

Meeting Date: August 17, 2021

Bill/Resolution

2021-44

Subject:

Vaccine Mandate

Action Requested:

Approval of Resolution Amending Personnel Policy 6.14 to Replace Current Policy With a New Policy Requiring COVID Vaccination for All Employees with Limited Exception and Authorizing Other Public Health Mitigation Measures

Summary

Consistent with a duty to provide and maintain a workplace that is free of recognized hazards, this policy is submitted for approval to safeguard the health and well-being of employees and their families, our customers and visitors, others who spend time in our facilities, and the community from the risks associated with COVID-19.

Current City policy promotes the administration of vaccinations but does not mandate this practice. This proposal would require vaccinations as a condition of employment and authorizes the City Manager to continue the face covering (mask) requirements when necessary for public health.

Approved for Agenda:


City Manager

RESOLUTION #2021-44

**AMENDING PERSONNEL POLICY 6.14 TO REPLACE CURRENT POLICY WITH A
NEW POLICY REQUIRING COVID VACCINATION FOR ALL EMPLOYEES WITH
LIMITED EXCEPTION AND AUTHORIZING OTHER
PUBLIC HEALTH MITIGATION MEASURES**

WHEREAS, the City of Webster Groves has a duty to provide and maintain a workplace that is free of recognized hazards and desires to create policy to safeguard the health and well-being of employees and their families, our customers and visitors, others who spend time in our facilities, and the community from the risks associated with COVID-19; and

WHEREAS, the Delta variant of COVID-19 is prevalent and a significant public health danger and risk to the workforce and public of Webster Groves; and

WHEREAS, government entities, local businesses, and other organizations have adopted vaccine and face covering mandates to help protect their workforce and public or patrons; and

WHEREAS, compulsory vaccinations have been repeatedly ruled constitutional by the United State Supreme Court including in the seminal case, *Jacobson v. Massachusetts*.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF WEBSTER GROVES, the attached policy requiring vaccination as a condition of employment in Webster Groves with limited exception and authorizing other public health mitigation measures, entitled Exhibit A, be adopted to replace current Personnel Policy 6.14, and shall be effective immediately.

ADOPTED this _____ day of _____ 2021.

Mayor

ATTEST:

City Clerk

EXHIBIT A

Policy 6.14:	Mandatory COVID-19 Vaccination & Face Coverings
Purpose:	To explain in summary format the City's policy on requiring all employees be vaccinated for COVID-19, and all subsequent boosters, as they are made available.
Scope:	All employees, unless noted.

A. POLICY PURPOSE

1. Consistent with a duty to provide and maintain a workplace that is free of recognized hazards, the City of Webster Groves adopts this policy to safeguard the health and well-being of employees and their families, our customers and visitors, others who spend time in our facilities, and the community from the risks associated with COVID-19.

B. REQUIRED VACCINATIONS

1. By October 1, 2021, all employees, not including elected officials, of the City are required to either (a) establish that they have been fully vaccinated; or (b) obtain a qualified medical or religious exemption.
 - a. New employees to the City shall be subject to the provisions in (B)(1) on their scheduled first day of work.
 - b. For purposes of this policy, an employee is considered fully vaccinated two weeks after receiving the second dose of a two-dose vaccine or one dose of a single-dose vaccination.
2. All employees, not including elected officials, shall receive any FDA approved booster shot for a COVID vaccine, within fourteen (14) days of availability for the individual employee.
3. To establish that they are fully vaccinated, employees are required to present a completed COVID-19 Vaccination Record to the Human Resources Manager.

C. VACCINE ADMINISTRATION

1. Employees are responsible for scheduling and obtaining all recommended doses of an FDA-approved COVID-19 vaccine or a COVID-19 vaccine granted Emergency Use Authorization by the FDA. Employees may obtain the vaccine during regularly scheduled work hours. The City will compensate employees for this time. Your supervisor must approve your leave during working hours to minimize business interruptions.

D. FACE COVERINGS

1. The City Manager may enact a range of face-covering (mask) requirements on City property as necessary to provide for the health and welfare of the City workforce and the public. These requirements shall have the force of City policy and be required of any person entering City property. These requirements shall be communicated to employees and the public through email and postings.

E. REQUEST FOR EXEMPTION

1. Medical: If an employee believes that they have a qualifying medical diagnosis that is exempt from vaccination, it is the employee's responsibility to provide proof of exemption from a qualified physician. As science and

EXHIBIT A

- vaccinations evolve, employees may be requested to provide updated medical exemptions. To request a medical exemption related to this policy, an employee must fully complete the form in Appendix A following this policy.
2. Religious: If an employee believes that they have a qualifying religious exemption, it is the employee's responsibility for presenting proof of exemption to Human Resources. To request a religious exemption related to this policy, an employee must fully complete the form in Appendix B following this policy.
 3. Exemptions shall be subject to review and determination of compliance by the City Manager, with the counsel of the City Attorney. Decisions of the Manager shall be final.

F. NON-COMPLIANCE

1. Any employee who does not demonstrate proof of vaccination and/or does not provide proof of exemption, shall be subject to termination.
2. Any employee who does not comply with face-covering requirements, shall be subject to termination.

G. POLICY CHANGES

1. This policy relies upon health and safety guidelines generated by the Centers for Disease Control. This policy is subject to change as those guidelines change and as is necessary to protect the health and safety of the employees and residents of the City of Webster Groves. Employees will be notified by email from the City Manager of any change in policy when appropriate which shall have the effect of policy until such time as the Council may act.



Appendix A- Request for Medical Exemption from COVID-19 Vaccination

This request contains two parts, both are required.

Part 1 – To Be Completed by Employee

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the City.

Employee Name: _____

Signature: _____ Date: _____

Part 2 – To be completed by Employee’s Medical Provider

Employee Name: _____

Attention Medical Provider: The City of Webster Groves, Missouri requires a COVID-19 vaccination as a condition of employment. The above-named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below. Attach further documentation as necessary. Should you have any questions, please contact Webster Groves Human Resources at 314-963-5305 or (email).

The above person should not be immunized for COVID-19 for the following reasons:

- 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. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.
- Other – Please provide this information in a separate narrative that describes the exemption in detail.

I certify that _____ has the above contraindication and request a medical exemption from the COVID-19 vaccination.

Medical Provider Signature

Date:

Address

Office Phone Number



Appendix B- Request for Religious Exemption from COVID-19 Vaccination

This request contains two parts, both are required.

Part 1 – To Be Completed by Employee

Employee Name: _____

Reason why exemption is requested: *(attach additional pages as necessary)*

In some cases, the City will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? _____ Yes _____ No

If no, please explain why: *(attach additional pages as necessary)*

Verification and Accuracy

I verify that the information I am submitting in support of my request for an Exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the organization.

Signature: _____ Date: _____

Part 2 – To be completed by Human Resources Manager

Date Request Received: _____ Interactive Discussion Date(s) if applicable _____

Exemption granted? _____ Yes _____ No

Describe Exemption:

If Exemption granted, list required alternative safety precautions required: