



Town of East Greenwich

Town Manager

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From: Andrew E. Nota, Town Manager 
To: Town of East Greenwich Municipal Employees
Subject: Masking and Vaccine Policy COVID-19

Purpose

In accordance with the Town of East Greenwich's duty to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health and wellness of our employees, and their families; our customers and visitors; and the community at large from infectious diseases, such as COVID-19 and influenza, that may be reduced by vaccinations. It is essential that municipal employees take all available steps to protect themselves and avoid spreading COVID-19 to their co-workers and members of the public. The CDC has found that the best way to do so is to be vaccinated.

Scope

All employees who are licensed by the Rhode Island Department of Health are required to be vaccinated against Covid-19, unless a reasonable accommodation is approved. "Vaccinated" means a person has received all recommended dose(s) of a Covid-19 vaccine authorized by the Food and Drug Administration (FDA) or World Health Organization by October 1, 2021. Under this policy, all employees who are not licensed through the Rhode Island Department of Health should be vaccinated by November 15, 2021, unless having received an exemption.

Given the different safety protocols for individuals who are fully vaccinated and those who are not fully vaccinated, individuals who are already vaccinated against COVID-19 can provide proof of said status in the form of a vaccination card by either providing a hard copy or electronic copy and sending it through interoffice mail, or showing the card to the Personnel office by October 15, 2021. When an employee discloses that they are **not** fully vaccinated or **declines** to provide proof of vaccination, the town shall treat that individual as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing, and quarantine protocols.

All information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing and symptom monitoring, will be treated in accordance with applicable laws and policies on confidentiality and privacy, and will be accessible only to those with a need to know.



Masking and Vaccine Policy COVID-19

Employees who are not vaccinated shall be required to wear a procedure mask or higher-grade mask (e.g., KN95 or N95) in the course of their employment and be tested twice per week for

Covid-19 via any Covid-19 test authorized by the FDA which includes both the Rapid test or a PCR test. Employees should not be tested on consecutive days (i.e. Monday and Tuesday of the same week) and they should report to work after being tested. If the test result is positive, the individual must leave the work environment immediately and follow the procedures of the CDC, for either quarantine or isolation. All employees that test positive can utilize the appropriate category of leave benefits in complying with all RIDOH and CDC requirements in recovery.

For individuals who are required to wear a mask:

- Appropriate masks should be worn consistently and correctly (over mouth and nose).
- Appropriate masks should be worn in any common areas or shared workspaces (including open office space, vehicles, lunchrooms, and conference rooms).
- In general, people do not need to wear masks when outdoors. However, consistent with CDC guidance, those who are not fully vaccinated should wear a mask in crowded outdoor settings that involve sustained close contact with other people who are not fully vaccinated.

Exemptions

Some individuals may require accommodations under applicable law relating to masking requirements or being vaccinated, such accommodations should be in accordance with Title VII of the Civil Rights Act of 1964 and Americans with Disabilities Act (ADA). To request an exemption, employees will need to complete an Exemption Form.

Employees who have been approved for an exemption due to disability or religious practices or beliefs will be able to follow the safety protocols for not fully vaccinated individuals as a reasonable accommodation.

Compliance

Failure to comply with this policy will be treated as a performance matter and upon review, may result in a form of employment disciplinary action(s). All employees share in the responsibility for adhering to and enforcing this policy in their protection of their fellow co-workers and the general public.

Please direct any questions regarding this policy to the Town Manager or the Administrative Services Manager.



Request for Exemption for COVID-19 (SARS-CoV-2) Vaccination

Information about COVID-19

COVID-19 is a respiratory illness caused by a newly discovered coronavirus that typically causes mild to moderate illness, like the common cold, but can lead to dangerous complications. COVID-19 is a very contagious virus and new variants are continuing to emerge. The COVID-19 vaccines available in the United States have been carefully evaluated in clinical trials and have been authorized by the U.S. Food and Drug Administration for emergency use because they make it substantially less likely that an individual will contract COVID-19 and become seriously ill. COVID-19 vaccines have been found to be safe and effective. For more information, please review: Safety of [COVID-19 Vaccines](#), or talk to your doctor.

When you are vaccinated against COVID-19, you don't just protect yourself—you protect your friends, family members, coworkers and everyone in the community—especially those who are at increased risk for severe illness from COVID-19 or are medically unable to receive the vaccines themselves. More studies are ongoing to determine the vaccines' ability to keep people from spreading the virus that causes COVID-19 and how long the vaccines continue to protect from serious illness.

If you wish to request an accommodation or exemption from the Town of East Greenwich's vaccination requirement, please indicate your reason below:

- Medical (Please refer to the Medical Exemption Certification —this must be completed by a licensed medical provider);
- Sincerely held religious belief or practice.

Acknowledgment and Signature	
<p>I have read the above information about COVID-19 vaccination. I understand that by declining this vaccine I continue to be at risk of acquiring COVID-19, which is a serious disease. I will follow the town's standards which require masking and may require wearing additional personal protective wear, and will be subject to continuing COVID-19 testing twice per week. I understand that the town may change its vaccination policy in the future and require additional measures for those who are not vaccinated. I agree that if at any future point I decide to receive the COVID-19 vaccine, I will provide proof of vaccination and then this exemption will be considered revoked.</p>	
Name (Signature):	Date:
Dept.:	Position:



Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

The Town of East Greenwich requires vaccination against COVID-19 (SARS-CoV-2) 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 the Town of East Greenwich in the reasonable accommodation process.

The person named above should not receive the COVID-19 (SARS-CoV-2) vaccine due to:

I, _____ certify that the above-named employee is under my medical care and has a medical condition that contraindicates their vaccination with the COVID-19 vaccine at this time. **This contraindication is based on** (choose one):

- The applicable [CDC contraindication\(s\)](#) to this vaccine
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe

This contraindication is:

- Permanent
- Temporary

If temporary: the expiration date of the exemption for this vaccine is: _____

I certify the above information to be true and accurate, and request exemption from COVID-19 (SARS-CoV-2) vaccination for the above-named individual.

Medical Provider (Signature):	
Name & Address:	Date:
	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:
