Subject: Vaccine Mandate


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.
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
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
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.
EXHIBIT A

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: