

		POLK COUNTY GOVERNMENT			
		Board of Supervisors			
		Title/Subject:		COVID-19 Vaccination & Testing Policy	
		Applies to: All employees of Polk County Government including, but not limited to, permanent, temporary, seasonal, summer and on-call status.		Effective Date:	September 14, 2021
				End Date:	Until Rescinded by Board of Supervisors
X	Policy	Approved by: Board of Supervisors		Policy #	110.101
	Procedure			Procedure #	N/A
	Other	Instruction:	No Action Required		
		Number of Pages:	6		

I. General Statement of Policy

Polk County government has an obligation to protect the health and safety of its employees and the public who access services and programs, or otherwise interface in any manner with employees of Polk County. In order to create and maintain a safe work environment that protects employees and the public from infection/transmission of SARS-CoV-2 (COVID-19), Polk County is adopting this COVID-19 vaccination and testing policy.

II. Definitions

Employee(s) – All employees of Polk County government, including permanent full and part-time, temporary, seasonal, summer and on-call status.

Exemption – An approved exception to COVID-19 vaccination and/or COVID-19 testing requirements based upon a medical/disability exemption or based upon a sincerely held religious belief, practice or observance.

Fully Vaccinated – An Employee is considered “fully” vaccinated when two weeks have passed since they completed a COVID-19 vaccine series (*e.g.*, one dose of the Janssen/J&J vaccine, or 2 doses within no more than twelve weeks of the Moderna or Pfizer vaccines); as well as any boosters consistent with manufacturer instructions and applicable federal agency approval, authorization or listing.

Partially Vaccinated – An Employee is considered “partially” vaccinated if they have begun a COVID-19 vaccine series but do not otherwise meet the definition of being Fully Vaccinated under this policy.

Required Mitigation Procedures (RMP) – Actions, other than getting vaccinated or pharmaceutical intervention, that Employees are required to take based upon the prevailing CDC guidance.

III. COVID-19 Vaccination Effective Date and Proof of Vaccination

1. **Effective Date.** Employees must provide proof they are Partially or Fully Vaccinated, or have an approved Exemption¹, on or before September 30, 2021. Employees who do not provide proof of vaccination in accordance with paragraph 2 of this Section, or have an approved Exemption, will be required to complete COVID-19 testing and education requirements set forth in Section VI. Partially Vaccinated Employees who do not become Fully Vaccinated on or before the expiration of eight (8) weeks from September 30, 2021, will be required to complete COVID-19 testing and education requirements set forth in Section VI.
 - a. An Employee will be permitted sufficient time in paid status to receive a vaccination (including initial dose, second dose, or subsequent boosters as recommended by the CDC), free of charge, from the Polk County Health Department. Paid time away from work must be arranged with the Employee’s supervisor and is subject to maintaining operational efficiency;
 - b. An Employee may elect to receive a vaccination from a health care provider, pharmacy or other entity licensed to administer vaccines (including initial dose, second dose, or subsequent boosters as recommended by the CDC); however, paid time away from work will not be provided.
2. **Proof of Vaccination.**
 - a. **Type of Proof.** Employees must provide proof they are Partially Vaccinated and/or Fully Vaccinated by providing one of the following documents:
 - i. CDC COVID-19 Vaccination Record Card or photo of the card;
 - ii. Documentation of vaccination from a health care provider or electronic health record;
 - iii. State immunization information system record; or
 - iv. A reasonable equivalent of any of the above as determined by the Polk County Health Department.
 - b. **Submission of Proof.** Employees will submit proof of vaccination through one of the following methods:
 - i. By sending an electronic copy to the following email (preferred): covidvac@polkcountyiowa.gov or by hardcopy to Polk County Human

¹ See Section IV(4) regarding submission of exemptions after September 30, 2021.

Resources (Attention Wellness Coordinator). Human Resources must receive hardcopy documentation by the deadline set forth above.

- ii. By signing a waiver permitting the Polk County Health Department to access Employee's COVID-19 vaccination record and provide them to Polk County Human Resources (See Appendix A – Waiver Form).
3. ***Vaccination After Effective Date.*** Employees who are not Partially or Fully Vaccinated by the deadline set forth in this policy, but who subsequently become Partially or Fully Vaccinated and provide proof of such in accordance with paragraph 2, above, will not be required to comply with the COVID-19 testing and education requirements set forth in Section VI.
- a. A Partially Vaccinated Employee must become Fully Vaccinated no more than eight (8) weeks after receiving the first dose in their respective vaccination series. If a Partially Vaccinate Employee does not become Fully Vaccinated, they will be required to comply with the COVID-19 testing and education requirements set forth in Section VI.

IV. Exemption Procedures

In order to be considered for an Exemption, Employees are required to fill out the respective Medical/Disability or Religious Exemption request form found in Appendices B and C to this policy.

