



# COVID-19: Vaccine & OSHA Enforcement Issues

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# Federal OSHA Response to COVID-19

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- CDC updated guidance 7/29/21 - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>
- OSHA updated guidance 8/13/21 - <https://www.osha.gov/coronavirus/safework>
- Executive Order 14042 (issued 9/9/21) imposes new requirements on federal contractors/subs
- Executive Order 14043 requires C-19 vax for all employees of federal executive agencies
- Doug Parker (former CalOSHA chief) confirmed as OSHA Asst. Sec 10/25/21
- OSHA ETS on Vaccine/Testing: Effective when published in Fed Reg (11/5/21) and written comments on any aspect of the ETS must be submitted by December 6, 2021 in Docket number OSHA-2021-0007 at [www.regulations.gov](http://www.regulations.gov) – the ETS also serves as a “proposed rule” that can extend beyond 6 mo.
  - Deadlines for compliance extend out into January 2022; litigation in progress over fate of ETS
- “At Risk” workers defined by OSHA as those with health conditions (transplants, steroid use, immune conditions) who may not have full immune response to vaccination – booster now recommended!

# 2021 COVID-19 National Emphasis Program (NEP)

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NEP includes criteria to identify “high hazard industries” targeted for enforcement and compliance actions – in effect immediately (3/12/21) for one year -- can be amended or canceled

Goal of NEP is to “significantly reduce or eliminate worker exposures to C-19 by targeting industries and worksites where employees may have a high frequency of close contact exposures” and controlling the associated health hazards

C-19 NEP includes a focus on Whistleblower Protections & CSHOs will distribute educational information to workers on their rights under Section 11C & 29 CFR Part 1904

NEP uses combination of inspection targeting, outreach to employers, and compliance assistance; if worksite is also under SST, the inspections will be concurrent and wall-to-wall

OSHA NEP will include follow up inspections at sites visited in 2020 to monitor efforts

# OSHA COVID-19 Guidance (8/13/21)

- Employers should take steps to protect workers by:

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1. Giving paid time off for employees to get vaccinated
2. Instructing workers who've had close contact with infected persons, or who are themselves infected, to stay home
3. Implementing physical distancing for unvaxxed or at-risk workers in all communal work areas
4. Protecting unvaxxed or at-risk workers with face coverings or surgical masks, unless work task requires respirator or other PPE
5. Training workers on C-19 policies and procedures in accessible formats and in language they understand
6. Suggesting that unvaxxed customers, visitors and guests wear face coverings
7. Maintaining ventilation systems
8. Performing routine cleaning & disinfection
9. Recording and reporting C-19 infections and deaths\*
10. Implementing protections from retaliation and set up anonymous process for workers to voice concerns about C-19 hazards
11. Following other applicable OSHA mandatory standards (PPE assessment, respiratory protection, sanitation, BBP, medical and exposure records)

# New Measures for Mixed-Vax Workplaces

Employers should take additional steps to mitigate spread due to the following types of workplace environmental factors:

- **Close contact**— where unvaccinated and otherwise at-risk workers are working close to one another, e.g., on production or assembly lines or retail settings. Such workers may also be near one another when clocking in/out, breaks, or changing rooms.
- **Duration of contact** – where unvaccinated and otherwise at-risk workers often have prolonged closeness to coworkers (e.g., for 6–12 hours per shift). *Continued contact with potentially infectious individuals increases the risk of SARS-CoV-2 transmission.*
- **Type of contact** – where unvaccinated and otherwise at-risk workers may be exposed to the infectious virus through respiratory particles in the air—for example, when infected workers in a manufacturing or factory setting cough or sneeze, especially in poorly ventilated spaces.
  - Confined spaces without adequate ventilation increase the risk of viral exposure and transmission.
  - It is also possible that exposure could occur from contact with contaminated surfaces or objects, such as tools, workstations, or break room tables.
  - Shared closed spaces such as break rooms, locker rooms, and interior hallways in the facility may contribute to risk.
  - Sharing employer-provided transportation such as ride-share vans or shuttle vehicles;
  - Frequent contact with other individuals in community settings, especially in areas where there is substantial or high community transmission; and
  - Communal housing or living quarters onboard vessels with other unvaccinated or otherwise at-risk individuals.

# OSHA COVID-19 Enforcement Directive

- Directive covers breadth of factors CSHO will consider during site visits, including:
  - Direct inspection of safety gear
  - Interviews with workers
  - Determination as to applicability of standard to workplace (some discretion)
  - Less stringent protections required in “well-defined portion” of facility where potential C-19 carriers are screened from entry (can be entire department or section of building such as a room or floor)
  - Employers with fully vaccinated workforce who have no reasonable expectation that any C-19 positive person will enter can follow looser requirements, but OSHA may verify employer’s assertion by interviewing workers as to their vaccination status and requesting documentation.
  - Any area exemptions must be re-evaluated upon hiring of new, unvaccinated workers
  - CSHOs will grant exemption where some workers are unvaxxed due to health conditions/religion as long as the employer provides “reasonable accommodation”:
    - Telework, solitary work, or implementation of controls in area exclusively dedicated to unvaxxed employees are accepted by OSHA
  - ✓ OSHA says screening methods can be flexible, either in-person or ask workers to self-monitor before reporting to work, and accepted methods include: temperature checks, worker questionnaires and electronic screening apps

# State OSHA Responses to COVID-19

- Virginia **finalized permanent rule** on COVID-19

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- CalOSHA had ATD standard but adopted ETS and made multiple revisions
- OR-OSHA adopted **permanent** COVID-rule in May 2021 but and has further changes open for comment now
- MIOSHA adopted COVID ETS in October 2020 – rules remain in effect until 12/21/21
- WISHA proposed a new infectious disease/C-19 rule in Summer 2021
- Nevada-OSHA issued new COVID policy in May 2021
- In total, over a dozen states adopted some form of worker safety protections in addition to separate executive orders requiring face masks in the workplace, which have been issued by some governors
- Amazon lost lawsuit in NY which tried to establish that federal OSHA has exclusive jurisdiction (barring state health depts from issuing workplace rules re: C-19) - *Palmer v. Amazon* was appealed to USCA 2<sup>nd</sup> Cir but may be moot because the federal ETS has changed the status quo

# OSHA Vax/Testing ETS

- A “Safe Workplace Measure” – not pure vaccine mandate – covers 84 million US workers

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- Employers must provide PTO to receive vax and recover from side effects; unvaxxed employees must wear face masks indoors
- Mandate for employees to be FULLY vaxxed or tested weekly effective 1/4/22
- Rules preempt any inconsistent state or local laws, including those banning or limiting employer’s authority to require vax/mask/tests
- Employer will need to document vax, test or exemptions for legal reasons
- AFL-CIO plans to sue, seeking to cover all workers, as those in small businesses still face “grave danger (40 million workers omitted) and over provision requiring workers to pay for their own testing if they opt out of vaccines
- Enforcement will occur through usual inspections (including complaints) but expect OSHA to look at employer’s program on each visit, as well as injury/illness records (watch for retaliation)
- OSHA can issue willful/repeated citations (\$136,532 each) or use egregious penalties (per exposed worker)
- OSHA has provided English/Spanish guidance & templates as well as 32 pp of FAQs covering variety of interpretation/enforcement issues on ETS: <https://www.osha.gov/coronavirus/ets2/faqs>

# COVID-19, Vax & “Grave Danger”

**For ETS, OSHA must show “Grave Danger” requires bypassing normal regulatory process**

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✓ USCA 5<sup>th</sup> Circuit issued temporary injunction citing “grave statutory & constitutional issues with the mandate”

## **OSHA rationale:**

- Unvaccinated workers are much more likely to contract and transmit COVID-19 in the workplace than vaccinated workers
- OSHA has determined that many employees in the U.S. who are not fully vaccinated against COVID-19 face grave danger from exposure to COVID-19 in the workplace
- OSHA’s finding of grave danger is based on the severe health consequences associated with exposure to the virus along with evidence demonstrating the transmissibility of the virus in the workplace and the prevalence of infections in employee populations.
- The evidence upon which OSHA relies is found in Section III.A of the ETS Preamble
- OSHA estimates the ETS will save over 6,500 worker lives and prevent 250,000 hospitalizations

# OSHA Vaccine/Testing ETS

## COVERS:

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- private sector employers with 100 or more employees firm- or corporate-wide.
- In states with OSHA-approved State Plans, state and local-government employers, as well as private employers, with 100 or more employees will be covered by state occupational safety and health requirements.

## EXCLUDES:

- Private workplaces with fewer than 100 employees (company wide)
- Public employers in states without State Plans (federal OSHA jurisdiction states other than NJ, NY, CT & IL)
- Workplaces covered under the Safer Federal Workforce Task Force COVID-19 Workplace Safety: Guidance for Federal Contractors and subcontractors; and
- Settings where any employee provides healthcare services or healthcare support services when subject to the requirements of the Healthcare ETS (§ 1910.502).
- **ETS does NOT apply to:**
  - Employees who do not report to a workplace where other individuals are present.
  - Employees while working from home.
  - Employees who work exclusively outdoors (*de minimis* indoor presence)

# OSHA Vax/Test ETS Requirements

- Develop, implement, and enforce mandatory COVID-19 vaccination policy ... **OR**
- Employers can **instead** adopt a policy allowing employees to elect either to get vaccinated or to undergo weekly COVID-19 testing and wear a face covering at the workplace
- Determine vaccination status of each employee, obtain acceptable proof of vaccination from employees, maintain records and roster of each employee's vaccination status
- Support vaccination by providing employees reasonable time, including up to 4 hours of paid time, to receive each primary vaccination dose, and reasonable time and paid sick leave to recover from any side effects experienced following each primary vaccination dose.
- Ensure that each employee who is not fully vaccinated is tested for COVID-19 at least weekly (if in the workplace at least once a week) or within 7 days before returning to work (if away from the workplace for a week or longer)
- Require employees to promptly provide notice when they receive a positive COVID-19 test or are diagnosed with COVID-19 and immediately remove from the workplace any employee, regardless of vaccination status, who received a positive COVID-19 test or is diagnosed with COVID-19, and keep the employee out of the workplace until return to work criteria are met

# OSHA Vax/Testing ETS: More Requirements

- Ensure that each employee who is not fully vaccinated wears a face covering when indoors or when occupying a vehicle with another person for work purposes
- Provide each employee with information, in a language and at a literacy level the employee understands, about:
  - requirements of the ETS and workplace policies and procedures established to implement the ETS;
  - vaccine efficacy, safety, and the benefits of being vaccinated (by providing the CDC document “Key Things to Know About COVID-19 Vaccines”);
  - protections against retaliation and discrimination; and
  - laws that provide for **criminal penalties** for knowingly supplying false statements or documentation
- Employer determines if C-19 case is work-related by considering work duties and environment (follow criteria in 29 CFR 1904.5 for determining work-relatedness)
- Make certain records available for examination and copying to an employee (and those w/written consent)
  - This includes vax documentation and test results
  - Employer must also make available on aggregated basis data on # fully vax/# total employees at workplace

# Reporting C-19 Fatalities/Hospitalizations

- ETS requires employers to report work-related C-19 fatality or in-patient hospitalization *regardless of the amount of time between exposure to C-19 in work environment and death/hospitalization*
  - This differs from usual interpretation of 29 CFR 1904.39 (where the fatality must be within 30 days of exposure and hospitalization must be within 24 hours of exposure – Trump admin interpreted strictly = reduced reports following 2020 policy change)
- Fatalities must be reported within 8 hrs of learning about the fatality
- Employers must also report C-19 in-patient hospitalization to OSHA within 24 hrs of learning of it
- ETS reporting requirements apply to all employers covered by the ETS
- Where employer must report a fatality AND in-patient hospitalization under both 1904.39 and the ETS, a single report fulfills both requirements
- Employer can report C-19 fatalities/hospitalization cases by:
  - Calling local OSHA area office nearest to worksite
  - Call 1-800-32-OSHA (24/7 hotline)
  - Submit information online via [www.osha.gov](http://www.osha.gov) portal

# Written C-19 Vax/Test Plans

- Written program should address:

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  - Requirements for vaccine and applicable test/masking protocols
  - Applicable exclusions for health, ADA/religion
  - How info on employees' vax status will be collected
  - Paid time off and sick leave policies for vax
  - Notification of positive C-19 tests and removal of positive employees from workplace
  - Disciplinary action for employees who do not abide by the policy
  - Policy effective date
  - Who the policy applies to
  - Deadlines and procedures for compliance and enforcement
- Plans do not have to be submitted to OSHA, but must be produced upon request within 4 business hours

# FAQ Highlights

- State plan OSHA programs MUST adopt a comparable vax/mask/test rule within 30 days of the final effective date (and notify OSHA by 11/20/21 of its intent) – rules prohibiting employers from requiring vaccines will NOT be considered “at least as effective” as the federal ETS
- In determining company size, count all employees in US workplaces regardless of their vax status or location of work (includes home/teleworkers, performance of work in customer homes or from mobile workplaces – even if worker never reports to main office)
- Count all employees on payroll as of 11/5/21 – but if lower than 100, and then goes up, rule will apply – if number goes below 100 after initially applying, employer must continue protections
- Minors are subject to all requirements of the standard, but employer may need parental consent for vax/test
- DON'T count staffing agency workers or contractors as employees for meeting threshold, but DO count part time, short-term and seasonal employees, and those who are excluded from scope (home workers, outdoor workers)
- Franchisees/franchisors will not be aggregated but trigger will be # of their direct employees
- Exceptions to face covering requirements: vaccinated employees; where employee works alone in closed room, while eating/drinking, for ID purposes, or when wearing respirator or where use of face covering is infeasible or creates greater hazard
  - If provide respirators in lieu of face covering, must implement “mini-respiratory protection program” under 29 CFR 1910.504

# FAQ Highlights (2)

- OSHA will not view it as a violation of Sec 11(c) if employer discharges employee for refusing to get vaccinated, where employer mandates vax and does not offer testing option

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  - Individuals who've previously had COVID are not viewed as protected and must still vax/test
  - "Fully vaccinated" means a person's status 2 weeks after completing primary vax with at least the minimum interval between doses (for two dose) and until this occurs, partially vaxxed persons must wear masks and be tested weekly
- Employees with lost cards can sign attestation as to status, loss of card, type of vax, dates of administration, name of LHCP or clinic administering vax, stating: *"I declare that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to **criminal penalties**"*
  - Employers who collude in accepting falsified documents can also be criminally prosecuted
- Employers can accept physical card, or photocopy but must maintain copy of record under 1910.1020 (retain for full period that ETS is in effect)
- Employer must prepare roster of all employees, whether each is vaccinated (fully/partially/any ADA or religious accommodation/not fully vaccinated because no acceptable proof) – include ALL employees on list
- Records, rosters, aggregated numbers must be provided to employee or their authorized representative upon request

# FAQ Highlights (3)

- Unvaxxed remote workers do not need to test weekly but must test before visiting workplace – it is not sufficient to wear a face mask and isolate while on site briefly

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- Persons who previously tested positive or were diagnosed with C-19 cannot undergo testing for 90 days following date of positive test/diagnosis but when employee returns to work must continue to wear a face covering
  - No removal requirement if only exposed to positive person absent employee's own positive test, no contact tracing
- Both vaccinated and unvaxxed workers who test positive must be immediately removed from the workplace and remain out until have a negative test following a positive test, or meet the return-to-work criteria in the CDC's "Isolation Guidance" (incorporated by reference into 29 CFR 1910.509) – no PTO required for positive tests
  - Where feasible, employees can be required to work remotely during isolation period unless too ill to do so
- Employer must keep a record of each test result required to be provided by each unvaxxed worker (retain duration of ETS) but employee must pay cost of test unless otherwise addressed in CBA or other law
- Employers must support C-19 vaccination by providing up to 4 hours of PTO for each primary vax dose, including time traveling to/from vax site, but do not have to reimburse transportation costs
- Acceptable COVID tests include those approved by FDA administered in accordance with authorized instructions
- ✓ **OTC tests CANNOT be self-administered and self-read unless observed by employer or an authorized telehealth proctor**

# Summary: Key Dates & Obligations Under ETS

## **By December 6, 2021:**

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- Establish policy on vaccination (1910.501(d))
- Determine vax status of each employee, obtain acceptable proof, maintain records/roster of status
- Provide support for employee vaccination (PTO)
- Require employees to promptly provide notice of positive C-19 test or C-19 diagnosis
- Remove any employee who received positive test/diagnosis
- Ensure employees who are not fully vaxxed wear face coverings when indoors or when occupying vehicle with another person for work purposes
- Provide each employee with info on ETS, workplace policies, vax efficacy, safety and health benefits, protections against retaliation/discrimination, and laws providing criminal penalties for false docs
- Report work-related C-19 hospitalizations and fatalities to OSHA
- Make certain records available to workers, their authorized reps and to OSHA

