

PALOMAR COMMUNITY COLLEGE DISTRICT
EMPLOYEE COVID-19 VACCINATION AND IMMUNIZATION PLAN

Purpose

The Palomar Community College District is committed to providing a safe and healthy campus. In furtherance of this commitment, the District's Employee COVID-19 Vaccination and Immunization Plan ("Plan") intends to mitigate the risks surrounding exposure to COVID-19 by requiring that all employees who are on District premises have received the full COVID-19 vaccine.

The novel coronavirus and the disease it causes, COVID-19, is a global pandemic and has resulted in widespread severe illness and death worldwide, in the United States, and in California. COVID-19 spreads mainly through close contact from person to person, including between people who are physically near each other. People who are infected but do not show symptoms can also spread the virus to others.¹ The Centers for Disease Control (CDC) notes that **"COVID-19 spreads very easily from person to person"** and that "[t]he virus that causes COVID-19 appears to spread more efficiently than influenza...."²

According to the CDC, vaccination is a safe and effective way to prevent people who are vaccinated from becoming seriously ill with COVID-19. The CDC recommends widespread vaccination and states:

COVID-19 vaccination will help keep you from getting COVID-19:

- All COVID-19 vaccines currently available in the United States have been shown to be highly effective at preventing COVID-19.
- All COVID-19 vaccines that are in development are being carefully evaluated in clinical trials and will be authorized or approved only if they make it substantially less likely you will get COVID-19.
- Based on what we know about vaccines for other diseases and early data from clinical trials, experts believe that getting a COVID-19 vaccine may also help keep you from getting seriously ill even if you do get COVID-19.
- Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19.
- Experts continue to conduct more studies about the effect of COVID-19 vaccination on severity of illness from COVID-19, as well as its ability to keep people from spreading the virus that causes COVID-19.

¹ Centers for Disease Control, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html> [April 2, 2021].

² CDC, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>, [April 2, 2021].

COVID-19 vaccination is a safer way to help build protection:

- COVID-19 can have serious, life-threatening complications, and there is no way to know how COVID-19 will affect you. And if you get sick, you could spread the disease to friends, family, and others around you.
- Clinical trials of all vaccines must first show they are safe and effective before any vaccine can be authorized or approved for use, including COVID-19 vaccines. The known and potential benefits of a COVID-19 vaccine must outweigh the known and potential risks of the vaccine for use under what is known as an Emergency Use Authorization (EUA).
- Getting COVID-19 may offer some natural protection, known as immunity. Current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. However, experts do not know for sure how long this protection lasts, and the risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. COVID-19 vaccination will help protect you by creating an antibody (immune system) response without having to experience sickness.
- Both natural immunity and immunity produced by a vaccine are important parts of COVID-19 disease that experts are trying to learn more about, and CDC will keep the public informed as new evidence becomes available.

COVID-19 vaccination will be an important tool to help stop the pandemic:

- Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed.
- The combination of getting vaccinated and following CDC's recommendations to protect yourself and others will offer the best protection from COVID-19.
- Stopping a pandemic requires using all the tools we have available. As experts learn more about how COVID-19 vaccination may help reduce spread of the disease in communities, CDC will continue to update the recommendations to protect communities using the latest science.

(See more from the CDC on the benefits of vaccination at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html> [April 27, 2021].)

The California Department of Public Health (CDPH) also recommends that people get vaccinated to slow the spread of COVID-19. The CDPH has its own "Scientific Safety Review Workgroup," which has confirmed that "vaccines have met high standards for safety and efficacy."³

Based on the ease of transmission of the virus that causes COVID-19 and the safety and effectiveness of vaccination, this Plan operates to protect employees, students, and the community.

³ CDPH, https://www.cdph.ca.gov/Programs/CID/DCDC/CDPHa%20Document%20Library/COVID-19/COVID_VACCINE_FACT_SHEET-ENG-08.pdf, [April 2, 2021.]

Plan

I. Scope of Coverage

All employees will need to be fully vaccinated for COVID-19 to be physically present on District premises unless the employee meets one of the exemptions outlined below. “Fully vaccinated” means the employer has documentation showing that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. The District will also require booster shots if booster shots are recommended by the appropriate government agency such as the CDC or FDA.