1. Exemption request forms must be submitted by sending a completed electronic copy to the following email (preferred): humanres@polkcountyiowa.gov or by hardcopy to Polk County Human Resources (Attention Wellness Coordinator).
2. Exemption requests must be approved by the deadline set forth in Section III in order to be excused from compliance with the COVID-19 testing and education requirements set forth in Section VI. It is the Employees responsibility to submit the form in advance of the effective date so there is ample time to review and process the request.
3. Employees are permitted submit Exemption request forms at any time after the deadline set forth in Section III; however, the Employee is not excused from testing requirements until exemption paperwork is submitted.
4. Employees who do not have an approved Exemption are required to comply with the COVID-19 testing and education requirements, in addition to any other requirements, of this policy.

V. Required Mitigation Procedures

All Employees must follow Required Mitigation Procedures in the workplace, which may be dictated by their vaccination status. All Required Mitigation Procedures, as noted in the definition, are based upon prevailing CDC recommended guidance, and which will be communicated to Employees as such guidance changes. An Employee may be subject to progressive discipline up to and including termination of employment for noncompliance with Required Mitigation Procedures to the extent provided in any applicable collective bargaining or employee manual/handbook.

VI. Unvaccinated Employee Testing and Education

Any Employee who does not provide proof they are Partially or Fully Vaccinated by the effective date set forth in Section III(1)², or who do not have an approved Exemption, will be required to test weekly for COVID-19 in accordance with the procedures below. Employees will also receive educational information regarding COVID-19 vaccinations, which may be conveyed through written or verbal communication and may include required online or in-person training, from the Polk County Health Department.

1. ***Unvaccinated Employee Testing Procedure.*** Unvaccinated Employees (without an approved Exemption) will be required to submit COVID-19 test results weekly for any week in which the Employee performs work.
 - a. Polk County Human Resources will maintain a list of all Employees to which the procedures below apply and will provide notice to those Employees at the outset of the testing requirement through electronic mail.
 - b. Unvaccinated Employees will be required to submit the results of a polymerase chain reaction (PCR) diagnostic test (not an antibody test) once per week. The results must adhere to the following submission protocol:
 - i. PCR diagnostic test result documentation must be submitted to the following email address: covidtest@polkcountyiowa.gov (**hardcopy will not be accepted**). The results must not contain any extraneous medical information – only PCR test result information should be submitted.
 - ii. Test results must be received on or before **every Friday, 12:00 p.m. starting October 8, 2021.**
 - c. If an unvaccinated Employee does not comply with the test result submission requirement, a Notice of Testing Non-Compliance will be issued by Human Resources to the Employee and the Employee's supervisor.

² Under the authority set forth in this policy, Polk County may set additional deadlines for compliance with any CDC-recommended booster vaccination(s).

- d. **Employees may be subject to progressive discipline up to and including termination of employment, to the extent provided in any applicable collective bargaining agreement or employee manual/handbook, for non-compliance with the testing requirement.**
 - e. If an Employee who is subject to the testing requirement is on an approved leave of absence (regardless of pay status) and does not perform work for a full workweek, the Employee will not be subject to the testing requirement for that workweek.
 - f. Employees subject to the testing requirement who work remote must comply with the testing requirement even if they are not anticipating being present at the worksite for a full week as Employees may be called into the worksite due to operational need.
2. ***Unvaccinated Employee Education.*** The education requirement, which may be provided online, in-person, or a combination of both, will include, but will not necessarily be limited to, the following content:
- a. The potential health consequences of COVID-19 illness for themselves, family members and other contacts, coworkers and general public;
 - b. Occupational exposure to SARS-CoV-2;
 - c. The epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of a face mask, personal protective equipment or personal hygiene);
 - d. The potential benefits of COVID-19 vaccination; and
 - e. The safety profile and risks of any COVID 19 vaccine.

VII. Paid Time Off for COVID-19 Positive Cases

Any Employee who tests positive for COVID-19 must immediately notify their supervisor and follow the prevailing CDC guidance for isolation. Employees who are Partially or Full Vaccinated, or who have an approved Exemption, and who test positive for COVID-19 requiring them to isolate (with inability to work remotely) will be eligible for paid leave of up to eighty (80) hours.

1. Paid leave under this Section is cumulative, meaning an employee is entitled to a total of eighty (80) hours for the duration this policy, and only applies to permanent Employees eligible for other leave accruals.
2. A permanent part-time Employee paid leave entitlement is prorated, meaning the Employee is entitled to cumulative paid leave equal to the Employee's average number of work hours in a two-week period.

3. Any paid leave provided under this Section shall not carry over beyond the duration this policy is in effect and Employees are not entitled to any payout of this leave upon separation of employment.

