

## CT COVID-19 Vaccine: Phases and Eligibility

### Current Phases of COVID-19 Vaccination

#### **Phase 1a**

- Healthcare Personnel: All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients of infectious materials. Healthcare personnel should contact their Employer Coordinator, who has been designated to ensure access to the vaccine. Vaccine administration for healthcare workers will be available at hospitals, outpatient clinics, and local health departments.
- Long-Term Care Facility Residents: Adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently. Residents of long-term care facilities should ask facility leadership about reviewing vaccine. All vaccine clinics in long-term care facilities will be administered by CVS and Walgreens.
- Medical First Responders: High risk of exposure to COVID-19 through their response to medical emergencies such as Emergency Medical Technicians, Police, and Fire.

#### **Phase 1b**

- Individuals 75 and older
- Residents and staff of select congregate settings: Congregate settings will be phased in throughout Phase 1b. Congregate settings include individuals and staff in halfway homes, inpatient mental health facilities, corrections facilities, homeless shelters, domestic violence shelters, substance use and residential treatment facilities along with others. Vaccination programs for congregate settings will be coordinated by State and local health. These facilities are either licensed by or otherwise formally affiliated with the State of Connecticut and are administered by a private non-profit or other formal entity. In Phase 1b, congregate settings do not include supported apartments, foster or family settings, college dormitories, or boarding schools.

### Upcoming Phases

#### **Remaining Phase 1b**

Scheduling next (likely February):

- Individuals between the ages of 65 and 74

#### **Scheduling information coming soon (likely March):**

- Frontline essential workers (this final definition is forthcoming, but is likely to include healthcare personnel not included in Phase 1a, first responders, agricultural workers, including farmworkers, food service and restaurants, U.S. Postal Service workers, manufacturing workers, grocery store & pharmacy workers, public transit workers, food banks and meal delivery services for the elderly, education and child-care workers, solid waste and wastewater workers, inspectors working on site in the above locations, and frontline public and social services.)
- Individuals with an underlying medical condition with increased risk for severe illness\*

\*More information will be available soon for those with severe underlying medical conditions, at this time, please visit the Centers for Disease Control and Prevention (CDC)'s website.

#### **Phase 1c**

- Updated information will be coming soon!

#### **Future Phases**

- (Summer and Fall, 2021)

COVID-19 vaccinations will be available to eligible members of the general public starting this summer. At that time you should expect to have access to the vaccine at the same locations where you would normally get vaccinated: pharmacies, doctors offices, community health clinics, local health clinics, as well as through other providers.

Decisions about priority order will be made based on ACIP guidelines, our State's allocation subcommittee advice, and ultimately the decision of the Governor. ACIP and our allocation subcommittee are making their recommendations based on multiple factors – including maximizing the benefits of vaccine access, mitigating the spread of the pandemic, and mitigating health inequities.

## **Employer's Role for the Vaccine Rollout**

- Providing access to the COVID-19 vaccine and communicating about eligibility
- Ensuring that only employees who fit the criteria are scheduled to receive the vaccine
- Establish an “Employer Coordinator” – employees can be it for only ONE employer
- Complete a survey via the Vaccine Administration Management System (VAMS)  
<https://dphsubmissions.ct.gov/VAMSEnrollment>
- Upload roster of eligible personnel

## **Mandating the Vaccine**

**Mandating the vaccine and exceptions to the rule.** Employers may require employees to take the vaccine, subject to certain legally protected exceptions:

- **The Americans with Disabilities Act (ADA) and Disability Exceptions.** With respect to exceptions for disability, the ADA permits employers to have a qualification standard that includes “a requirement that an individual shall not pose a direct threat to the health or safety of individuals in the workplace” — however, if this tends to screen out an individual with a disability, the employer must show that an unvaccinated employee would pose a “direct threat” to the health and safety of the individual or others that cannot be eliminated by a reasonable accommodation.
- **Title VII and Religious Exceptions.** With respect to exceptions for sincerely held religious belief, practice or observance, employers must provide reasonable accommodation for such beliefs unless it would pose an undue hardship (which, for religious belief, is defined as “more than a de minimis cost or burden to the employer”).

