

# Choices in Community Living

## Covid 19 Mandate Implementation Plan

Implementation Date November 15<sup>th</sup>, 2021

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### Introduction and overview

Choices in Community Living is required to **comply with federal mandates** related to covid 19 vaccinations. While there is a lot of information in the media and on social networks this plan responds specifically to the mandates covering our business.

When these mandates were handed down a 60-day window was established for compliance. This left little time for employers, including Choices to navigate the laws and impact. This implementation plan is one of the requirements. Our goal is to convey the information in an understandable and usable way and provide opportunity for all employees to ask questions and make a sound personal decision on how to comply.

The health and safety of our staff and clients is the agencies primary concern.

Thank you for being a part of the Choices family!

**Compliance Requirements:**

1. Have a process or plan for vaccinating all eligible staff.
2. Have a process or plan for providing exemptions and accommodations for those who are exempt.
3. Have a process or plan for tracking and documenting staff vaccinations.

**Process for vaccinating all eligible staff:**

- Promote county, health department and other locations offering the vaccine using email, our employee website and meetings.
- Offer a webinar for employees to explain our policy and ask questions.
- Contact employees who have not provided proof of vaccination beginning December 7<sup>th</sup>.

**Process for providing exemptions and accommodations for those who are exempt:**

- Exemption forms and instructions will be easily found on our employee website
- Ongoing testing for exemptions/non-fully vaccinated staff

**Process for tracking and documenting staff vaccinations:**

- Our fiscal department receives documentation and tracks compliance

## **Important dates:**

### **November**

15<sup>th</sup> Covid Policy Due

15<sup>th</sup> Explain our covid vaccine policy and plan to directors. Explain options for weekly testing. Announce all staff meeting (via zoom) for those wanting information on Choices' vaccination policy and plan to be held Thursday November 18<sup>th</sup>.

16<sup>th</sup> Explain our covid vaccine policy and plan via zoom to managers. Distribute information to be posted in homes. Announce all staff meeting (via zoom on the 18th) on choicesYOU.

29<sup>th</sup> – Director's meeting. Brainstorm our contingency plan in case large numbers of employees choose not to meet the mandate.

Weekly testing will begin at our Springfield Office, Safe Have Farms Office and Nurse Training Center in Dayton for employees choosing this option. Dates and times will be posted before testing begins. We will trained staff in Clark, Preble Montgomery and Butler counties to conduct tests.

### **December**

6<sup>th</sup> Employees are required to have received the 1st dose *or* the one-dose vaccine

7<sup>th</sup> We will distribute a list of active employees who have not presented proof of first dose or single dose vaccine to Directors.

8<sup>th</sup>. HR begins making calls to staff who have not presented a vaccination card or exemption form. Directors may be asked to help

8<sup>th</sup> Managers Meeting – There is no training. We will spend the time discussing where we are, what our options are and our contingency plan if we feel we may need it.

**31<sup>st</sup> Last day to turn in vaccination record and receive \$400.**

### **January – 2022**

4<sup>th</sup> Employees are required to be fully vaccinated

*Please note that employees with a medical and/or religious exemption are still required to submit to weekly testing.*

## **Management employee responsibilities and suggestions**

### Responsibilities:

#### Managers and Directors

- Talk to all employees to ensure they review the information posted on choicesYOU. Document who you have conversations with including date and time.
- Hang or display the “Covid 19 Mandates and You” information sheet in all locations you oversee
- Help employees find and get to a vaccination location if requested or needed. Call David if you need help.
- Support the effort to get everyone compliant. Supporting and encouraging staff to comply is critical to our success.
- Discourage the sharing of false, personal, or opinions.
- Share with David what you are hearing so that we can address small concerns before they become big.

### Suggestions:

- Be ready to listen. Some employees are scared or unsure.
- Allow staff to vent and share concern with you. This might open the door to helping them make a sound decision.
- If someone is adamant, they will not comply with the mandates try not to judge or argue. Offer to help them make the transition from our employment. We want them to work for us as long as legal and to help train replacements.

## COVID-19 VACCINATION POLICY 11/15/2021

### **Purpose**

Consistent with its duty to provide and maintain a workplace that is free of recognized hazards, Choices in Community Living has adopted this policy to safeguard the health and well-being of employees and their families; visitors; and others who spend time in our facilities. This policy is intended to comply with all state and local laws. It is based upon guidance provided by the Centers for Disease Control and Prevention (CDC) and public health and licensing authorities, as applicable.

### **Scope/Applicability**

This Policy applies to all Choices in Community Living employees, contractors, and any other individuals employed or contracted to provide service in any capacity, collectively the "Staff".

### **Policy**

Choices in Community Living strongly encourages all employees to receive the Covid-19 vaccine. Those who do not wish to receive the vaccine must provide an approved exemption form in lieu of being vaccinated.

To establish that they have received a vaccination, employees may present written evidence of immunization from the designated site or from another authorized healthcare provider.

### **Vaccine Administration**

Employees are responsible for scheduling and obtaining all recommended doses of an FDA-approved COVID-19 vaccine or a COVID-19 vaccine granted Emergency Use Authorization by the FDA.

### **Religious Accommodation**

Choices in Community Living provides reasonable accommodations 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. The form for exemption is available for download on [www.choicesyou.com](http://www.choicesyou.com) and from any Choices office.

### **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 even if they do not qualify as a disability under federal, state, or local law. The form for exemption is available for download on [www.choicesyou.com](http://www.choicesyou.com) and from any Choices office.

## **Non-Compliance**

Staff failing to follow this policy may be subject to disciplinary action up to and including termination of employment.

## **Confidentiality**

Information relating to an individual's proof of vaccination and/or the reason(s) for not receiving a COVID-19 vaccination will remain in their confidential Human Resources file for the purposes of ensuring the safety of the Company's employees, contractors, and local communities, in the event of a COVID-19 outbreak.

## **Contact for Interpretation**

Please contact Human Resources or an Officer with any questions.

## **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, CACL will modify our policy and procedures as appropriate.

Choices in Community Living reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy workplace.

### COVID-19 Vaccination Medical Exemption Form

Employee's Name (Please Print or Type):	
Employee City Number or Social Security Number	Employee's Date of Birth

Provider (MD/DO, CNP, PA): please review and sign if the following applies to the above employee:

By signing below, I am attesting that I am currently licensed to practice medicine in the state of Ohio and the above-named individual is under my care for diagnosis and/or treatment. I have reviewed the COVID-19 vaccine recommendations from the Centers for Disease Control (CDC) and request a medical exemption based on a true medical contraindication as outlined by the CDC.

I am requesting a temporary/permanent (please circle one) medical exemption for the above-named individual for the following reason(s):

I understand that I may be asked to provide additional medical documentation in support of this medical exemption.

Provider Signature	Date
Provider's Printed Name:	Provider's License No.
Name of Provider's Practice	
Practice Street Address	
City	State
Provider's Telephone Number	

**ORIGINAL SIGNATURES ARE REQUIRED. STAMPED OR COPIED SIGNATURES WILL NOT BE ACCEPTED.**

I, the above-named individual, verify that the information I am submitting in support of my request for a medical exemption is complete and accurate to the best of my knowledge. I understand that any misrepresentation contained in or in support of this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship.

Employee's Signature		Date
Employee's Printed Name		
Work Telephone Number	Work E-mail Address	

Sworn to or affirmed and subscribed in my presence by \_\_\_\_\_  
(Employee Name)

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Please direct any questions concerning this form to your Department/Division Human Resources Office.

**THIS EXEMPTION WILL EXPIRE ONE YEAR AFTER THE DATE SIGNED BY THE PROVIDER ABOVE.**



**COVID-19 Vaccination Religious Exemption Form**

Employee's Name (Please Print or Type):	
Employee City Number or Social Security Number	Employee's Date of Birth

I request exemption from the COVID-19 vaccination due to my religious beliefs.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exemption from the COVID-19 vaccine requirement.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the Department's COVID-19 vaccine requirement.

Please indicate whether your sincerely held religious belief, practice, or observance is in conflict with all vaccines and, if not, the basis for the objection to the COVID-19 vaccine.

Please provide any additional information that you think may be helpful in reviewing your religious exemption request.

I, the above-named individual, verify that the information I am submitting in support of my request for a religious exemption is complete and accurate to the best of my knowledge. I understand that any misrepresentation contained in or in support of this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship.

Employee's Signature		Date
Employee's Printed Name		
Work Telephone Number	Work E-mail Address	

Sworn to or affirmed and subscribed in my presence by \_\_\_\_\_  
(Employee Name)

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**THIS EXEMPTION WILL EXPIRE ONE YEAR AFTER THE DATE SIGNED BY EMPLOYEE ABOVE.**

Please direct any questions concerning this form to your Department/Division Human Resources Office.

# Covid 19 Vaccine Mandates and You

Choices in Community Living is required to meet the federal mandate on vaccinations. While there may be delays and court cases we should be prepared to meet the mandate. We care about you and want to provide as much help and information as possible.

You may have seen information on vaccine mandates stating “Group Homes” are not covered. That would apply to Choices if HPC services in group homes was all we offered. Because we offer many different services we are not exempted.

You may have also heard that those with certain medical conditions and/or religious objections are exempt. This is true provided documentation is obtained. Below we provide the form required for exemption consideration.

1st Dose or One-dose Vaccine

By


December 6th 2021

Received all shots for full vaccination

By

January 4th 2022

## What should you do?

- If you can meet the mandate, provide documentation of vaccination 
- If you cannot meet the mandate and wish to remain employed by Choices, complete and submit the exemption request form. [LINK TO FORM](#)

## Need Help?

We are here for you. If you are confused, scared or just want additional information let us help.

You can talk to a Director, Nurse or Officer about this mandate and your options.

## Need a vaccine?

Most pharmacies, including Rite Aid, Walgreens, CVS, Kroger offer shots. You should call to see if you need an appointment or can simply walk in.

## Documentation of Vaccination

- If you **have a card** that has not been given to CICL please make a copy and bring it to any Choices office. Note: *If you received the \$400 bonus for getting a vaccine, there is no need to resend a record.*
- If you have been vaccinated but **don't have a card** call your local health department. They will verify your identity and email or mail you a copy.

Montgomery County [\(937\) 225-5700](tel:937-225-5700)

Clark County [\(937\) 390-5600](tel:937-390-5600)

Madison County [\(765\) 641-9524](tel:765-641-9524)

Preble County [\(937\) 472-0087](tel:937-472-0087)

**Get Fully Vaccinated and get \$400 through December 31st 2021**

**OSHA requires employees to promptly provide notice to their employer when they receive a positive COVID-19 test or are diagnosed with COVID-19. In these cases, call 937-898-2220 and speak with HR or an Officer.**