

Santa Monica College

SARS-CoV-2 (COVID-19) Vaccination Program

(Approved by Superintendent/President on August 4, 2021; Revised September 14, 2021; September 28, 2021; December 14, 2021; February 15, 2021)

I. INTRODUCTION

The purpose of this Vaccination Program (“Program”) is to facilitate protection of the health and safety of the Santa Monica College community, including its employees and students who work or learn in any of the College’s locations.

This Program provides for a COVID-19 Vaccination Program under which any Covered Individual is required, subject to limited exceptions and associated non-pharmaceutical interventions, to be fully vaccinated against COVID-19 before physically accessing the College’s Facilities. This Program further provides that the College must begin collecting proof of vaccination and processing requests for Exceptions for all Covered Individuals no later than August 16, 2021.

II. DEFINITIONS

Covered Individuals: A Covered Individual includes anyone designated as Personnel, Student, Trainees or Volunteer under this Program who physically access a College Facility in connection with their employment, appointment, or education/training. A person accessing a publicly accessible venue at a Location as a member of the public, is not a Covered Individual. A student entering the College for the sole purpose of accessing a resource that can be provided in drive-through/walk-through outdoor location approved by the Superintendent/President is not a Covered Individual during the time period they are accessing such service.

Contraindications and Precautions: A contraindication or precaution to COVID-19 vaccination recognized by the U.S. Centers for Disease Control and Prevention (CDC), or by the vaccine’s manufacturer, as based on a condition in the potential vaccine recipient that may increase the risk for a serious adverse reaction to the vaccine, may cause diagnostic confusion if the vaccine is administered, or may compromise the ability of the vaccine to produce immunity. Contraindications and Precautions are limited and do not include conditions that are unrelated to vaccines or injectable therapies, such as food, pet, venom, or environmental allergies, or allergies to oral medications.

Disability: A physical or mental disorder or condition that limits a major life activity

and any other condition recognized as a disability under applicable law. "Disability" includes pregnancy, childbirth, or a related medical condition where reasonable accommodation is medically advisable.

Exception: An approved exception to COVID-19 vaccination based on a Medical Exemption, Disability, or Religious Objection. For purposes of this Program, a person who is pregnant is not eligible on that basis alone for an Exception.

Facility: Any campus, building, or facility operated or used by the College. A Facility does not include a property owned by the College but leased to a third party.

Fully Vaccinated: A person is considered "fully" vaccinated when two weeks have passed since they completed a COVID-19 Vaccine series (for example, 1 dose of the Janssen/J&J vaccine, or 2 doses within no more than 12 weeks of the Moderna or Pfizer vaccine); as well as any boosters consistent with manufacturer instructions and applicable agency approval, authorization, or listing.

Implementation Date – Initial Vaccination:

For students: Students shall have at least one shot prior to the first day of the Fall 2021 Semester and the second shot by September 30, 2021. For future semesters/terms, confirmed proof of vaccination or an approved exemption shall be provided prior to registration in any on-ground class.

For employees: September 15, 2021. For future employees, proof of vaccination or an approved exemption shall be provided prior to the commencement of employment.

Implementation Date – Boosters:

For students: If eligible, students shall submit proof of a booster shot by March 15, 2022. Beginning with the Summer 2022 intercession, confirmed proof of a booster if eligible or an approved exemption shall be provided prior to registration in any on-ground class.

For employees: Employees shall obtain a booster and provide proof thereof within 30 days of becoming eligible for one. Employees will be required to submit proof of an eligible booster beginning April 15, 2022.

Medical Exemption: An excuse from receiving COVID-19 vaccine due to a Medical Contraindication or Precaution.

Non-Pharmaceutical Intervention (NPI): An action, other than getting vaccinated or taking medicine, that members of the College community can take to help prevent or slow the spread of COVID-19 and other contagious illnesses. NPIs include, for example, staying home, especially when a person is sick or when a member of the person's family or household is sick; quarantining when an unvaccinated person has been exposed to someone else with the illness; avoiding large gatherings; physical/social distancing; wearing personal protective equipment or face coverings; frequent handwashing and cleaning; and

asymptomatic (surveillance) and symptomatic testing.

Participation: Participation in the COVID-19 Vaccination Program (by providing proof of vaccination or obtaining an approved Exception under this Program).

Participation is a condition of Physical Presence at any College Facility as set forth in this Program. For Covered Individuals who must be vaccinated under this Program, Participation compliance will require repeat vaccinations or boosters on an annual or recurring basis consistent with FDA-approved labeling and CDC recommendations.

Personnel: College employees (academic, classified, limited term, provisional, temporary workers, student workers, and every other employee), interns, and volunteers.

Physical Presence: Physical presence at a College Facility.

Reasonable Accommodation: An adjustment made to the requirements of the COVID-19 Vaccination Program for a Covered Individual who has received an approved Exception to allow them to Physically Access a College Facility without impairing the health and safety objectives of this Program. Covered Individuals who are granted Exceptions will be required to observe Non-Pharmaceutical Interventions as a condition of Physical Presence.

Religious Objection: An objection to receiving the COVID-19 vaccine based on that person's sincerely held religious belief, practice, or observance by Covered Individuals who are Personnel.

Responsible Officer: The Responsible Officer is:

For students: Interim Associate Dean, Health and Wellbeing or designee.

For Personnel: Vice-President for Human Resources or designee.

Students: The term "Student" is an individual for whom the College maintains student records and who: (i) is enrolled in or registered with an academic program of the College; or (ii) has completed the immediately preceding term, is not presently enrolled, and is eligible for reenrollment. Student includes individuals enrolled in community services, contract education, or similar educational programs offered at College Facilities.

Trainees: Trainees include participants in post-graduate training programs who are neither Students nor Personnel; as well as individuals enrolled in continuing education, lifelong learning, seminars, workshops, and other non degree-granting educational programs.

Vaccine: A COVID-19 Vaccine satisfies the requirements of this Program if: (i) the U.S. Food and Drug Administration (FDA) has issued a License or an Emergency Use Authorization (EUA) for the vaccine or; (ii) the World Health Organization has approved Emergency Use Listing (EUL).

Vaccine Information Statement ("VIS"): An information sheet produced by or

including information derived from the Centers for Disease Control and Prevention, the California Department of Public Health, or the Los Angeles County Department of Public Health, explaining in plain language the benefits and risks of a COVID-19 vaccine to vaccine recipients. A VIS generally must be provided to an individual being vaccinated prior to each dose of the vaccine, in a language they understand. For purposes of this Program, a VIS may also include FDA fact sheets for vaccine recipients and caregivers.

Volunteer: Any person who volunteers at a College Facility whether or not an official Volunteer form is on file with the Human Resources Office.

III. Requirements

- A. COVID-19 Vaccination Program.** As a condition of Physical Presence at a College Facility, all Covered Individuals must Participate in the COVID-19 Vaccination Program by providing proof of Full Vaccination or submitting a request for Exception no later than the Implementation Date.
- 1. Access to Vaccination.** The College shall provide all Covered Individuals with a list of nearby and accessible off-site locations offering vaccination to Covered Individuals during working and non-working hours.
 - 2. Vaccination Status.** Covered Personnel must provide information on their vaccination status by August 16, 2021.
 - 3. Proof of Vaccination.** Covered Individuals must submit proof of their vaccination or of a College-approved Exception to the Responsible Officer by providing: (i) in the case of one who has been Fully Vaccinated, a copy of their CDC vaccination card (or foreign equivalent in the case of Covered Individuals who received their vaccinations abroad); official documentation issued by a State vaccine registry; or an official medical record; or (ii) in the case of one who has received an Exception, documentation that the Exception has been granted. Proof of vaccination may be subject to verification.
 - 4. Request for Exception.** A Covered Individual seeking an Exception must, no later than the Implementation Date, submit their request to the appropriate Responsible Office. While a request is pending, the Covered Individual must, as a condition of Physical Presence, observe Non-Pharmaceutical Interventions. If an Exception is granted, the issuing office must notify the Covered Individual of the approval and the associated expiration date, if any. If a request for Exception is denied, the Covered Individual will be notified and, thereafter, will be expected to promptly become Fully Vaccinated or denied Physical Presence at the relevant College Facility. Effective September 7, 2021, no exception based on religious objection shall be granted to any student. Any such exception granted prior to September 7, 2021, shall expire at the end of the Fall 2021 semester.

