**COVID-19 VACCINATION PLANNING TOOL FOR NC BUSINESS**

This tool does not provide details on individual state laws. [Some states](https://www.usnews.com/news/best-states/articles/which-states-have-banned-vaccine-passports) may prohibit mandatory vaccinations altogether or place limits on them. Read your state’s information carefully; some state requirements do NOT apply to private employers.

This toolkit covers:

* Legal Overview
* Voluntary Vaccination Checklist
* Mandatory Vaccination Considerations/Checklist
* Customer Vaccine Mandates
* Additional/Legal Info (ADA, HIPAA and scheduling vaccines in SC and NC)

**LEGAL OVERVIEW**

1. In general, the EEOC permits medical inquiries and exams when job related and consistent with business necessity. <https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>

**In general, the vaccine is not an exam/inquiry per the EEOC and does not require consideration of job relatedness, etc.** HOWEVER, if your organization is organizing or administering the vaccinations (versus permitting employees to see their own physician), the EEOC’s answer is YES, since the pre-vaccination questions may elicit medical information.

**If administering/organizing the vaccine** (and not just sending to the employee’s private doctor), COVID-19 does generally meet the “business necessity/job related” requirement of the EEOC. The EEOC does state that the current COVID-19 pandemic is a clearly a current threat and vaccination would therefore rise to the level needed. HOWEVER, in some rare cases the answer may be NO (for example, certain remote workers). In any case, an employer would need to demonstrate that not receiving a vaccine will pose a direct threat to the employee’s own health or safety or to the health and safety of others in the workplace.

1. **Even though the vaccine itself is not a medical inquiry, the fact that someone is vaccinated IS medical information protected under the ADA**, and that information should be kept as private as possible, in a separate medical file.

Many employers want to put a “vaccinated” tag on their employees. We would caution doing this and find other ways to maintain employee privacy if trying to “police” mask requirements, etc.

1. **Just as with any job function, employers are required by the EEOC to consider accommodations and** engage in an interactive process related to medical conditions covered under the ADA when they impact someone’s ability to be vaccinated AND to consider accommodation for religious objections to vaccination under Title VII.

**It is very important to not have a “canned” approach to accommodation.** Treating cases on an individual basis is important. For example, requiring everyone to take leave who cannot be vaccinated, or to work from home, could be seen as retaliation or discrimination. Review the specific circumstances of the job/risk factors and make a decision that is appropriate in the circumstances.

Catapult recommends weighing your risks carefully. This area has not been highly litigated. If you are administering/organizing vaccinations, be especially cautious, and consult with Catapult or legal counsel to assess risks.

**VOLUNTARY VACCINATION CHECKLIST**

1. If you are considering incentivizing the vaccine, do you have a good understanding of why/if your employees are opposed to vaccination?
	* YES – Go on to the next question.
	* NO – Without more information, it is hard to determine (for example) whether incentives make sense, or how to communicate with staff. Consider an employee opinion survey.
2. If you are considering incentivizing the vaccine, why are your employees likely to miss out on the vaccine if it is not incentivized?
* Just “on the fence” – Incentives/paid time may be helpful.
* Time constraints outside of work – Incentives/paid time may be helpful.
* Adamantly opposed – Incentives unlikely to be helpful. However, some studies show that being able to “un-mask” or access other benefits of employment may sway some people.
* Educated, but still concerned of health risks – Incentives unlikely to be helpful. However, some studies show that hesitancy can be overcome as employees see family, friends and other staff successfully being vaccinated without major ill effects, so education and communication is key.
1. Is your company in one of the following industries: Direct healthcare; Manufacturing or similar with workers in close proximity; Retail or others where employees are working with the public closely; Working with at-risk populations or in congregate living settings.
	* NO – Continue to the next question.
	* YES – Consider a vaccine wellness incentive, but also continue to monitor whether mandating the vaccine is worth any potential legal risks, or whether offering an incentive related to a safety program (which might have fewer limits on rewards) might eventually become an approved alternative.

*The safety program option has not been discussed extensively yet in the legal community; however, if your industry puts certain workers/consumers at a high risk of COVID-19, it might merit consideration should it more widely be accepted as a legal alternative.*

1. Is your vaccine incentive part of an ACA compliant health insurance program, or a part of a wellness program that is covered under ACA rules about wellness incentives?
	* UNSURE – Talk with your benefits broker about your wellness program and whether it is covered under PPACA.
	* NO – Currently EEOC guidance is dependent on how your vaccine program works.

1. If employees voluntarily provide documentation confirming vaccination (indicating that they have received the shot on their own), you can offer them any incentive you’d like with no apparent limitations since your organization is not involved in collecting information that could reveal a disability.

2. If you (or another company acting on your behalf) administers the vaccine, you can still offer incentives as long as they are not so substantial as to be coercive. Because vaccinations require employees to answer pre-vaccination disability-related screening questions, a very large incentive could make employees feel pressured to disclose protected medical information. A water bottle, for example, or another small gift. (Talk to your broker to ensure you are in alignment with any new guidance.)

* + YES – Discuss your overall wellness incentives with your benefits broker, to include any proposed incentives for vaccination. The above rules apply and if the program falls under PPACA rules, additional incentive limits may apply: <https://www.eeoc.gov/regulations/small-business-fact-sheet-final-rule-employer-wellness-programs-and-title-i-americans>
1. Are you willing to provide COVID-19 leave at some level (not specific to the vaccine)?
	* NO – If you are seeking to offer time off solely for vaccinations, this may be viewed as a direct vaccine incentive. Any incentive that exceeds limits as in question above would not be permitted. Ensure your program adheres to standards in the question above and discuss with your broker as a part of a wellness program or safety program.
	* YES – Providing additional “COVID-19” paid time off is an option which allows you to provide support for people taking the vaccine, recovering from side effects of the vaccine OR under quarantine/caring for someone under quarantine. As long as you are collecting only basic information (name, date and Healthcare Provider recommendation to quarantine or vaccine confirmation), and the program is open to anyone – not just vaccine recipients - you would likely not have ADA or GINA considerations.
2. Are you confident your managers, other employees and executive team understand how to have conversations surrounding the vaccine?
	* NO – If you are not able to devote time to training/preparing managers and staff in interacting surrounding this topic, you may be putting yourself at risk of liability.

As an example, consider a department with a safety incentive where a certain percentage of employees being vaccinated would contribute to attaining a potential incentive.

Will managers/other staff begin to question teammates about if they are getting vaccinated and if not, why not? If so, any adverse employment action after that time might be attributed to an ADA condition or religious belief.

* + YES – Great. As long as staff and managers are not pressuring others or asking questions like, “Why aren’t you going to be vaccinated?” this should minimize your risk of employees feeling harassed or discriminated/retaliated against.

**If You Choose a Voluntary Program...**

* **Survey your staff:** What percentage of staff is committed to not being vaccinated and why? What might help them get interested in vaccinations?
* **Educate your staff:** Education is the best way to ensure that employees feel comfortable with the vaccine and understand the need to get vaccinated. It is best to start the education process early in your plan. If employees and management are willing to share their vaccine experiences, this can go a long way to decreasing vaccine hesitancy.
* **Vaccine deadline for incentive:** *Talk to your county health department if necessary.*

You will need to provide time for employees to receive BOTH shots (if applicable) within the assigned time frame. (You can always extend the deadline if necessary, but it is best to identify a specific date up front or staff may delay.)