Employees will have six (6) weeks from the Effective date of this Plan to become fully vaccinated as defined above. Vaccines must have the following approval to be accepted under this Plan:

- Full FDA approval; or
- FDA Emergency Authorization Use (EAU) approval; or
- Full World Health Organization (WHO) approval; or
- WHO Emergency Use (EU) approval

II. Effective Dates

This Plan shall be effective immediately upon full FDA approval of a COVID-19 vaccination and shall remain in effect until the District determines that the Plan is no longer necessary. This Plan may be amended or revoked at any time. Negotiable items, such as working conditions, will be negotiated per the collective bargaining agreements.

III. Proof of Vaccination

Once fully vaccinated with the COVID-19 vaccine, employees must provide to the District proof of vaccination and a signed Confidentiality of Medical Information Act release (Attachment 2) to be physically present on campus.

Employees who have been vaccinated are required to continue to abide by all District policies, procedures, and protocols regarding COVID-19 until the District directs otherwise. The District's COVID-19 Prevention Plan is available [here](#).

IV. Health or Medical Records

The District will not request any health or medical information for the purpose of enforcement of this Plan other than proof of vaccination, medical exemption, or what is required under the ADA process. Unless consent is given, the District will not receive any medical information from employees or give any medical information to any vaccination provider. Any proof of vaccination an employee provides to the District will be stored in a manner consistent with applicable law and in accordance with the District's practice for storing medical information employees.

V. Exemptions from Vaccination Requirement

District employees may be exempt from the mandatory COVID-19 vaccine requirements in this Plan only under the following circumstances:

- A. If an applicant for District employment meets all other requirements for employment as applicable but needs additional time to obtain and provide their vaccination records, the person's assignment will be conditional for a maximum of 30 days upon signing and submitting a written statement attesting that they have been vaccinated as required.
- B. The employee submits a written statement from a healthcare provider exempting them due to the person's qualifying disability. This statement must be submitted on the healthcare provider's office letterhead with the healthcare provider's printed name, license number, signature, and date the statement is issued. Alternatively, employees may submit the Medical Exemption Form attached herein as Attachment 3. Employees should submit the statement to benefits@palomar.edu.
- C. The employee objects based on a sincerely held religious belief. If the employee objects on this basis, the employee must complete and submit the corresponding Religious Exemption Request Form for COVID-19 Vaccination in Attachment 1. Employees should submit the completed form to benefits@palomar.edu.

Approval of an exemption means the employee may work on campus without being fully vaccinated. All other COVID-19 safety protocols must be followed.

VI. Americans With Disabilities Accommodations Process

If the District determines that an employee has not received the COVID-19 vaccination due to a disability the District will send the employee the accommodations process form to determine whether a reasonable accommodation can be provided.

The disability accommodations process for employees will determine whether a reasonable accommodation exists to enable an employee to perform the “essential functions” of their job. Essential functions vary by job class and therefore the process shall be case by case and may result in different outcomes in different cases.

To initiate the disability accommodations process, employees submit the Request for Reasonable Accommodation form along with a written statement from a licensed healthcare provider outlining the person’s restrictions/functional limitations due to a disability. This statement must be submitted on the healthcare provider’s office letterhead with the healthcare provider’s printed name, license number, signature, and date the statement is issued. Employees should submit the healthcare provider’s statement to benefits@palomar.edu in Human Resources. Human Resources will engage in the interactive process to explore reasonable accommodations that will support the restrictions/functional limitations.

Accommodations may not be possible where it would result in an undue burden to the District or result in a fundamental alteration of the course, or where the employee presence would pose a direct threat.

AUTHORITY:

- Americans with Disabilities Act
- Title VII of the Civil Rights Act
- EEOC Technical Assistance, updated December 16, 2020
- DFEH Employment Information on COVID-19
- Palomar Community College District COVID-19 Prevention Plan

Attachment 1

RELIGIOUS EXEMPTION REQUEST FORM FOR COVID-19 VACCINATION

The Palomar Community College District affords equal employment opportunity for all qualified employees and applicants as to all terms of employment and prohibits discrimination against employees or applicants based on classifications protected by law, including, but not limited to, religion, creed, and religious belief, practice, or observance. Accordingly, the District provides reasonable accommodations for applicants and employees whose sincerely held religious belief, practice, or observance conflicts with an employment requirement, unless providing a reasonable accommodation would result in undue hardship on the conduct of the District's operations.

