

EMPLOYEE COVID -19 VACCINATION WORKPLACE PLAN AND POLICY

PURPOSE

Duram prides itself on being a workplace that puts the health and safety of its employees first. Consistent with this duty to provide and maintain a workplace that is free of recognized hazards, Duram has adopted this policy to safeguard the health and well-being of employees, their families; and the community from infectious conditions that may be mitigated through an effective vaccination program. This policy is intended to comply with all published regulations, legislation and ultimately the Constitution of South Africa. It is further based upon guidance provided by the South African Health Products Regulatory Authority (SAHPRA) and public health and licensing authorities, as applicable.

This policy is based on guidance from the Department of Employment and Labours consolidated Direction on the Occupational Health and Safety (Directive) and is designed to comply with all applicable legislation and the Constitution.

Compliance with this policy is a condition of your continued employment and will be subject to listed exemptions discussed below.

SCOPE/ APPLICATION

This policy applies to all employees.

INFORMATION ABOUT COVID -19 VACCINES

The South African Health Products Regulatory Authority (SAHPRA) has promoted the benefits and safety of approved COVID -19 vaccines. In addition, the Department of Employment and Labour recommends that all individuals who can safely do so get vaccinated against COVID -19. According to the World Health Organization WHO:

- COVID -19 vaccines currently approved do not contain the COVID -19 virus and will not make you sick with COVID -19.
- Getting the COVID -19 vaccines will not make you test positive for COVID -19.
- COVID -19 vaccinations have been shown to be highly effective at preventing you from getting sick with COVID -19.
- COVID -19 vaccines do not change your DNA.
- COVID -19 vaccinations are an important tool in helping to stop the pandemic.

More information about COVID -19 vaccines and the vaccine approval process is available and frequently updated on the World Health Organization's website at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>.

Additional information from the Department of Health is available at: <https://sacoronavirus.co.za/>.

OBJECTIVE

This Mandatory Vaccination Policy is a key part of our overall strategy and commitment to maintaining a safe and healthy workplace in light of the COVID -19 pandemic. This policy is designed for use together with, and not as a substitute for, other COVID -19 prevention measures:

- Face Mask Policy;
- Social Distancing Policy;
- Temperature Check and Health Screening Protocols;
- Cleaning and Sanitation Policy;
- Health and Safety Policy;
- OTHER COVID -19 PREVENTION POLICIES OR PROTOCOLS.

We need your full cooperation and compliance with this and other health and safety workplace policies to make them effective.

VACCINATION REQUIREMENTS

Following the Department of Health and Department of Employment and Labour's guidance, to prevent the infection and spread of COVID -19, and as an integral part of its public health and safety measures, Duram requires that all employees in, including temporary workers, get vaccinated against COVID -19 at the designated facilities and present proof thereof unless an exemption from this policy has been granted as an accommodation or otherwise. For more on the accommodation and exemption process, see Accommodation and Exemption Requests below.

Employees for whom a vaccine has not been approved and therefore are not eligible to receive the vaccine (for example, individuals under certain ages) are entitled to an exemption until such a time that they become eligible to receive the vaccine.

Employees who fail to comply with these requirements may be barred from entering the company premises and may be subject to disciplinary action, up to and including termination of employment once all alternatives have been explored and exhausted. Duram will subject to operational requirements consider alternative placement/ or remotw work where possible. Where and an employee cannot perform their role due to their election not to be vaccinated and alternative placement and remote work are impossible, following a fair procedure, Duram may terminate employment on the following grounds:

- Supervening impossibility to perform;
- Operational requirements;
- Incapacity;

Where an employee elects not to be vaccinated without a valid and/or reasonable medical or religious objection each case will be dealt with on its own unique merits and following a fair procedure.

VACCINE ADMINISTRATION

You are responsible for scheduling and obtaining all recommended doses of a SAHPRA -approved COVID-19 vaccine or a COVID-19 vaccine granted Emergency Use Authorization by the SAHPRA. You may get the vaccine during your regularly scheduled work hours if feasible.

Non-exempt employees will receive paid time off for time spent getting the vaccine if done during your regular work hours. Payment will be subject to proof of vaccination. Duram will NOT be liable for vaccine costs and any other incidental costs.