* **Consider whether those who try to get vaccinated, but whose provider does not recommend, will be counted for any incentive (even if not ADA covered).** You may have to develop a form in order to collect this information (which may help avoid excessive medical information being collected.).
* **If you are considering onsite/contracted vaccines (or onsite nurse/medical group)**
	+ Consider set-up of clinic. Make sure you have spacing tape, cubicle or barriers, etc. to ensure all medical information is private and cannot be overheard/seen. Once the provider is onsite and contracted by you, versus selected by the employee, ADA considerations related to questions asked prior to the vaccine and secrecy of such information are more important than ever.
	+ Ensure that you work with a vetted provider who understands ADA and HIPAA requirements. The provider should not ask questions unrelated to vaccination.
	+ Ideally, the employee should provide you with confirmation, but if administratively difficult, ensure employees are signing HIPAA release forms so that providers may release information to you (and ensure the providers are only providing “yes - vaccinated” or “not recommended” plus name and date) – Avoid additional medical information. A good alternative may be for employees provide you with evidence (such as vaccine card) – see next bullet point.
* **Considering letting employees use self-selected provider?**
	+ Consider how you are going to have employees verify their vaccination – if possible, managers should not be involved. Direct to HR is best.
	+ Ensure that you are communicating to employees that you do not need additional medical information – just name, date and that they have completed both shots. It is acceptable to make copies of vaccine cards, just make sure they are stored in a confidential medical file, separate from the personnel file.
* **Determine your protocol for handling religious objections and ADA concerns if incentives are available.**
	+ If you are offering incentives for vaccination, make sure to publicize alternative ways for (at minimum) those with disabilities who are unable to get vaccinated to meet the goal through some other method. Consider extending this alternative to religious objectors as well.
	+ Ensure employees are not questioned by others outside of the HR representative who is managing the accommodation process.
	+ Ensure forms are created for employee to self-certify or provide ADA information in the form of reasonable accommodation paperwork from their doctors.
	+ Catapult has policy templates in the [COVID toolkit](https://letscatapult.org/toolkits/covid-and-pandemic-toolkit/)
* **How will you handle employees who are made ill by the vaccine (side effects)?**
	+ Will you permit leave? If leave is in addition to the normal paid time off, review whether this will be a part of a broader COVID leave program and if not, whether it might be seen as an incentive.
* **Create a policy.**
	+ Create a policy, ensuring that you integrate the process for accommodation into the policy if necessary. Catapult has policy templates.
* **Communicate your policy.**
	+ Provide robust communication around the reasoning behind your decision, the safety of the vaccine, the supportive stance you take for those who need accommodations and the benefits that vaccination will bring to society.
* **Promote Vaccination through Education:**

Many tools are available to promote acceptance and encourage vaccination.

* NC COVID Communication toolkit: [https://files.nc.gov/covid/documents/vaccines/NCDHHS-Vaccines-Flyer.pdf](https://covid19.ncdhhs.gov/vaccines/covid-19-vaccine-communications-toolkit)
* CDC Social Media Toolkit: <https://www.cdc.gov/coronavirus/2019-ncov/communication/vaccination-toolkit.html>
* CDC posters, fact sheets and other information: <https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/business-workplaces.html> .

Select a message from one of these tools and share it with staff weekly.

Use the tools to craft posters and meeting communications explaining the vaccines’ safety and efficacy and how herd immunity works.

You might also choose to highlight (willing) members of your team who have gotten the vaccine to make others feel more comfortable doing so.

Remember that less is more in terms of length of your message, but more is better in terms of frequency.

**MANDATORY VACCINATION CONSIDERATIONS/CHECKLIST**

**Considerations Related to Mandating the Vaccine**

The majority of employers -have chosen NOT to mandate the vaccine up until this time, but the federal government and a number of large hospital systems have mandated the vaccine for their employees and contractors/vendors/customers. Some other organizations are requiring vaccines or weekly testing, and others are pursuing the “mandate” option.

**Businesses that may consider administering/organizing vaccinations**

The EEOC provides guidance that medical exams/inquiries which in some cases apply to the vaccine due to medical questions that lead up to vaccination) must be job-related and in response to a safety risk.