## **By January 4, 2022**

- Ensure employees who are not fully vaccinated are tested for C-19 at least weekly (if in the workplace at least once/wk) or within 7 days before returning to work (if away for a week or longer)

# What About MSHA?

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Senate Labor-HHS Appropriations bill for FY 2022 includes (in Explanatory Statement on 10/19/2021):

“The Committee recognizes the significant public health threat posed by COVID-19 and the necessity of strengthening protections for all workers, including miners ... in contrast to other occupations where social distancing is feasible, coal mining usually necessitates continual clustering of people working in close proximity to one another. DOL must establish precautions against occupational COVID-19 exposure for mine workers, *whose lungs may already be weakened by coal dust and **silica** exposure*. MSHA is instructed to submit to the Committee within 120 days a written report summarizing its proposal to create an emergency temporary standard to protect miners from occupational exposure to COVID-19”

# E.O. 14042: Vax & Federal Contractors

- EO 14042: Ensuring Adequate COVID Safety Protocols for Federal Contractors & OSHA ETS
- Issued 9/9/21 – requires federal executive agencies to include clause in certain federal contracts (and “contract-like instruments”) requiring contractors/subs and some grantees to comply with various C-19 safety measures
- Deadlines were Oct 15 (solicitations) and Nov 14 (contracts awarded)
- Contractors don’t have to terminate unvaxxed workers if they can find a job for them that does not involve government work or a “covered contractor workplace” (without shared services such as HR, payroll or legal)
- DFARS 52.223-7999 directs contractor to “flow down” substance of the clause to contracts at any tier that exceeds the Simplified Acquisition Threshold (\$250K currently - defined in FAR 2.101), and all subcontractors will have to comply with the vaccine mandates
- Contractors are receiving modifications to prime contracts already incorporating the E.O. – stating per guidance that “all covered contractor employees must be fully vaccinated no later than December 8, 2021” (means this week is the last to safely get first shot and meet the full vax deadline)
- Attachment A to the DFARS states “Contractor shall include the substance of this clause in subcontracts at any tier that exceed the SAT on the date of the subcontract award, and are for services, including construction, performed in whole or in part within the US or its outlying areas”

# E.O – Federal Contractors

- If you sell a service to the US Govt or to a business that sells to the USG, you **will** be impacted
- Requires vaccinations (with ADA/religious exceptions), proper masking, and physical distancing – spelled out in the Task Force Guidance on the E.O. and following CDC guidelines indoors and out
- Must have *COVID SAFETY COORDINATOR* to monitor contractor compliance efforts (including vax documentation, distancing, masks)
- Requirements apply to: employees working on covered contract; employees supporting covered contract; and employees working in location that a covered employee is “likely to visit” – even covers contractor employees working from home
- Reasonable accommodations for contractors with exceptions – may need to allow telework if feasible, or unpaid leave of absence, but must be interactive process with employee

# E.O. Federal Contractors - Coverage

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- Covers directly awarded competitive contracts, sole source/limited source contracts, government-wide acquisition contracts, multiple award contracts (including GSA/VA schedules), and task orders issued under multiple award contracts
- As of now, unclear if applies to NON-LABOR services (such as data storage contractors) but GSA is applying it to all contracts regardless – cost recovery uncertain (check if performing on cost-reimbursement contract)
  - CO should consider request for equitable adjustment in fees under applicable FAR change clauses
- INDIRECT service providers to federal contractors may also be covered – guidance applies it to employers working “in connection” with a covered contract
  - INCLUDED examples : accounting, sales support, IT, finance and contracts administration, legal, delivery, distribution
  - EXCLUDED examples: janitorial services, plant and landscaping services, vending machine technicians
  - Banks? Sometimes – if they hold a fed contract or lease, or have branches on military bases or in federal buildings

# Things To Do Now: Federal Contractors

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- ✓ Provide adequate notice to employees and subcontractors of new vax/testing requirements
- ✓ Identify a COVID Safety Coordinator (federal contractors)
- ✓ Prepare written compliance plan
- ✓ Identify covered contracts, employees and subcontractors (direct, indirect and workplace)
- ✓ Develop process to review/log vaccination cards
- ✓ Create medical/religious exemption templates and process to evaluate requests
- ✓ Plan how to address non-compliant employees
- ✓ Stay current on all federal/state OSHA rules and FAR guidance, as well as changes to CDC guidelines
- ✓ Wear a mask, avoid crowds, distance, wash hands ... and get the vax!

