

CITY OF CHARLESTON
MANDATORY COVID-19 VACCINATION POLICY

Effective September 20, 2021

SECTION I. PURPOSE

The on-going pandemic has created an infectious disease threat to our community and to the world that is unprecedented in our time. The recent surge in cases created by the “Delta” and other evolving variants has further heightened a compelling interest in preventing the spread of this life-threatening disease.

The national Centers for Disease Control (“CDC”) has identified vaccination as a “critical prevention measure” to help end the pandemic. This guidance is supported by clinical trials, scientific research, and extensive safety monitoring which have demonstrated the safety and effectiveness of currently-available vaccines. The U.S. Food and Drug Administration (“FDA”) has now given full standard approval to the Pfizer vaccine in addition to emergency use approval of the Moderna and the Janssen (a/k/a Johnson & Johnson) vaccines. These vaccines provide protection against infection and, even when post-vaccination infection occurs, they provide demonstrated protection from more serious symptoms, including those leading to hospitalization and death.

In an effort to achieve and maintain a workplace that is free from this known health and safety hazard, we hereby adopt this Mandatory Vaccination policy to protect our employees and their families as well as vendors, visitors, and the citizens we serve.

The requirements and provisions of this policy are based on current guidance from the CDC and other health officials and comply with all applicable workplace laws. Because the health and science information is evolving, this policy may be modified in any way necessary to incorporate such changes.

SECTION II. COVERED INDIVIDUALS

The requirements of this policy apply to all employees, volunteers, interns, and agency temporary employees whether working on a full or part time schedule.

SECTION III. DEFINITIONS

“COVID-19 vaccine” or “vaccine” means, for the purposes of this policy, any vaccine approved by the FDA to prevent the virus caused by COVID-19. This includes not only vaccines with full standard FDA approval, but also those with approval for emergency use.

A “Fully Vaccinated” individual is one who has: (1) for no less than two weeks, completed the entire recommended series of a Janssen, Moderna, or Pfizer vaccine (or such additional future vaccines as may receive FDA approval as required herein); **and** (2) provided proof of vaccination in the form of a completely executed CDC vaccination card.

A “Partially Vaccinated” individual is one who has: (1) received one dose of a two-dose series of Moderna or Pfizer (or any similar two-dose Vaccine which might receive FDA approval in the future); **or** (2) has completed the full recommended series of any FDA approved vaccine but has not yet completed the full two-week immunity-building period: **and** (3) has provided proof of vaccination in the form of a completely executed CDC vaccination card.

NOTE: Falsification of vaccine cards will subject an employee to discipline up to and including immediate discharge from employment.

SECTION IV. POLICY

All employees, volunteers, interns and agency temporary employees, as a condition of continued employment (or volunteer/intern/agency temp) status, must become Fully Vaccinated by **November 22, 2021**. For convenience and to facilitate compliance, one or more on-site or employer-sponsored vaccine clinics will be held on dates to be announced. Employees who prefer to be vaccinated at other times or locations may comply using any of those alternative resources.

A. COMPLIANCE DEADLINES:

September 30, 2021 - Employees who wish to take advantage of an on-site or employer-sponsored clinic must pre-register with Susan Dellucci in Human Resources at 843-724-7313 for the purposes of identifying how many shots will need to be made available.

October 4, 2021- **All employees, volunteers, interns, and agency temps must be partially or fully vaccinated**, or have registered with the City for a City sponsored clinic and have an appointment, or must have submitted a request for exemption.

November 22, 2021-**All employees, volunteers, interns and agency temps must be Fully Vaccinated** or must have submitted a request and been approved for an exemption.

NOTE: Separation from service for non-compliance with this policy is non-grievable.

B. DEADLINE DEFERRALS:

- Individuals who are in a prolonged leave status (such as on continuous FMLA leave) may request a deferral of the vaccine until their return to work if they will not be returning to work until after November 22, 2021. All such individuals must be Fully Vaccinated before returning from leave.
- The CDC recommends a 90 day waiting period for individuals to receive a vaccine after being treated with monoclonal antibodies. Employees must be partially vaccinated within 2 weeks post the recommended 90 day waiting period. Thereafter, the individual must become Fully Vaccinated no later than seven weeks after the 90 day waiting period.

- Individuals who have tested positive for COVID-19 or test positive between now and any deadline may, with proof of the positive test, be permitted to defer that deadline 90 days post infection.
- Individuals who have submitted a written request for an exemption which request was denied must be Partially Vaccinated within 14 calendar days of denial, and Fully Vaccinated within 9 weeks of that same date.

