

ADMINISTRATIVE POLICY

Communicable Disease: COVID-19 Vaccination and Testing Policy No. 200.2.18

- 1 The purpose of this policy is to ensure implementation of CMS guidelines of W-0508 from QSO-22-07 for vaccination of COVID-19 of those employed in OPTIONS' ICF-ID/H LTC homes. Staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. Periodic booster vaccinations may be required. OPTIONS will follow the guidance of the local Public Health Department regarding additional vaccination requirements. The policies and procedures apply to the following staff who provide care, treatment or other services for the home or persons served as outlined below:
 - 1.1 ICF-ID/H employees;
 - 1.2 Licensed practitioners;
 - 1.3 Trainees or volunteers if applicable;
 - 1.4 Individuals who provide care or treatment in the home and/or persons served by contract or other arrangement
- 2 These policies and procedures do NOT apply to the following persons as outlined below:
 - 2.1 Staff who exclusively provide telehealth services outside of the home setting and do not have direct contact with staff or persons served;
 - 2.2 Those who provide support services outside of the home
- 3 Upon hire, all applicable employees will be given the vaccine information sheet that explains COVID-19 vaccinations and booster vaccinations covered in this policy. If an applicable employee has not received a vaccination it will be offered to them within ten (10) days at no expense to the new employee. If an employee declines such vaccinations, an exemption will be required for continued employment and will be documented.
 - 3.1 All employees have the right to refuse the COVID-19 vaccination(s)
 - 3.2 Employees may request a medical exemption from vaccination which must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such

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documentation contains the following:

3.2.1 All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications

3.2.2 A statement by the authenticating practitioner recommending that the staff member be exempted from the COVID-19 vaccination requirements for staff based on the recognized clinical contraindications

3.3 Employees may request a non-medical exemption such as a religious exemption in accordance with Title VII. All exemption requests must be signed by the employee.

3.4 Documentation of vaccinations and exemption status, if any, is confidential information and will be maintained by OPTIONS' Human Resource Department

4 All staff who work with persons served by the Regional Center who are vaccinated and booster eligible must receive the COVID-19 booster vaccination or present a valid exemption. All staff working in long term care facilities such as an ICF-ID/H must wear a mask regardless of vaccination status until regulations are lifted.

4.1 Any staff who work in an OPTIONS ICF-ID/H home who have an exemption or are booster eligible but have not submitted proof of a COVID-19 booster vaccination must be tested twice weekly until proof of the booster vaccination is provided. These staff are also required to wear a surgical mask, although an N95 mask is recommended.

4.2 Any staff who work in any other OPTIONS program who have an exemption are booster eligible but have not submitted proof of a COVID-19 booster vaccination must be tested on a weekly basis until proof of the booster vaccination is provided.

4.3 Any staff who does not submit an exemption or participate in COVID-19 testing as required, may not be allowed to work until the regulations are removed by the regulatory bodies responsible for the oversight of the public health crisis.

4.3.1 Staff who do not meet the regulatory

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requirements for the position will not be able to work.

- 4.4 Staff have the options of receiving COVID-19 testing through OPTIONS or privately in the community at an approved testing lab.
 - 4.5 OPTIONS will track proof of surveillance testing for all programs to ensure compliance
 - 4.6 Upon return to work, staff who have tested positive for COVID-19 and who have fully recovered may be exempt from testing for up to 90 days
- 5 If an employee presents any symptoms of COVID-19, the employee will be removed from contact with persons served and tested. If the test is confirmed positive, it will be reported to the appropriate local health authorities and regulatory bodies. The employee will remain off duty until they are cleared to return to work.
- 5.1 Protective masks and medical equipment will be available to employees providing care. If an employee or person served tests positive for COVID-19, all employees will be required to utilize appropriate PPE until the program is cleared
 - 5.2 If an employee or person served tests positive for COVID-19 all employees and persons served associated with the program who may have had contact will be tested until cleared
 - 5.3 Refer to policy 200.2.3 Bloodborne Pathogens/Universal Precautions for additional guidance on OPTIONS exposure control plan and policy 200.2.4 Communicable Diseases

Adopted: March 2022