5. Education. Any Covered Individual who has not provided proof of Full Vaccination by the Implementation Date will receive from the Responsible Officer information concerning:

- a. The potential health consequences of COVID-19 illness for themselves, family members and other contacts, coworkers, patients, and the community.
- 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 appropriate precautions, personal protective equipment or face coverings, and respiratory hygiene/cough etiquette), in accordance with their level of responsibility in preventing COVID-19 infections.
- d. The potential benefits of COVID-19 vaccination.
- e. The safety profile and risks of any COVID-19 vaccine.

The information may be conveyed through any combination of written information statements, verbal communications, or online or in-person training programs, as required by the Responsible Officer.

This educational requirement is not an alternative to required Participation in the COVID-19 Vaccination Program as a condition of Physical Presence at a College Facility as set forth above.

6. Registration Holds. Students who fail to provide proof of vaccination or apply for an Exception by the Implementation Date may be subject to a registration hold preventing registration for classes requiring a physical presence at a College Facility.

7. Non-Pharmaceutical Interventions. All Covered Individuals must participate in Non-Pharmaceutical Interventions as implemented by the College. In the event of a COVID-19 outbreak, Covered Individuals who are not Fully Vaccinated may be excluded from the Location or site of the outbreak.

8. Optional Additional Measures. Covered Individuals may wear masks or face coverings even if they are Fully Vaccinated.

B. Superseding Public Health Directives. A federal, state, or local public health agency with jurisdiction may impose a COVID-19 vaccination requirement that lawfully supersedes this Program. In the event of a perceived conflict between public health requirements and this Program, Campus Counsel should be consulted.

C. Tracking and Reporting. The following information must be recorded and tracked by the Responsible Officer or designee in the Covered Individual's confidential health record, consistent with College privacy and security policies: (i) date(s) of administration and vaccine type and manufacturer; or (ii) documentation of a College-approved Exception.

- D. Foundation Access.** The Santa Monica College Foundation, the Madison Project (Broad Stage), and the KCRW Foundation shall ensure that their employees accessing any College Facility are vaccinated consistent with this Program. The College may deny physical access to any College Facility to unvaccinated employees of such foundations.
- E. Contracts for In-Person Trainings and Services to Students.** Any contract for in-person trainings or direct services to students at a College Facility shall require that the person delivering the service provide proof they are fully vaccinated.
- F. Forms.** The sample forms attached to this Program may be revised and consolidated as deemed appropriate by the Student Health Office or Office of Human Resources.
- G. Revisions to Program.** This Program may be revised from time to time by the Superintendent/President.

SANTA MONICA COLLEGE
MEDICAL EXEMPTION AND/OR DISABILITY EXCEPTION REQUEST FORM
 Exception to SARS-CoV-2 (COVID-19) Vaccination Program

EMPLOYEE OR STUDENT NAME	EMPLOYEE OR STUDENT ID
JOB TITLE (IF APPLICABLE)	LOCATION
DEPARTMENT	SUPERVISOR (IF APPLICABLE)
PHONE NUMBER	EMAIL

This form should be used by College employees and students to request an Exception to the COVID-19 vaccination requirement in the College's SARS- CoV-2 Vaccination Program based on (a) Medical Exemption due to a Contraindication or Precaution to COVID-19 vaccination recognized by the U.S. Centers for Disease Control and Prevention (CDC) or by the vaccines' manufacturers or (b) Disability.

Fill out Part A to request an Exception based on Medical Exemption. Fill out Part B to request an Exception based on Disability. Both sections may be completed if both apply to you. Important: Do not identify any diagnosis, disability, or other medical information. That information is not required to process your request.