This concern mainly applies to employers that administer/organize vaccines versus permit employees to use their own provider. If all employees are completely separated from the public (barriers, etc.) then the safety risk may not rise to the level needed; however, the following businesses may have a level of risk that would make meeting this standard this more likely. (See details in ADA section.)

* Direct patient care or works with individuals who are at a high risk from COVID (Long-Term Care/Congregant Living)
* Direct services to the public. (Retail, Restaurant)
* Many workers close together, potentially taking off masks to eat in group settings, and/or ventilation is questionable – for example manufacturing staff.

Again, if the vaccine is mandated through the individual’s own medical provider, the exam is NOT considered a medical inquiry and these concerns are not relevant.

If you decide to mandate the vaccine and organize/administer it, make sure you maintain your business justification for doing so by documenting your risks in the following areas, as well as any special to your industry:

* Number of workers/customers
* Nature of space (outside/inside), private office versus group setting, well-ventilated/not.
* Potential that masks will not be worn 100% of the time (ex. group lunch areas)
* Mitigating factors (barriers, etc.)
* Social distancing at 6 feet 100% of the time
* Past cases and compliance concerns

**Review the following questions before considering a mandatory program:**

1. Does your organization feel comfortable with a negative impact on morale and the potential for some employees to leave your organization?
2. How will mandating the vaccine impact staffing and are you willing to take the risk fewer candidates will apply or accept the job?
3. Does your organization have the administrative capability to create a mandatory vaccine policy, arrange for ADA and Religious accommodations and track and reimburse all costs associated with receiving the vaccine including time to travel?
4. Is your organization willing to risk the potential for Workers’ Comp claims resulting from vaccination side effects/infections? (There is also potential for Workers Compensation costs for COVID-19 cases, so there are risks on both sides.)

**Mandatory Program Options:**

**OPTION 1:** Mandate - Employees work with their own medical providers.

This option avoids the need to demonstrate that medical questions pre-vaccination are job-related and in response to a safety risk.

**OPTION 2:** Mandate - Contract with a provider OR deliver through an internal health service.

Option 2 presents additional ADA and HIPAA challenges.

**Discuss BEFORE considering either OPTION 1 or OPTION 2:**

* EEOC permits mandating vaccines, although not speaking to those still in Emergency Authorization.
* **Morale issues** – a large percentage of the population feels employers should not mandate the vaccine. A smaller percentage is willing to lose their jobs instead.
* **Vaccines often do not change social distancing/masking requirements at the state or city level**.
* **ADA/Religious Accommodations – Employers have an obligation to engage in an interactive process with employees requesting medical /religious exemptions from mandatory vaccination. This process involves determining if a reasonable accommodation to vaccination can be made up to an undue hardship. If not, employers need to conduct an analysis to determine if this person is considered a “direct threat” if unvaccinated.** This process should be clear and avoid unnecessary interaction with manager/supervisors. For example, manager/supervisors should be trained to never ask “why” someone does not want to be vaccinated. Managers should not discuss potential accommodations. This conversation should be with HR.
* **Consider processes for non-ADA requests** for employees who DO NOT fall under an ADA accommodation process... for example pregnant women. How will you be consistent?
* **FLSA issues arise**, particularly in OPTION 1 when you mandate the vaccine – You must pay for the travel and time to take the vaccine, as well as for the vaccine itself, if applicable. It is critical to have a sound process for tracking, especially when you are not administering the vaccine yourself.
* **Administrative time/cost** – This can be more significant in OPTION 1. Always consider the time your staff will spend tracking vaccination, identifying payment for time and tests, and the lengthy process of ADA and other accommodations.
* **Liability**: If an employee is made ill due to an allergic reaction, Workers’ Compensation will normally be the recourse. There have been legal challenges to mandatory programs for a variety of reasons as stated earlier.
* OPTION 2 additional concern: **ADA Pre-Screening Question Considerations:** The vaccine is not considered a medical examination under the ADA, but pre-screening questions if administered by a contractor or your company are, therefore you must prove the questions are “job-related and consistent with business necessity.”  (See ADA information later in this tool.)
* OPTION 2 additional concern: **HIPAA/ADA Privacy Issues:** If you are contracting with a vendor or conducting the vaccines yourself, it is in part your responsibility to ensure that the program is set up in a way that fellow employees/staff are not overhearing/able to see employee responses to medical questions, and that all of that information is kept private and secure.

