

VALLEY SENIOR LIVING
PERSONNEL POLICY AND PROCEDURE

Policy #: 202.23

Policy Name: Assisted Living and Basic Care Mandatory Coronavirus (COVID-19) Vaccination

I. Policy

Assisted Living and Basic Care facilities have a clinical and ethical obligation to prevent the transmission of COVID-19. Vaccination for COVID-19 is one effective control method to prevent COVID-19 transmission. To protect residents, employees, employee's families, and the community from COVID-19, all employees, students, and volunteers who provide services with an Assisted Living or Basic Care facility will be required to be vaccinated for COVID-19 (except for those who have been granted an exemption from the COVID-19 vaccine).

II. Policy Interpretation and Implementation

All employees covered by this policy are required to be fully vaccinated as a term and condition of employment at VSL unless they have been granted an exemption from the COVID-19 vaccine as outlined below. An employee's non-compliance with this policy will be viewed as a voluntary resignation.

Any employee, who provides services at both an Assisted Living/Basic Care facility (Wheatland Terrace & Tuft Manor), and a Skilled Nursing facility (VSL on Columbia, Woodside Village, or Town Square), will need to comply with Policy #202.22 – Skilled Nursing Facility Mandatory Coronavirus (COVID-19) Vaccination in lieu of complying with Policy #: 202.23 - Assisted Living and Basic Care Mandatory Coronavirus (COVID-19) Vaccination.

NEW HIRES

During General Orientation, new employees must provide confirmation that they have completed a COVID-19 vaccination series, have taken one-dose of a two-dose COVID-19 vaccine series, or complete the Request for COVID-19 Vaccination Exemption form.

New hires who have not completed a COVID-19 vaccine series, or started a series must receive, at a minimum, the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine within the first 30 days of employment, and a second dose (if applicable) must be received within the first 90 days of employment (except for those who have been granted exemption from the COVID-19 vaccine, or those individuals for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC).

ACCEPTABLE FORMS OF PROOF OF VACCINATION

All vaccinated individuals are required to provide proof of COVID-19 vaccination, regardless of where they have received the vaccination. Proof of vaccination status shall be submitted to the Human Resource Department.

Acceptable proof of vaccination includes:

1. The record of immunization from a healthcare provider or pharmacy;
2. A copy of the COVID-19 Vaccination Record Card;
3. A copy of medical records documenting the vaccination;

4. A copy of immunization records from a public health, state, or tribal immunization information system; or
5. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).

Proof of vaccination generally should include the employee's name, the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) that administered the vaccine.

EXEMPTIONS

An individual may request an exemption from this mandatory vaccination policy for the following reasons:

1. COVID-19 Antibodies Exemption

By submitting proof of COVID-19 antibodies. Such proof is valid for six (6) months from the date of the antibody test.

2. Periodic COVID-19 Testing Exemption

Submitting to periodic COVID-19 tests based upon current Federal and CMS guidelines.

3. Medical Exemption

By submitting a certificate from a North Dakota or Minnesota licensed physician, physician assistant, or advanced practice registered nurses stating the physical condition of the employee is such that the COVID-19 vaccine would endanger the life or health of the employee.

4. Religious, Philosophical, or Moral Belief Exemption

By providing a certificate signed by the employee stating the employee's religious, philosophical, or moral beliefs are opposed to the COVID-19 immunization.

EXEMPTION REQUESTS

Individuals seeking an exemption must submit the Request for COVID-19 Vaccination Exemption form to the Human Resource Department.

REVIEW

The VSL Review Board will meet and review the request for an exemption and the submitted documentation. The VSL Review Board will consist of the Chief Human Resources Officer, the Assistant Director of Human Resources, or their designees.

After receiving a request for exemption, the VSL Review Board will inform the employee of their decision within five (5) business days. If the exemption is granted due to an employee's religious, philosophical or

moral beliefs, or a temporary medical condition, the employee must resubmit a Request for Exemption Form each year with the Human Resource Department. If an exemption is granted for a permanent medical condition (e.g., allergy), the exemption does not need to be requested each year unless vaccine technology changes and eliminates issues regarding allergies.

MITIGATION

If an individual covered by this policy is not fully vaccinated (e.g., if they have been granted an exemption from the mandatory vaccination requirement), VSL will require the individual to adhere to national infection prevention and control standards for unvaccinated health care personnel which may include, but not limited to; wearing an approved face mask covering the nose and mouth at all times while inside VSL facilities or vehicles, or while providing care, treatment, or other services for the facility and/or its residents, and submit to mandatory testing, or other agreed upon reasonable accommodation(s) as determined on a case-by-case basis.

Any VSL employee who has an approved exemption from the COVID-19 vaccination and who fails to comply with masking, testing, or other accommodation requirements, shall be placed on an unpaid suspension and removed from the work schedule until such time when the employee receives the COVID-19 vaccination.

RECORD KEEPING

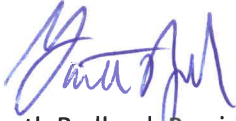
The Human Resource Department will maintain a list of all employees, students, and volunteers and their vaccination status.


CONFIDENTIALITY AND PRIVACY

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing or the exemption process, will be treated in accordance with applicable laws and policies on confidentiality and privacy.

Effective Date: January 24, 2022

Authorized By:


Garth Rydland, President/CEO


Adam Edwards, CHRO

Attachment(s): Assisted Living & Basic Care Request for COVID-19 Vaccine Exemption



Valley Senior Living
Mandatory COVID-19 Vaccinations
Assisted Living & Basic Care - Request for COVID-19 Vaccine Exemption

Name: _____

Department: _____ Job Title: _____

Phone Number: _____ Supervisor: _____

Reason for request for COVID-19 Vaccine Exemption:

COVID-19 Antibodies

I agree to submit proof of COVID-19 antibodies. I understand that proof is valid for six (6) months from the date of the antibody test.

Periodic COVID-19 Testing

I agree to submit to periodic COVID-19 tests based upon current Federal and CMS guidelines.

Medical contraindication prevents me from receiving the COVID-19 vaccine.

*You must submit a certificate from a North Dakota or Minnesota licensed physician, physician assistant, or advanced practice registered nurses stating the physical condition of the employee is such that the COVID-19 vaccine would endanger the life or health of the employee.

My religious beliefs prevent me from receiving the COVID-19 vaccine.

Please provide a brief statement regarding your beliefs.

My philosophical beliefs prevent me from receiving the COVID-19 vaccine.

Please provide a brief statement regarding your beliefs.

My moral beliefs prevent me from receiving the COVID-19 vaccine.

Please provide a brief statement regarding your beliefs.

Supporting documents or information may be requested by Valley Senior Living to support an individual's request for a COVID-19 vaccine exemption.

Signature of Individual

Date



For Use by HR

Individual **is** exempt from the COVID-19 vaccine.

Individual **is not** exempt and must receive the COVID-19 vaccine by _____.

Explanation: _____

CHRO/HR Signature

Date

MD/IP Signature

Date