Part A: Request for Exception Based on Medical Exemption

- The Contraindications or Precautions to COVID-19 vaccination recognized by the CDC or by the vaccines' manufacturers apply to me with respect to all available COVID-19 vaccines. For that reason, I am requesting an Exception to the COVID-19 vaccination requirement based on Medical Exemption. My request is supported by the attached certification from my health care provider.

Part B: Request for Exception Based on Disability

- I have a Disability and am requesting an Exception to the COVID-19 vaccination requirement as a Disability accommodation. My request is supported by the attached certification from my health care provider.

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SANTA MONICA COLLEGE
MEDICAL EXEMPTION AND/OR DISABILITY EXCEPTION REQUEST FORM
Exception to SARS-CoV-2 (COVID-19) Vaccination Program

Please provide any additional information that you think may be helpful in processing your request. ***Again, do not identify your diagnosis, disability, or other medical information.***

While my request is pending, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any College Facility. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by the College.

I verify the truth and accuracy of the statements in this request form.

Employee/Student Signature: _____ Date: _____

Date Received by College: _____ By: _____

SANTA MONICA COLLEGE
MEDICAL EXEMPTION AND/OR DISABILITY EXCEPTION REQUEST FORM
 Exception to SARS-CoV-2 (COVID-19) Vaccination Program

CERTIFICATION FROM HEALTH CARE PROVIDER

The Santa Monica College requires that its employees and students be vaccinated against COVID-19 infection as a condition of accessing any College location, facility, or program in person. The College may grant Exceptions to this requirement based on (a) Medical Exemption due to a Contraindication or Precaution to COVID-19 vaccination recognized by the U.S. Centers for Disease Control and Prevention (CDC) or by the vaccine’s manufacturer or (b) Disability, provided that the individual’s request for such an Exception is supported by a certification from their qualified licensed health care provider.

HEALTH CARE PROVIDER NAME	LICENSE TYPE, # AND ISSUING STATE
FULL NAME OF PATIENT	DATE OF BIRTH OF PATIENT
PATIENT’S EMPLOYEE/STUDENT/TRAINEE ID NUMBER	HEALTH CARE PROVIDER PHONE/EMAIL
PHYSICIAN SUPERVISOR AND LICENSE # (FOR A PHYSICIAN ASSISTANT WORKING UNDER A PHYSICIAN’S LICENSE)	

Please note the following from the Genetic Information Nondiscrimination Act of 2008 (GINA), which applies to all College employees:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please complete Part A of this form if one or more of the Contraindications or Precautions to COVID-19 vaccination recognized by the CDC or the vaccines’ manufacturers apply to this patient. Please complete Part B if this patient has a Disability, as defined below, that makes COVID-19 vaccination inadvisable in your professional opinion. Both sections may be completed if both apply to this patient. Important: Do not identify the patient’s diagnosis, disability, or other medical information as this document will be returned to the College.

SANTA MONICA COLLEGE
MEDICAL EXEMPTION AND/OR DISABILITY EXCEPTION REQUEST FORM
Exception to SARS-CoV-2 (COVID-19) Vaccination Program

Part A: Contraindication or Precaution to COVID-19 Vaccination

- I certify that one or more of the Contraindications or Precautions recognized by the CDC or by the vaccines' manufacturers for each of the currently available COVID-19 vaccines applies to the patient listed above. For that reason, COVID-19 vaccination using any of the currently available COVID-19 vaccines is inadvisable for this patient in my professional opinion. The Contraindication(s) and/or Precaution(s) is/are:
 Permanent Temporary.

If temporary, the expected end date is: _____ .

Part B: Disability That Makes COVID-19 Vaccination Inadvisable

“Disability” is defined as a physical or mental disorder or condition that limits a major life activity and any other condition recognized as a disability under applicable law. “Disability” includes pregnancy, childbirth, or a related medical condition where reasonable accommodation is medically advisable.

- I certify that the patient listed above has a Disability, as defined above, that makes COVID-19 vaccination inadvisable in my professional opinion. The patient's disability is: Permanent Temporary.

If temporary, the expected end date is: _____ .