APPENDIX B

MEDICAL/DISABILITY EXEMPTION REQUEST FORM

Employee Name: Click or tap here to enter text.

Department/Office: Click or tap here to enter text.

Classification/Job Title: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Instructions: This form should be used by Polk County Employees to request a Medical/Disability Exemption for either the COVID-19 vaccination or COVID-19 testing requirement. **PLEASE NOTE** that, because Polk County COVID-19 Vaccination Policy does not create a vaccination mandate, this form will only be used with respect to Exemption for purposes of COVID-19 vaccination when determining eligibility for paid leave in accordance with Section VII of the policy.

Please check the appropriate box below and follow the instructions for the Certification from Health Care Provider information. Once completed, return the form to Human Resources.

COVID-19 TESTING REQUIREMENT

- I have a medical condition/disability, as certified in the following Certification from Health Care Provider, that precludes me from completing the COVID-19 weekly testing requirement set forth in the Polk County COVID-19 Vaccination Policy.
- I have been diagnosed with or treated for COVID-19 within the last 90 days and am requesting temporary Exemption for that period from the COVID-19 testing requirement set forth in the Polk County COVID-19 Vaccination Policy. This diagnosis/treatment is supported by the information contained in the following Certification from Health Care Provider.

COVID-19 VACCINATION (for purposes of paid leave eligibility only)

- I have a medical condition(s) for which contraindications or precautions to COVID-19 vaccination, as recognized by the CDC or by the vaccines' manufacturers, apply. This request for Exemption is supported by the following Certification from Health Care Provider.
- I have a disability, as defined by the Polk County Equal Employment Opportunity, Affirmative Action and Anti-Discrimination Policy (<https://www.polkcountyiowa.gov/media/ytjjj0j2/equal-employment-opportunity-affirmative-action-ada-policy.pdf>), for which it is medically indicated that I not receive a COVID-19 vaccination. This is supported by the following Certification from Health Care Provider.

CERTIFICATION

I verify the truth and accuracy of the information and representation I making by submission of this form.

Employee Signature _____ Date _____

Date Received by Human Resources (if submitted via hardcopy) _____

CERTIFICATION FROM HEALTH CARE PROVIDER

Health Care Provider Name:	License Type & Issuing State:
Full Name of Patient:	Patient Date of Birth:
Name of Physician:	

Instructions: Please complete Part A of this form if the patient requires exemption from COVID-19 testing requirements. Please complete Part B of this form if the patient requires exemption from COVID-19 vaccination for purposes of determining paid leave eligibility.

PART A – Medical/Disability Exemption for COVID-19 Testing

- I certify that the patient named above has a medical condition/disability which, in my professional opinion, makes it inadvisable for the patient to complete a polymerase chain reaction (PCR) diagnostic test for COVID-19.

- I certify that the patient named above has been diagnosed with and/or treated for COVID-19 within the last 90 days.
 - My patient’s COVID-19 diagnosis or last day of treatment (whichever is later) was on _____ .
 - My patient is begin actively treated for COVID-19. The expected end date of treatment is _____ .

PART B - COVID-19 VACCINATION (for purposes of paid leave eligibility only)

- I certify that my patient has a medical condition(s) for which contraindications or precautions to COVID-19 vaccination, as recognized by the CDC or by the vaccines’ manufacturers, apply.

- I certify my patient has a disability, defined as a physical or mental impairment that substantially limits a major life activity (e.g. s caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working), for which COVID-19 vaccination is not advisable in my professional opinion.

The disability is PERMANENT / TEMPORARY – Expected end date: _____

Signature of Health Care Provider

Date

APPENDIX C

RELIGIOUS EXEMPTION REQUEST FORM

Employee Name: Click or tap here to enter text.

Department/Office: Click or tap here to enter text.

Classification/Job Title: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Instructions: This form should be used by Polk County Employees to request an Exemption due to a sincerely held religious belief, practice, or observance that conflicts with the Polk County COVID-19 Vaccination Policy. Once completed, return the form to Polk County Human Resources.

Based upon my sincerely held religious belief, practice, or observance, I am requesting an Exemption to the COVID-19 testing requirement or, for purposes of determining paid leave eligibility under Section VII of the Polk County COVID-19 Vaccination Policy, receiving a COVID-19 vaccination.

Please identify your sincerely held religious belief, practice or observance that is the basis for your request for an Exception as a religious accommodation. Click or tap here to enter text.

Please briefly explain how your sincerely held religious belief, practice or observance conflicts with the Polk County COVID-19 vaccination policy. Click or tap here to enter text.

Please attach any additional information you think may be helpful in processing your religious accommodation request.

CERTIFICATION

I verify the truth and accuracy of the information and representation I making by submission of this form.

Employee Signature _____

Date _____

Date Received by Human Resources (if submitted via hardcopy) _____