

St. Stephen's Episcopal School Board

Policy to Reduce Risk of COVID-19 Exposure for SSES staff/faculty

Effective: September 13, 2021

Approved By: St. Stephen's Episcopal School Executive Committee

Approval Date: August 12, 2021

Updated: September 20, 2021

Policy Objective:

The purpose of this policy is to protect the health and safety of SSES's environment including its staff, faculty, and students.

Background:

The SSES Board has taken the position that there is a good faith, reasonable basis to conclude that the FDA has *not* expressly prohibited mandatory COVID-19 vaccine programs under the EUA (**Emergency Use Authorization**)* (see e.g. [July 6, 2021 US Department of Justice Opinion](#)). *(EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic.

Policy Statement:

To reduce the risk of COVID-19 exposure within SSES all SSES staff and faculty are required to provide proof of COVID-19 vaccination or be screened on a weekly basis for COVID-19, effective September 13th. The greatest possible degree of personal privacy will be maintained at all times.

Vaccination and Screening/Testing Requirements:

1. All individuals who are SSES faculty or staff members as of September 13, 2021 are required to provide proof of COVID-19 vaccination or submit to weekly screening/testing for COVID-19.
2. SSES faculty and staff members will be exempt from the screening/testing requirements of this policy by providing the Interim Head of School (IHOS)/Head of School (HOS) with proof that the employee has been "[fully vaccinated](#)" against COVID-19 as that term is defined by the Centers for Disease Control.
3. The IHOS/HOS is responsible for establishing a weekly schedule for faculty and staff who are not fully vaccinated to submit proof of a recent negative COVID 19 test. A negative test for COVID-19 should use a polymerase chain reaction (PCR) COVID-19.

For example: the [CVS on Progress Ave](#) offers PCR laboratory testing with a 1-2 day turnaround. An employee/faculty member tested each Friday would receive results prior to the school week each Monday.

4. The weekly screening/testing requirement is discontinued once an existing SSES faculty/staff becomes fully vaccinated after September 13, 2021.
5. Faculty or staff members may obtain an accommodation for exemption from the vaccination requirement due to a sincerely held religious belief or medical reason. However, neither exemption will invalidate the requirement for weekly testing.
** The purpose of the exemption forms is to allow the employee to submit optional documentation to the IHOS/HOS. The IHOS/HOS will accept the form as submitted for recordkeeping purposes but there is no necessity to certify the substantiality of the exemption submitted.*
6. An individual who is not vaccinated is required to wear a mask at all times while indoors (except when eating or drinking) and is required to socially distance as reasonably possible.
7. An employee/faculty member who fails or refuses to comply with this policy will be subject to progressive discipline.

Documentation of Vaccination Status or Test Results

Documentation of an employee's vaccination status, or test results must be communicated directly to the IHOS/HOS in the format requested by the IHOS/HOS. Documentation is to be retained by the IHOS/HOS in a secure and confidential manner with restricted access.

The Board will consider authorizing the IHOS/HOS the option to waive weekly testing requirements for non-vaccinated staff/faculty once Dauphin, Cumberland and Perry Counties fall within the CDC's definition of "[Low](#)" community transmission.

Return-to-Work Criteria

SSES employees/faculty with COVID-19 symptoms will not return to work until all the following have occurred and been documented:

1. At least 24 hours have passed since a fever of 100.4 °F. or higher has resolved without the use of fever-reducing medications, and
2. COVID-19 symptoms have improved, and
3. At least 10 days have passed since COVID-19 symptoms first appeared.

SSES employees/faculty with COVID-19 who tested positive but never developed symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.

Staff/faculty who had a close contact with someone with COVID-19 may return to work as follows:

1. Close contact but never developed symptoms: when 10 days have passed since the last known close contact.
2. Close contact with symptoms: when the "cases with symptoms" criteria (above) have been met, unless the following are true:

- a. The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19
- b. Test with specimen taken after the onset of symptoms; and at least 10 days have passed since the last known close contact, and the person has been symptom-free for at least 24 hours, without using fever-reducing medications.

Preventing the Spread of COVID-19 When an Individual is COVID-19 Positive (refer to most current CDC guidelines, as necessary): When an individual tests positive for COVID-19 and has been at work during the previous 48 hours leading up to the receipt of the positive test result, the IHOS/HOS is responsible for enlisting the appropriate services to disinfect the individual's work area. Co-workers and other individuals who had close contact with the individual testing positive are encouraged to be tested.

ST. STEPHEN'S EPISCOPAL SCHOOL

Request for Accommodation: Medical or Religious Exemption from Vaccination Only

Instructions:

- To request an exemption from required vaccinations, please complete Section 1 below.
- For a religious exemption: Complete Section 2 with a religious leader providing supporting documentation.
- For a medical exemption: Complete Section 3, with your medical provider providing the required information.
- PLEASE NOTE: If an exemption is submitted, the requirement of weekly testing must still be done.

Section 1

Name (print):	Date:
Email:	Phone:
Position Title:	Department:

I am requesting a...

- medical exemption (medical provider must complete Section 3)
- religious exemption (employee must complete Section 2)

...from St. Stephen's Episcopal School's vaccination policy for COVID-19 vaccination.

I verify that the information I am submitting to substantiate my request for exemption from the SSES 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 SSES 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 SSES. I understand that SSES may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. I authorize my health care provider to provide the information requested in Section 3 of this form if I am requesting a medical exemption to my employer.

Employee Signature:	Date:
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Section 2: Request for Religious Exemption

Religious Accommodation Request Information

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

Attach a letter (on letterhead) from your religious leader that provides information about the nature of your religious beliefs, and religious practices supporting your request for an accommodation/exemption. The letter must include the contact information of the religious leader.

Section 3: Request for 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.

Part A

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

I am requesting a medical exemption from St. Stephen's Episcopal School's (SSES) mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from SSES'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.

Employee Signature:	Date:
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**Part B
Medical Certification for Vaccination Exemption**

Employee Name: _____

Dear Medical Provider,

St. Stephen's Episcopal School requires vaccination against COVID-19 or weekly testing as a condition of employment. The individual named above is seeking an exemption to the vaccination due to medical contraindications.

Please complete this form to assist SSES in the reasonable accommodation process.

The person named above should not receive the COVID 19 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 COVID 19 vaccination for the above-named individual.

Medical Provider Name (print):

Medical Provider Signature:

Date:

Practice Name & Address:

Provider
Phone: