information – Please read

The Township of Southgate requires that all employees who work at the Township show proof of COVID-19 vaccination unless they request an accommodation. In order to receive a valid exemption for reasons NOT related to medical or creed/religious reasons, an individual must complete this form with justification for their proposed accommodation in relation to their job description responsibilities being achieved. The employee must submit the properly completed form to the Human Resources department.

Section 3: Exemption Request

Please explain within the text box below or by way of an attached letter that you are requesting an accommodation from the Proof of COVID-19 Vaccinations and that these reasons are not related to medical or creed/religious exemptions.



Section 4: Accommodation Request Details

Please explain within the text box below or by way of an attached letter details on how you can deliver your job description and responsibilities in all aspects and what actions you will take related to common workspaces, equipment use, dealing with members of the public, etc. The request must include how you will respect and protect the safety of all co-workers you may come into contact with within the workplace in relation to COVID-19 transmission and outbreak health and safety concerns.

Section 5: Important Information – Please read

I, _____ am an employee of the Township of Southgate and make oath or solemnly affirm and say as follows:

1. The requirements of the Township's vaccination policy for persons working at the Township of Southgate conflict with my sincerely held concerns.
2. I understand that the Grey Bruce Public Health Unit or the Township may impose additional restrictions or requirements on me for health and safety reasons which may not apply to others at the Township who have been fully vaccinated.
3. I understand that the Township may require me to follow additional health and safety protocols, including, but not limited to:
 - a. Mandatory COVID testing and disclosure of test results; and/or
 - b. Masking and/or physical distancing; and/or



c. Education Sessions.

4. I understand that I may choose to be vaccinated at a later date.

5. I request that I be exempted from the proof of vaccination requirements of the Township of Southgate.

Section 5: Staff Acknowledgement and Signature

By signing this form, I understand that information confirming my exemption (if one is required) will be collected by the Township of Southgate Human Resources department who will confirm my exemption status, as necessary for health and safety purposes, and with my manager.

Employee Signature

Date (dd/mm/yyyy)

Your information on this form is collected, used, and disclosed for the purposes set out above, in accordance with Municipal Freedom of Information and Protection of Privacy Act and consistent with the reasons and purposes set out in the Township's COVID-19 Vaccine Policy. Questions regarding the collection, use, and disclosure of your information may be directed to Human Resources. The use of the information reported on this form will be only used internally for review by Human Resources in consultation with the CAO and Department Head for the purposes of determining accommodation approval in relation to the job description responsibilities. If approved the requirements to accommodate the employee if possible will be determined and reported back to the employee in a confidential letter format.

The COVID-19 Vaccine Exemption Form will be filed in a confidential location and not the employee's personnel file.