C. EXEMPTIONS TO VACCINE REQUIREMENT

In accordance with various state and federal laws, employees may be granted exemption from the Vaccine mandate under the limited circumstances discussed below. Generally, volunteers and unpaid interns are not entitled to these exemptions, but they may make a request which will be considered on a case-by-case basis. Individuals may request accommodation without fear of retaliation. Any health information/documentation disclosed as part of the process will be kept secured as is all protected health information.

1. MEDICAL EXEMPTIONS AND ACCOMMODATIONS

Individuals may request a medical exemption and reasonable accommodation to the Vaccination requirement if they:

- Have a contraindication recognized by the CDC or by the Vaccine’s manufacturer to every approved COVID-19 vaccine. A contraindication means a condition that makes vaccination inadvisable. Appropriate documentation from a health care provider will be required as part of the interactive process during which reasonable accommodation will be explored. See “Accommodations” below.
- Have a disability and are requesting a medical exception as a reasonable accommodation. Appropriate documentation from a health care provider will be required as part of the interactive process. See “Accommodations” below.

2. RELIGIOUS EXEMPTIONS AND ACCOMMODATIONS

- Individuals may request a religious exemption and reasonable accommodation based on their sincerely held religious belief, practice or observance. You will be asked to identify your religious requirement or belief and explain how it is in conflict with this policy. See “Accommodations” below.¹

¹ For operational reasons, effective 10/21/2021, the City will not consider religious accommodation requests for new hires.

D. ACCOMMODATIONS FOR INDIVIDUALS GRANTED EXEMPTIONS

Individuals who are granted exemptions will be exempt from the vaccination requirement only – they will not be exempt from the essential job duty of participating in workplace safety via their reasonable accommodation/alternate means of performing that duty. What accommodation is best suited to the employment and personal circumstances of the individual in question will be determined on a case-by-case basis. It is not possible to describe every possible accommodation, but an example of an accommodation might include weekly or other periodic testing combined with use of mask and/or other safety equipment in lieu of vaccination. Another example might be a leave of absence. Applicable laws do not require accommodations that would impose employer hardships, or which would pose a direct threat to the health and safety of other employees.

Requests for exemptions/accommodations must be made ***no later than October 4, 2021***. To avoid non-compliance, requests should be made as soon as possible once the policy is in effect. All requests for exemptions/accommodations should be made through the Human Resources office. HR will provide you with official forms which must be used to document requests and will explain to you how to complete the process and identify any documentation required.

At the conclusion of the process, you will receive written response(s) either granting or denying your request. If the exemption is granted, you will also be notified of the specific accommodation granted by which you will participate in alternative safety measures in lieu of vaccination.

SECTION V. Conclusion

The requirements of this policy are essential to our efforts to provide a workplace free of known hazards and to meet the compelling need to prevent and protect from the spread of the infectious disease caused by the COVID-19 virus.

To ensure that all covered individuals have received notice of this policy and its requirements, each employee, volunteer, and intern will receive a copy of this policy via postal mail, City e-mail for those with access, and will be attached to all employee's September 10, 2021 paystub. The mailed copy will be sent to your last known home address, and it is your responsibility to ensure that we have an updated home address for you in our HRIS system. Notices will also be posted at various locations in City offices. In addition, this policy will be sent to all temporary staffing agencies.

CITY OF CHARLESTON

REQUEST FOR MEDICAL EXEMPTION/ACCOMMODATION

In the interests of promoting and protecting the health and welfare of City employees and citizens and providing a safe working environment, the City has imposed a requirement that employees be vaccinated with a vaccine approved by the FDA (whether standard or emergency use approval) to prevent infection and spread of the virus caused by COVID-19.

In addition to its duty to pursue a workplace free from known threats, the City also understands and is committed to satisfying its obligation to prevent and protect individuals with disabilities from unlawful discrimination and retaliation and to provide reasonable accommodations, where appropriate, to enable such individuals to perform the essential functions of their employment, provided that such accommodation(s) do not impose undue hardship or present a direct threat of safety to others. Whether and what accommodation is appropriate will be determined through an individualized interactive process beginning with a review of the relevant information submitted by an employee requesting accommodation.

To request a medical exemption/accommodation related to the COVID-19 Vaccine mandate, all requesting employees should complete Part 1 of this form *and* have Part 2 completed and signed by their health care provider. Part 3 of the form is for Human Resources use only. The form, with parts 1 and 2 *fully completed* should be returned to Human Resources.

Upon receipt of a fully completed request, Human Resources may need to meet with the requesting employee to further engage in the interactive process to determine whether and what accommodation is appropriate.