### **Other Considerations:**

- **Documentation to Support Request.** Employers may generally request that the employee provide supporting documentation to support exception requests for disability or religious reasons.
- **Excluding a Worker Where No Reasonable Accommodation Is Possible.** If no reasonable accommodation is possible and the employee is unable to be vaccinated, the EEOC states that the employer may “exclude” the worker from the workplace, but this does not necessarily mean that the employer can automatically terminate the worker.
- **Proof of vaccination.** Employers may ask employees to show proof of receipt of a COVID-19 vaccination—this is not a disability-related inquiry under the ADA nor is it a request for genetic information under GINA. Employers are encouraged to warn employees not to provide medical or genetic information as part of the proof.

## **Resources**

<https://portal.ct.gov/Coronavirus/COVID-19-Vaccinations>

VAMS Training Materials (for providers of the vaccine) - <https://portal.ct.gov/DPH/Immunizations/COVID-19-Vaccine-Providers>

<https://dphsubmissions.ct.gov/VAMSEnrollment>

**Request for Accommodation: Medical Exemption from Vaccination**

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 human resources department.

**Section 1**

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from [Company Name]’s mandatory vaccination policy for the following vaccination(s):

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I verify that the information I am submitting to substantiate my request for exemption from [Company Name]’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 further understand that [Company Name] is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for [Company Name].

Employee Signature:	Date:
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**Section 2****Medical Certification for Vaccination Exemption**

Employee Name: \_\_\_\_\_

Dear Medical Provider,

[Company Name] requires vaccination against *[insert disease name, such as COVID-19, influenza, etc.]* 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 [Company Name] in the reasonable accommodation process.

**The person named above should not receive the [insert disease name] vaccine due to:**

**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 [insert disease name] vaccination for the above-named individual.

Medical Provider Name (print):

Medical Provider Signature:

Date:

Practice Name & Address:

Provider Phone:

**HR USE ONLY**

Date of initial request: \_\_\_/\_\_\_/\_\_\_

Date certification received: \_\_\_/\_\_\_/\_\_\_

Accommodation request:

Approved \_\_\_/\_\_\_/\_\_\_

Describe specific accommodation details:

\_\_\_\_\_

Denied \_\_\_/\_\_\_/\_\_\_

Describe why accommodation is denied:

\_\_\_\_\_

## Religious Accommodation Request Form

### **Part 1: To be completed by employee**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of request: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time the accommodation is needed: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for accommodation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any alternate accommodations that might address your needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand [Company Name]'s policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that [Company Name] may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Part 2: To be completed by the employee's immediate supervisor**

Describe the requested accommodation:

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Evaluation of impact (if any): \_\_\_\_\_

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, provide an explanation:

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Immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human resources director: \_\_\_\_\_ Date: \_\_\_\_\_

## Sample Mandatory Vaccination Policy

*This Sample Policy is for the benefit of the attendees of the Robert Noonan & Associate Webinar, "Requiring Employee COVID Vaccinations: What Employers Need to Know" and their organizations. Distribution is otherwise not permitted. It is a sample only and should not be adopted without review by experienced legal counsel.*

### Purpose

Nothing is more important to us than the health and safety of our employees and meeting our obligation to provide and maintain a workplace that is free of known hazards. Accordingly, we are adopting this policy to safeguard the health of our employees and their families; our customers and visitors; and the community at large from infectious diseases, such as COVID-19 or influenza, that may be reduced by vaccinations. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable.

### Scope

All employees are required to receive vaccinations as determined by [insert relevant department or safety committee], unless a reasonable accommodation is approved. Employees not in compliance with this policy will be placed on unpaid leave until their employment status is determined by the human resources department.

### Procedures

Employees will be notified by the human resources department as to the type of vaccination(s) covered by this policy and the timeframe(s) for having the vaccine(s) administered. [Company Name] will provide either onsite access to the vaccines or a list of locations to assist employees in receiving the vaccine on their own.

[Company Name] will pay for all vaccinations. When not received in-house, vaccinations should be run through employees' health insurance where applicable and otherwise be submitted for reimbursement.

All employees will be paid for time taken to receive vaccinations. For offsite vaccinations, employees are to work with their managers to schedule appropriate time to comply with this policy.

Before the stated deadlines to be vaccinated have expired, employees will be required to provide either proof of vaccination or an approved reasonable accommodation to be exempted from the requirements.

### Reasonable Accommodation

Employees in need of an exemption from this policy due to a medical reason, or because of a sincerely held religious belief must submit a completed Request for Accommodation form to the human resources department to begin the interactive accommodation process as soon as possible after vaccination deadlines have been announced. Accommodations will be granted where they do not cause [Company Name] undue hardship or pose a direct threat to the health and safety of others.

Please direct any questions regarding this policy to the human resources department.