

ADMINISTRATIVE PROCEDURE

COVID-19 VACCINATION/MASKING REQUIREMENT FOR EMPLOYEES, STUDENTS, AND VISITORS

These procedures apply to all new and existing Peralta Community College District (PCCD) faculty, classified employees, administrators, hourly employees (short-term temporary employees), contract employees, independent contractors and student employees (hereafter referred to as “covered individuals”. These procedures also apply to all students of PCCD.

- I. **Covered Individuals** All District employees are required, as a condition of employment, to furnish to Human Resources proof of *full* COVID-19 vaccination (as defined by the Center for Disease Control (CDC)). All other covered individuals are also required to provide the same proof of vaccination as required by employees.

A. Acceptable proof of COVID-19 vaccination consists of:

1. A dated copy of the individual’s CDC COVID-19 Vaccination Record Card.

or

2. A dated and signed letter from the individual’s licensed care giver.

II. COVID-19 Vaccination Declination

- A. Covered individuals are allowed to decline COVID-19 vaccination for: (a) medical, (b) disability, and (c) religious grounds. Employees may also receive a *deferral* based on pregnancy. Employees declining to show proof of COVID-19 vaccination must provide the approved PCCD COVID-19 Vaccination Declination Form to Human Resources.¹ PCCD retains the right to require documentation substantiating eligibility for declinations.

III. Masking and COVID-19 Testing

- A. Covered individuals who decline to provide proof of COVID-19 vaccination must *at all times* while on PCCD controlled property wear face masks that fully cover both mouths and noses. Also, covered individuals who decline to provide proof of COVID 19 vaccination must provide weekly proof of a negative COVID-19 Test to District Administration. Covered individuals who decline to provide proof of COVID-19 vaccination and who fail to comply with the PCCD masking and testing requirement are subject to corrective action by the District, including disciplinary action. District Administration will provide weekly lists to the responsible District manager of individuals who are required to wear face masks that fully cover both mouths and noses and provide proof of weekly testing.

¹ Employees receiving a deferral must provide proof of COVID-19 vaccination at the time of their return to work from maternity leave or submit a COVID-19 Declination Form and comply with the mandatory masking and testing protocols.

B. Acceptable proof of negative COVID-19 testing consists of:

1. A dated copy of negative COVID-19 test results.²
- or
2. A dated and signed letter from employee's licensed care giver.

IV. Release Time to Become Vaccinated

A. PCCD will provide employees with reasonable release time to travel and become vaccinated. Compensation shall be at the employee's regular rate of pay. Employees must seek prior approval and make appropriate arrangements for vaccination times with their supervisors.

V. Sick Leave for Symptoms Related to Vaccination

A. PCCD will provide employees who become vaccinated with one day (eight (8) hours) of sick leave that may be used in order to recover from any side effects of the COVID-19 vaccinations. The one (eight (8) hours) of sick leave will apply to Hourly Employees and Student Employees. This sick leave day will be in addition to any existing sick leave available to the employee, including COVID-19 Supplemental Paid Sick Leave available pursuant to SB 95.

B. For employees who have already become fully vaccinated at the time of this procedure implementation, PCCD will also provide those employees with one day (eight (8) hours) of sick leave with appropriate submission of proof of vaccination to Human Resources.³

VI. Proof of Vaccination and Medical Information

A. PCCD will not request any health or medical information other than proof of vaccination or proof of weekly negative COVID-19 tests from any covered individuals. PCCD will not receive any medical information covered individuals give to any vaccination provider. Any proof of vaccination a covered individual provides to PCCD will be stored by District Administration in a manner consistent with all applicable constitutional and statutory laws and in accordance with PCCD's practice for storing medical information in a file separate from the employee's personnel file.

² Employees receiving a POSITIVE COVID-19 test will not be allowed to report to work on any PCCD controlled property, must follow CDC quarantine guidelines, and be followed by a Certified PCCD COVID-19 Contact Tracer.

³ Employees who have been fully vaccinated are required to continue to abide by all PCCD policies, procedures and protocols regarding COVID-19 until PCCD directs otherwise.

- B. All individuals covered by this Administrative Procedure must complete a PCCD AUTHORIZATION FOR DISCLOSURE AND USE OF MEDICAL INFORMATION Form in compliance with California's Confidentiality of Medical Information Act.

VII. Effect of Vaccination Procedure

- A. This procedure shall be effective on August 22, 2021 and shall remain in effect until amended or revoked by PCCD.

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AUTHORIZATION FOR DISCLOSURE AND USE OF MEDICAL INFORMATION

Confidentiality of Medical Information Act (CMIA), Civil Code § 56, et seq.

Pursuant to California's Confidentiality of Medical Information Act, I, _____, authorize the Peralta Community College District ("PCCD") to receive my medical information as described in this authorization. I also authorize representatives from the PCCD to use the medical information for the purposes described in this authorization.

This authorization is limited to the following types of information:

Confirmation of COVID-19 vaccination and/or proof of negative COVID-19 testing.

The recipients of this information may use the information for the following purpose:

Participation in PCCD's vaccination policy and to help PCCD with controlling COVID-19 infections among PCCD employees.

Expiration Date: PCCD is no longer authorized to disclose or use medical information described in this authorization after June 30, 2026.

Right to Receive Copy of This Authorization: I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, PCCD will provide me with a copy of this authorization.

I authorize the disclosure and use of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

Employee Name

Signature

Date