PART 1

(To be completed by the requesting employee)

Name of requesting employee: _____

Department: _____

VERIFICATION:

I have a health/medical condition that prevents me from complying with the City's vaccination requirement, and I am requesting an accommodation that will enable me to perform the essential function of observing workplace safety rules without being vaccinated.

I verify that the information I am submitting in support of my request is complete and accurate to the best of my knowledge. I understand that providing false or misleading information as part of this request will subject me to disciplinary action.

I acknowledge that my request for accommodation may be denied if there is no reasonable accommodation that can be made without creating a direct threat to others in the workplace or causing an undue hardship on the City.

Signature _____ Date _____, 2021

Print name _____

PART 2

(To be completed by health care provider)

Employee Name: _____

Attention Medical Provider:

The City requires a COVID-19 vaccination as a condition of employment. In accordance with applicable laws, the City will provide an exemption and reasonable accommodation for employees with medical contraindications that are confirmed by a health care provider.

The requesting employee should have filled out Part 1 above. Upon receipt, please complete this Part 2 (Certification of Need) of this request form.

If you have questions, you may contact _____ at _____.

Certification of Need

I _____ (print name), certify that I am the referenced employee's health care provider and that s/he should not be immunized for COVID-19 for the following reasons (check all that apply):

_____ History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.

_____ The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. The specific nature of the condition and the probable duration of the medical condition or circumstances are:

_____ Other: (provide narrative description of reason which includes the probable duration):

Medical Provider Signature _____

Printed Name _____

Date _____

Address _____

Telephone Number _____

PART 3

(To be completed by City Human Resources Representative)

Date form received by Human Resources _____

Dates of further interaction with employee or health care provider (if applicable)

Was Exemption/Accommodation Granted?

_____ Yes

_____ No

Date employee notified in writing (may include email) _____

ATTACH COPY OF WRITTEN RESPONSE PROVIDED TO EMPLOYEE

CITY OF CHARLESTON
REQUEST FOR DEFERRAL

In the interests of promoting and protecting the health and welfare of City employees and citizens and providing a safe working environment, the City has imposed a requirement that employees be vaccinated with a vaccine approved by the FDA (whether standard or emergency use approval) to prevent infection and spread of the virus caused by COVID-19.

In certain instances, employees may be eligible for a 90-day deferral for meeting the requirements of the mandate.

To request a deferral related to the COVID-19 vaccine mandate, all requesting employees must complete this form and return it to Human Resources no later than November 22, 2021.

Upon receipt of a fully completed request, Human Resources may need to meet with the requesting employee to determine if a deferral is warranted.

Deferrals may be granted in the following situations:

1. Individuals who are in a prolonged leave status (such as on continuous FMLA leave) may request a deferral of the vaccine until their return to work if they will not be returning to work until after November 22, 2021. All such individuals must be Fully Vaccinated before returning from leave.
2. The CDC recommends a 90 day waiting period for individuals to receive a vaccine after being treated with monoclonal antibodies. Employees must be partially vaccinated within 2 weeks post the recommended 90 day waiting period. Thereafter, the individual must become Fully Vaccinated no later than seven weeks after the 90 day waiting period.
3. Individuals who have tested positive for COVID-19 or test positive between now and any COVID-19 Vaccine Mandate Policy deadline may, with proof of the positive test, be permitted to defer that deadline 90 days post infection.
4. Individuals who have submitted a written request for an exemption which request was denied must be Partially Vaccinated within 14 calendar days of denial, and Fully Vaccinated within 9 weeks of that same date.

PART 1

VERIFICATION:

I am requesting a deferral to the requirements of the City's vaccination mandate under the deferral number _____ (listed on page 1.)

I verify that the information I am submitting in support of my request is complete and accurate to the best of my knowledge. I understand that providing false or misleading information as part of this request will subject me to disciplinary action.

I acknowledge that my request may be denied.

Signature _____ Date _____, 2021

Print name _____

Department _____

PART 2

If seeking a deferral for bullet point three, ATTACH A LEGIBLE FORM SHOWING A POSITIVE COVID-19 TEST RESULT FROM A LICENSED MEDICAL PROVIDER WITH YOUR NAME AND PROVIDER'S NAME

PART 3

(To be completed by City Human Resources Representative)

Date form received by Human Resources _____

Dates of further interaction with employee or health care provider (if applicable)

Was Deferral Granted?

_____ Yes Deferral expires on _____.

_____ No

Date employee notified in writing (may include email) _____

ATTACH COPY OF WRITTEN RESPONSE PROVIDED TO EMPLOYEE