**If You Are Leaning Towards a Mandate...**

* **Remember to review local/state regulations: (see link top of page 1)**
* **Consider new hires**
	+ When and how will you make your policy clear during your job posting and recruiting process? Stating that vaccinations are “required” with no language about having an interactive process is also not appropriate.
	+ Remember that vaccination status is a medical question and should not be asked pre-offer.
	+ Once you collect vaccination status, keep the information in a medical file since it is private medical information.
* **Survey your staff:** What percentage of staff is committed to leaving employment? Do not announce that you plan to mandate the vaccine until you have assessed your workforce.
* **Consider a “lite” mandate:** Some companies are mandating, but are allowing those with concerns to be tested weekly, screen, wear masks, etc. instead.
* **Educate your staff:** Education is the best way to ensure that employees feel comfortable with the vaccine and understand the need to get vaccinated. It is best to start the education process before announcing that vaccines will be a requirement. See education section of voluntary vaccination program
* **Vaccine deadline:** You will need to provide time for employees to receive BOTH shots, if applicable, within the assigned time frame. (You can always extend the deadline if necessary, but best to identify a specific date up front or staff may delay.)
* **Considering onsite/contracted vaccines (or do you have a company provider)?**
	+ Unless you already have an onsite clinic, it may be better from an ADA perspective to ask employees to choose their own providers.
	+ Consider set-up of clinic. Make sure you have spacing tape, cubicle or barriers, etc. to ensure all medical information is private and cannot be overheard/seen.
	+ Ensure that you work with a vetted provider who understands ADA and HIPAA requirements.
	+ Ensure employees are signing HIPAA release forms so that providers may release information to you (and ensure they are only providing “yes” or “not recommended” plus name and date) – Avoid additional medical information. You may also choose to have employees provide you with evidence (such as vaccine card) – see next bullet point.
	+ Ensure all time to get vaccinated (including travel) is paid, as well as cost of vaccine, if any.
* **Considering letting employees use self-selected provider?**
	+ Consider how you are going to have employees verify their vaccination – if possible, managers should not be involved. Direct to HR is best.
	+ Ensure that you are communicating to employees that you do not need additional medical information – just name, date and that they have completed both shots.
	+ Ensure all time (travel and test) is paid, as well as cost of vaccine, and set up a protocol for how to track this time and whether employees should get vaccinated during the day or outside of work hours.
* **Determine your protocol for handling medical and religious objections.**
	+ Ensure employees are not questioned by others outside of the HR representative who is managing the accommodation process.
	+ Ensure forms are created for employee to self-certify or provide ADA information in the form of reasonable accommodation paperwork from their doctors.
	+ Catapult has policy templates/forms in the [COVID toolkit](https://letscatapult.org/toolkits/covid-and-pandemic-toolkit/)
* **How will you handle employees who are made ill by the vaccine (side effects)?**
	+ Will you permit leave? If leave is in addition to the normal paid time off/FFCRA, review the voluntary incentive portion of this document to determine if this could be seen as an incentive which would require limitations under the Affordable Care Act and the EEOC.
* **Create a policy.**
	+ Create a policy, ensuring that you integrate the process for accommodation into the policy. Catapult has policy templates in the [COVID toolkit](https://letscatapult.org/toolkits/covid-and-pandemic-toolkit/)
	+ Develop consistent procedures for people who feel the vaccine is unsafe which avoid being seen as retaliatory under OSHA requirements for reporting valid safety concerns. Are you willing to be consistent with everyone? What is the alternative – leave, with ongoing review, then potential termination?
	+ What about those who do not meet ADA standards and who have vaccination concerns due to medical issues/special cases?
* **Communicate your policy.**
	+ Provide robust communication around the reasoning behind your decision, the supportive stance you take for those who need accommodations and the openness your organization has to discuss concerns. Continue providing facts and education.