# EEOC Guidance on Mandatory Vaccines

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- Policy issued continues to be revised: <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>
- Latest EEOC update was October 25, 2021!
- Guidance addresses how vaccination interacts with ADA, Title VII and GINA
- Main thrust is mandatory vaccine programs are NOT PROHIBITED under federal employment laws so long as employees are permitted to seek valid disability-based or religious exemptions & requesting proof of vaccine is NOT a medical exam prohibited under ADA.
- EEOC currently says that if worker cannot be vaccinated because of disability/religious belief and there are no feasible reasonable accommodations available, employer may lawfully exclude worker from physical workplace
- Employer should avoid termination or other adverse actions before carefully evaluating whether worker may work remotely or has protected rights under OTHER employment laws or regulations at federal, state or local level (including state OSHA COVID ETS)
  - Don't forget about FMLA, which may require intermittent leave and may be triggered by new federal Executive Orders or emergency ETS on Vax – stay alert!

# EEOC, “Long-COVID” & ADA

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- September 2021: EEOC declares “Long-COVID” as condition covered by ADA and Section 501 of the Rehabilitation Act if the symptoms substantially limit a “major life activity”
  - Impact on work-related “Long-COVID” cases & worker’s comp – will be state-by-state determination
- EEOC cross-references definition of “long COVID” by DOJ/HHS in their [“Guidance on ‘Long COVID’ as a Disability Under the ADA, Section 504, and Section 1557”](#) - symptoms include:
  - Tiredness or fatigue
  - Difficulty thinking or concentrating (sometimes called “brain fog”)
  - Shortness of breath or difficulty breathing, or cough
  - Headache
  - Dizziness on standing
  - Fast-beating or pounding heart (known as heart palpitations) or chest pain
  - Joint or muscle pain
  - Depression or anxiety
  - Loss of taste or smell
  - Damage to multiple organs including the heart, lungs, kidneys, skin, and brain.

# ADA & Direct Threat Defense

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- EEOC says that the ADA permits employers to implement a qualification standard (e.g. vaccination requirements) that includes a requirement that the individual shall not pose a direct threat to health or safety of individuals in workplace
- BUT ... if vaccine requirements excludes or tends to exclude individuals with disabilities, **employer must demonstrate** that unvaccinated worker would pose direct threat due to “significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation”
- ***EEOC Guidance says unvaccinated employees are NOT automatically categorized as a direct threat – determination must be fact-intensive and worker-specific***
- Individualized assessment must include the following factors:
  - Duration of risk
  - Nature and severity of potential harm
  - Likelihood that potential harm will occur (triage – similar to state ETS VH/H/M/L risk classification system)
  - Imminence of potential harm
- If direct threat is found to be present, employer must still perform “reasonable accommodation” analysis

# CDC Guidance on Vaccine Risks

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CDC notes that some individuals should delay COVID-19 vaccines:

- People with known current COVID-19 infection should delay until person recovers from acute illness and meets criteria to discontinue isolation
  - People with history of multisystem inflammatory syndrome in adults (MIS-A) should delay until recovered from their illness and for 90 days after date of diagnosis of MIS-A
  - Vaccine should be delayed for 90 days after receiving monoclonal antibodies or convalescent plasma for COVID-19 treatment
  - When possible, COVID-19 vax doses (including primary series and booster) or single dose J&J should be completed at least 2 weeks before initiating or resuming immunosuppressive therapies (patient's clinical team should determine risks/benefits and appropriate timing)
  - People who develop myocarditis or pericarditis after a dose of C-19 vax should delay receiving any subsequent dose
  - **BUT ... CDC says the vaccine IS recommended for people trying to get pregnant as well as their partners, as well as for those currently pregnant, or breastfeeding**
- If these circumstances mean that an employee is not fully vaccinated by the due date for federal employees/contractors, the agency should require the individual to receive their first dose no later than 2-weeks after clinical considerations no longer recommend delay

# Questions???

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