PROOF OF VACCINATION

If you have already received a vaccine, you must provide written proof of vaccination from the vaccine administrator confirming the vaccination place, date(s), and name. You are not required to provide further medical information with your proof of vaccination.

EXEMPTION REQUESTS

Religious Accommodation

[In accordance with Durum's Religious Accommodations Policy, Duram provides reasonable accommodations, absent undue hardship, to employees with sincerely held religious beliefs, observances, or practices that conflict with getting vaccinated.

If you believe you need an accommodation regarding this policy because of your sincerely held religious belief, you are responsible for requesting a reasonable accommodation from your Manager.

Interactive Process

Duram will engage in an interactive dialogue with you to determine the precise limitations of your ability to comply with this mandatory vaccination policy and explore potential reasonable accommodations that could overcome those limitations. Duram encourages employees to suggest specific reasonable accommodations. However, Duram is not required to accept the specific accommodation requested and may provide an alternative effective accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on Duram or posing a direct threat to you or others in the workplace.

Exemption for Other Medical Reasons

Exemptions for other medical reasons may be available on a case-by-case basis/for conditions such as pregnancy, breastfeeding, history of certain allergic reactions, and any other medical condition that is a contraindication to the COVID-19 vaccine. Duram will engage in an interactive dialogue with you to determine whether an exemption is appropriate and can be granted without imposing an undue hardship on the company or posing a direct threat to you or others in the workplace. Individuals for whom currently available COVID-19 vaccines have not been approved and who therefore are ineligible to receive a COVID-19 vaccine, for example, individuals under a certain age, depending on the vaccine are not covered by this policy and may be granted an exemption from this policy until they become eligible or until an approved vaccine becomes available for their use. However, Duram reserves the right to take any

necessary and appropriate steps, including imposing alternative COVID-19 prevention measures, to ensure that the individual does not pose a direct threat to the health or safety of others in the workplace.

How to Request an Accommodation or Other Exemption

You may request a reasonable accommodation or other exemption from this policy by completing Durum's Request for Exemption from Vaccination Policy Form and returning it to your Manager. The form is attached to this policy and available upon request from your direct manager. Please include all relevant information, including:

- A description of the accommodation or exemption requested.
- The reason for the requested accommodation or exemption.

Duram reserves the right to request additional documentation supporting the need for an accommodation or request for any other exemption. Duram will keep confidential any medical information obtained in connection with your request for a reasonable accommodation or other exemption.

Determinations

Duram makes determinations about requested accommodations and exemptions on a case-by-case basis considering various factors and based on an individualized assessment in each situation. Duram strives to make these determinations expeditiously and in a fair and non-discriminatory manner and will inform you after we make a determination. If you have any questions about an accommodation or exemption request you made, please contact your direct manager/ supervisor.

POLICY ADMINISTRATION AND QUESTIONS

The Health and Safety Representative is responsible for administering and enforcing this policy. If you have any questions about this policy or about health and safety issues that are not addressed in this policy, please contact the manager who is responsible for Health and Safety.

POLICY MODIFICATION

Government and public health guidelines and restrictions and business and industry best practices regarding COVID-19 and COVID-19 vaccines are changing rapidly as new information becomes available, further research is conducted, and additional vaccines are approved and distributed. Duram reserves the right to modify this policy at any time at its sole discretion. Duram further reserves the right to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy workplace.

ENFORCEMENT AND NON-RETALIATION

Failure to comply with or enforce this policy may result in discipline, up to and including termination of employment, should all alternative accommodations be exhausted, taking into consideration the operation requirements of the business. Duram prohibits any form of discipline, reprisal, intimidation, or retaliation for reporting a violation of this policy or any other health and safety concern. Employees also have the right to report work-related injuries and illnesses,

Made smart to look smart.



and Duram will not discharge or discriminate or otherwise retaliate against employees for reporting work-related injuries or illnesses or good faith health and safety concerns.

Request for Medical Exemption from COVID-19 Vaccine Form for Employees

Name: _____

Department: _____

Email: _____ Phone: _____

Duram policy requires that all employees - receive a COVID-19 vaccination. **A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition.**

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination as determined by Duram in reviewing the request. The assigned expiration is at the sole determination of Duram.

Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification. In the event of an outbreak at Duram, individuals with exemptions may be excluded from all company activities, in order to protect all unvaccinated members of the community, until the outbreak is declared to be over.

While Duram will carefully review all requests for medical exemptions, approval is not guaranteed. Duram will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. If the approved exemption contains expiration, you will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contra indication occurs, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

Medical exemption process:

- **Complete and sign the following page of this form;**
- **Have your Licensed Health Care Provider complete the provider section of this form;**
- **Submit the completed documents.**

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Please initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my current medical condition . I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Duram.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from Duram facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors and human resources as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to Duram Human Resources and comply with all isolation and quarantine procedures Specified by Duram and remove myself from Duram if so advised.
	I acknowledge that I have read the COVID-19 Vaccine Information .
	I understand that this exemption will expire when the medical condition(s) contraindicating vaccination changes in a manner which permits vaccination, as determined by Duram in reviewing the request.
	I understand and agree to comply with and abide by all Duram COVID-19 policies and procedures.
	I understand that this exemption is only valid while the Duram COVID-19 vaccination policy stands and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on Company requirements moving forward.
	I authorize my licensed health care provider to provide Duram with medical information about my medical exemption for the COVID-19 vaccination.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

Email: _____

Phone Number: _____

Attention Health Care Provider:

Duram policy requires that all staff receive a COVID-19 vaccination.

_____ (Insert patient's name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption request.

Option 1 - Allergy

A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine NOTE: since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

- Moderna - List the component(s): _____
- Pfizer - List the component(s): _____
- Janssen/Johnson & Johnson - List the component(s): _____
- Other - List the component(s): _____

A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction

- Moderna - Date of Vaccine & Reaction: _____
- Pfizer - Date of Vaccine & Reaction: _____
- Janssen/Johnson & Johnson - List the component(s): _____
- Other - List the component(s): _____

Option 2 – Physical Condition/Medical Circumstance

The physical condition of the patient or medical circumstances relating to the individual is such that vaccination is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Explanation:

Option 3 - Other

Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability in detail that you opine would exempt this individual from vaccination:

Explanation:

Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Duram.

Provider Information

Medical Provider Name: _____

Medical Provider Specialty: _____

Signature: _____

Provider Practice Number: _____

Date: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone number: _____

Patient Information

Patient Name: _____

Date: _____

Email: _____

Phone number: _____

Request for Religious Exemption from COVID-19 Vaccine Form for Employees

Name: _____

Department: _____

Email: _____ Phone: _____

Duram policy requires that all staff receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. Duram is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of vaccination.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current calendar year. Individuals with approved exemptions may request to recertify exemptions each year.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval. In the event of an outbreak at Duram, individuals with exemptions may be excluded from all Company activities, in order to protect all unvaccinated staff members until the outbreak is declared to be over.

While Duram will carefully review all requests for religious exemptions, approval is not guaranteed. Duram will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Religious exemption process:

- Read the [\(WHO\) COVID-19 Vaccine Information](#);
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;
- Have your religious leader complete the Religious Organization Statement Form; and
- Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Duram.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community and Duram staff, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from Duram facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors and human resources, as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to Duram Human Resources and comply with all isolation and quarantine procedures specified by Duram and remove myself from the Company Premises.
	I acknowledge that I have read the (WHO) COVID-19 Vaccine Information .
	I understand and agree to comply with and abide by all Duram COVID-19 policies and procedures.
	I understand that, if approved, this exemption is provisional based on the current Duram COVID-19 vaccination policy and is subject to change based on Company requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

Email: _____

Phone Number: _____

ACKNOWLEDGEMENT

I, the undersigned acknowledge that I have **read** and **understood** the content of this Policy, I agree to be bound by it, I agree to adhere to it.

I do/ do not require an interpreter: _____

INTERPRETER NAME: _____

SIGNATURE: _____

Signed at _____ on this _____ day of _____ 20____

Employee

Employer

Witness

Date

Note: Once you have completed the above acknowledgement, please return it to your Supervisor / Direct line Manager