**CUSTOMER VACCINE MANDATES**

In many cases, if not all, the customer will be seen as a joint employer, particularly if they have significant influence on hiring or termination, or if they are directing work (for example, in the case of a staffing agency, much of the time their clients are joint employers of their temporaries).

Therefore, in many cases customer practices may result in liability on the customer, even though the impact is on your employees. This specifically applies to failure to discuss accommodations for disabilities and religious convictions related to vaccination. Even if your customer is not a joint employer, it is your responsibility to commit to interact with those needing accommodation.

When working with clients who jointly employ your employees, you should be able to trust them to: keep the vaccination status private and engage in interactive discussions about reasonable accommodation for religious and medical/ADA situations.

For placement of new staff, you can provide information to candidates stating that vaccination is required for placement at the customer site and letting them know that they will not be hired without proof of their status. You should make them aware of your willingness to engage in an interactive discussion related to ADA/religious accommodation.

It is acceptable to ask post-offer medical questions such as “are you vaccinated”, but generally it is best to make requirements clear pre-offer by letting them know of your policy so they can self-select out of the hiring process. This avoids specific medical questions. If asking if someone is vaccinated post-offer, this information should be considered medical information which should be protected in a separate file. Do not add “are you vaccinated” to your application.

For existing staff, you may provide them with a deadline for vaccination to continue working at the client AND also let them know that they should come to you to engage in an interactive discussion related to ADA/religious accommodation if needed by a certain date.

Before you provide information to the client that the employee is vaccinated (remember, vaccination status is protected medical information under the ADA), you should get a signed release from your employee specifically permitting you to release that information to your client.

Ideally, your client is “doing everything right” and will provide you/sign a statement related to medical privacy and willingness to engage in the interactive process. In this case, the situation might be handled primarily by the client’s HR department with you engaging as necessary. This allows the employee to share information directly with the individuals who need it.

On the other hand, you may feel your client’s knowledge of ADA is not all that comprehensive. In that case, it would benefit you to remind them of their responsibilities and in the case that they refuse to accommodate, you should make every effort to accommodate in some other way (another placement, a different role, work from home, etc.). In this case, it is likely best that you manage the process.

**ADDITIONAL/LEGAL INFO**

**ADA/GINA and Privacy:**

If you collect medical information from an employee for some valid business purpose (such as to verify vaccination), make sure you are:

1. Limiting the people who see the information to the person in HR coordinating the program.
2. Maintain all records in the separate medical file.
3. Ask employees to include the most limited amount of information possible (in the case of vaccines: date of vaccination and employee name)
4. If testing onsite or through a contractor, it is in part your responsibility to ensure that the program is set up in a way that fellow employees/staff are not overhearing/able to see employee responses to medical questions, and that all of that information is kept private and secure.

**HIPAA and Privacy:**

If you are administering the vaccine through your own onsite health clinic, or if the information is coming through your self-insured health plan, HIPAA privacy requirements generally will apply. Talk to your benefits broker about any specific steps you may need to take, such as providing release forms to employees.

**ADA/GINA and Job-Related/Consistent with Business Necessity:**

Anytime you require a medical exam/inquiry, the ADA requires it be job related and consistent with business necessity. While the EEOC does not see vaccines as exams, pre-screening questions would be seen as such. Therefore, for a contracted vaccine provider or onsite healthcare provider, the following information is important in determining whether such a program is valid for ALL or just SOME employees:

According to the [EEOC](https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#K.5), “to meet this standard, an employer would need to have a reasonable belief, based on objective evidence, that an employee who does not answer the questions and, therefore, does not receive a vaccination, will pose a direct threat to the health or safety of her or himself or others...