Signature of Health Care Provider

Date

SANTA MONICA COLLEGE
RELIGIOUS EXCEPTION REQUEST FORM
 Accommodation to SARS-CoV-2 (COVID-19) Vaccination Program

EMPLOYEE	EMPLOYEE
JOB TITLE (IF APPLICABLE)	LOCATION
DEPARTMENT (IF APPLICABLE)	SUPERVISOR (IF APPLICABLE)
PHONE NUMBER	EMAIL

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exception to the COVID-19 vaccination requirement in the College's SARS-CoV-2 Vaccination Program as a religious accommodation.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an Exception as a religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the College's COVID-19 vaccination requirement.

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

While my request is pending, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any College Facility. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by the College.

I verify the truth and accuracy of the statements in this request form.

Employee/Student Signature: _____ Date: _____

Date Received by College: _____ By: _____

SANTA MONICA COLLEGE
APPROVAL OF REQUEST FOR EXCEPTION
SARS-CoV-2 (COVID-19) Vaccination Program

TO:	EMPLOYEE/STUDENT NAME	EMPLOYEE/STUDENT ID
FROM:	ISSUING OFFICE	ISSUING OFFICE PHONE/EMAIL
	ISSUING Officer NAME	ISSUING Officer TITLE

On [Date], we received your request for the following in connection with the COVID-19 vaccination requirement in the College's **SARS-CoV-2 Vaccination Program**:

- Exception based on Medical Exemption (Contraindication or Precaution)
- Exception based on Disability
- Exception based on Religious Objection

For Exceptions: Based on the information you have provided, your request for Exception has been **APPROVED** subject to the requirement that you comply with the Non-Pharmaceutical Interventions specified below. This approval is valid until indefinitely. If your approval has an end date and you no longer need an Exception at that time, you will have until _____ (eight [8] weeks after the end date) to become Fully Vaccinated and submit proof of vaccination.

You are required to comply with the following Non-Pharmaceutical Interventions specified by the College:

If you have any questions or concerns regarding the above, please contact:

BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE BEEN INFORMED OF THE RISKS OF COVID-19 INFECTION, INCLUDING LONG-TERM DISABILITY AND DEATH, BOTH FOR YOU AND FOR OTHERS WHO YOU MAY EXPOSE TO THE DISEASE.

Approved by: _____ Date: __
 (Signature of Issuer)

Accepted: _____ Date: __
 (Signature of Employee/Student)

SANTA MONICA COLLEGE
DENIAL OF REQUEST FOR EXCEPTION
SARS-CoV-2 (COVID-19) Vaccination Program

TO:	EMPLOYEE/STUDENT NAME/EMAIL	EMPLOYEE/STUDENT ID
FROM:	ISSUING OFFICE	ISSUING OFFICE PHONE/EMAIL
	ISSUING Officer NAME	ISSUING Officer TITLE

On _____, we received your request for the following in connection with the COVID-19 vaccination requirement in the College's **SARS-CoV-2 Vaccination Program**:

- Exception based on Medical Exemption (Contraindication or Precaution)
- Exception based on Disability
- Exception based on Religious Objection

Your request has been **DENIED** based on the information we have received to date.

The reason for the denial is the following:

- You do not qualify for the Exception that you requested.
- Your request is incomplete. We have requested the following additional information from you but have not received it.

- You are not a Covered Individual as defined by the SARS-CoV-2 Vaccination Program. This means that you are not required to be vaccinated against COVID-19 at this time, so you do not need an Exception to the College's COVID-19 vaccination requirement. If you later become a Covered Individual and wish to request an Exception at that time, you will need to submit a new request.

Because your request for an Exception has been denied, **you have until _____ (six [6] weeks from the date below) to become Fully Vaccinated.** If you do not provide proof of Full Vaccination as required by the SARS-CoV-2 Vaccination Program by that deadline, you will be barred from Physical Presence at College Facilities.

Until you are Fully Vaccinated, you must comply with the following Non-Pharmaceutical Interventions specified by the College:

If you have any questions regarding the above, please contact:

Denied by: _____ Date: _____
(Signature of Issuer)