To promote a safe and healthful workplace for employees, and to promote the health and safety of employees working on the District's campus and facilities, and members of the community, the District requires that all employees receive a COVID-19 vaccination to be physically present on District premises. Employees may use this form to request a religious accommodation if they have a sincerely held religious belief, practice, or observance that conflicts with the District's requirement that all employees receive a COVID-19 vaccination.

Employee to complete the following information:

Section A: General Information

Employee's Name: _____

Employee's Job Title: _____

Employee's Supervisor: _____

Employee's Department: _____

Employee's Worksite: _____

Section B: General Position and Worksite Information

Please check all that currently apply to you:

- ☐ I perform work onsite at a District campus or facility.
- ☐ I interact with students, other employees, visitors, or members of the public while performing my job duties
- ☐ I perform work in shared or communal spaces or areas where students, other employees, visitors, or members of the public may also be present

Section C: Description of Religious Belief, Practice, or Observance

Please describe your sincerely held religious belief(s), practice(s), or observance(s) that conflicts with the requirement that you receive a COVID-19 vaccination:

My signature below indicates that the information I have provided in this form accurately reflects my sincerely held religious belief(s), practice(s), or observance(s) and its conflict with the District's requirement that all employees receive a COVID-19 vaccination. I also understand that the District may require me to provide additional supporting documentation.

Employee's Signature

Date

ATTACHMENT 2

AUTHORIZATION FOR DISCLOSURE AND USE OF MEDICAL INFORMATION

Confidentiality of Medical Information Act (CMIA), Civil Code § 56, et seq.

Pursuant to California's Confidentiality of Medical Information Act, I,
_____, authorize the Palomar College Community College District to receive my medical information as described in this authorization. I also authorize representatives from the District to use the medical information for the purposes described in this authorization.

This authorization is limited to the following types of information:

Confirmation of COVID-19 (SARS-CoV-2) vaccination.

The recipients of this information may use the information for the following purpose:

Compliance with the District's Employee COVID-19 Vaccination and Immunization Plan.

Expiration Date: The District is no longer authorized to disclose or use medical information described in this authorization after June 30, 2022.

Right to Receive Copy of This Authorization: I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the District will provide me with a copy of this authorization.

I authorize the disclosure and use of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

Employee Name

Signature

Date

ATTACHMENT 3



To request an exemption from required vaccinations, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to the Palomar College Benefits Department.

SECTION 1

Request for medical exemption from Palomar College's mandatory vaccination policy:

Name (print):	Date:
EID:	Position:
Supervisor:	Work/Cell Phone:

- ☐ The information to substantiate my request for exemption from Palomar College's vaccination policy is true and accurate to the best of my knowledge.
- ☐ I understand that any falsified information can lead to disciplinary action, up to and including termination.
- ☐ I understand that Palomar College is not required to provide an exemption accommodation if doing so would pose a direct threat to myself, or others, in the workplace or would create an undue hardship for Palomar College.

Employee Signature:

Date:

Please note that Palomar College is not seeking information regarding a condition or diagnosis, if any. Please do not provide us with any diagnostic or other information about your patient's condition.

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. **To comply with this law, the Palomar College does not seek, and this request does not include any genetic information.** "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an*

embryo lawfully held by an individual or family member receiving assistive reproductive services.

SECTION 2

Medical Provider Certification for vaccination exemption:

Palomar College requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form to assist Palomar College in the reasonable accommodation process.

☐ **The person named above should not receive the COVID-19 vaccine due to a qualifying medical condition.**

This exemption should be:

☐ Temporary, expiring on: ____/____/____, or when_____.

☐ Permanent.

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print): _____

Medical Provider Signature: _____

Date: _____

Practice Name, Address, and Phone Number: _____