Employers should conduct an individualized assessment of four factors in determining whether a direct threat exists: the duration of the risk; the nature and severity of the potential harm; the likelihood that the potential harm will occur; and the imminence of the potential harm.”

**ADA Vaccine Accommodation:**

Whether your vaccine is conducted in-house, by a contractor or with the employee’s selected provider, if you are mandating a vaccine, you must engage in an interactive process with an employee who has a medical condition covered under the ADA which prevents them from being vaccinated.

If your organization is currently complying with social distancing rules and the employee is masked at all times, the accommodation may be simply to not require the vaccine for that individual (or have them work from home).

Otherwise, if the nature of the risk due to not being vaccinated is so high (based on the employer’s reasonable belief, based on objective evidence) that it would pose a direct threat to the health or safety of the employee or others, the employer could review other accommodations that do not reach the level of undue hardship and eliminate or mitigate the risk to a reasonable level. If there is none available, the employer could choose to place the employee on leave or take other actions; however leave or work from home should not be the go-to options for all employees since this requires an individual assessment and you do not want to be perceived as discriminating or retaliating against employees.

It is important that you discuss any concerns about accommodation with Catapult or legal counsel before rejecting an option.

**Religious Vaccine Accommodation:**

Whether your vaccine is conducted in-house, by a contractor or with the employee’s selected provider, if you are mandating a vaccine, you must engage in an interactive process with an employee who has a religious objection to the vaccine covered under Title VII which prevents them from being vaccinated.

In general, review this in the same way as the ADA accommodation (above).

The religious accommodation process does not require that an accommodation rise to quite as high a level of an undue hardship as applies under the ADA to decline the accommodation; however, it is important that you discuss any concerns about accommodation with Catapult or legal counsel.

**Considerations Surrounding Discipline/Termination Related to Vaccine:**

Before taking disciplinary action, be sure to consider whether you are comfortable taking the same action for all other similar positions so as not to violate Title VII and other federal anti-discrimination laws.

In addition, make sure you have considered accommodating any ADA or religious needs. For example, if an employee does not want the vaccine because of severe allergies to certain ingredients, you might send them to a doctor with a reasonable accommodation form asking for alternative options. Perhaps another vaccine would be better tolerated, or perhaps you could shift to a different work area where direct patient contact was not required, as an example.

If you ever feel that you cannot accommodate, contact Catapult or your own legal counsel before taking corrective action or deciding to terminate.

Finally, if the employee feels the vaccine is unsafe, it would be better to provide them with some educational resources and give them some time to think it over. You do not have to place them on leave forever, but you do not want to be seen as retaliating based on their reporting a safety concern (an OSHA protected activity).

Since face coverings and social distancing are generally highly protective, you could also simply require continued use of those, particularly since the vaccine is not proven to prevent transmission of the virus by the vaccinated individual.

**Scheduling Vaccines in North Carolina**

Each county is different, and each company may have different needs. Some options are:

* Visit your county DHHS website or dial the **COVID-19 Vaccine Help Center 1-888-675-4567.**
* Search providers by county: <https://covid19.ncdhhs.gov/findyourspot>
* **The NC DHHS is working on a scheduling software available to employers (currently only for providers):** <https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms>

**Scheduling Vaccines in South Carolina**

* Call 1-866-365-8110 for help with COVID-19 vaccine questions and provider information.
* Visit your county DHEC website or use the locator tool: <https://vaxlocator.dhec.sc.gov/>
* Use the VAMS scheduling system: <https://vaxlocator.dhec.sc.gov/>
* **If you are considering scheduling onsite clinics, contact your county DHEC, Walmart, Walgreens or CVS.**

Search providers by <https://scdhec.gov/covid19/covid-19-vaccine>