

Policy Title:	Safety and Wellness – Required Associate COVID-19 Vaccination Policy
Entity:	Asbury Communities, Inc. and all affiliated entities
Facility:	Asbury Support and Collaboration Center
Department:	Human Resources
Policy Owner:	Vice President of Human Resources
Approver:	Vice President of Human Resources
Effective/Revision Date:	08/19/2021
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Manual Title:	If applicable

PURPOSE:

To define **Asbury Communities, Inc. and its subsidiaries, affiliates, supported organizations and other related entities**’ (collectively, “Asbury”) formal policy regarding Required COVID Vaccination.

POLICY STATEMENT:

It is Asbury’s policy to provide a safe work and living environment to residents, associates, volunteers, partners, and visitors. Asbury reviews and adopts as appropriate the most current recommendations from the Centers for Disease Control and Prevention (CDC) and, the Food and Drug Administrations (FDA) and other state and Federal regulatory agencies. Given the disproportionate risks of the COVID Pandemic on the residents, participants and customers of Asbury Communities, Asbury requires all of its staff to receive the COVID-19 vaccination.

PROCEDURE/PROCESS:

The COVID-19 vaccination process will closely resemble the process and procedure articulated in the **Influenza Vaccine Policy** and will be subject to availability of the vaccine. All Asbury associates, medical staff, and paid contracted services personnel, including students and their instructors who perform clinical rotations onsite and agency staff are required to be fully vaccinated against COVID-19.

1. All associates are required to be immunized against COVID-19 unless a special exemption is requested and approved in accordance with this policy.
2. Associates are required to provide proof of immunization to their local human resources department by the stated deadline. Documentation received must include date of immunization and maker (Pfizer, Moderna, Johnson & Johnson, etc.).
3. Associates on a Leave of Absence are required to receive immunization prior to returning to work.
4. Non-compliance with this policy will be considered a voluntary resignation of employment.
5. For 2021, all individuals covered under the policy must be fully vaccinated by the following dates by assigned company:
 - a. Tennessee – September 30, 2021
 - b. Maryland – September 30, 2021
 - c. Pennsylvania – October 30, 2021

SPECIAL EXEMPTIONS

It is understood that there are reasons why associates may not be able to receive the COVID-19 vaccination. In these situations, associates may apply for medical or religious exemption. Associates will have a limited, but reasonable period of time to submit exemption requests. Those who do not submit an exemption request during the timeline articulated below will be required to comply with this policy and become fully vaccinated.

Medical Exemption

1. An individual requesting medical exemption because of medical concerns must complete a **Request for Medical Exemption Form (Attachment A)** where the individual's private physician attests to the medical issue.
2. Standard criteria for medical exemption will be utilized based on recommendations from the CDC.
3. Individuals who are granted a medical exemption must reapply for exemption annually.

Religious Exemption

1. An individual requesting exemption because of religious reasons must have a **Request for Religious Exemption (Attachment B)** completed by a non-family member AND provide written documentation explaining their religious beliefs and objection to immunizations/vaccines.
2. The individual may also submit other supporting documentation such as any books, pamphlets, text or other materials that support the religious tenet which prohibits the COVID-19 immunization.
3. Each request for a religious exemption will be evaluated by the Special Exemption Committee.
4. Asbury will make a final decision as to whether to grant the religious exemption upon completion of the processes outline in this section.
5. Individuals who are granted a religious exemption must reapply for exemption annually.

Special Exemption Committee

1. A special exemption committee will be formed annually and chaired by the VP of Human Resources or designee to collect and review exemption requests and make determinations.
2. Membership of this committee includes at least (1) System clinical team representative, (1) Regional HR Director, (1) Pastoral Care representative, (1) Compliance Officer
3. Members appointed to the committee may change annually.

Exemption Timeline for Tennessee Associates

- August 30th – Deadline for associates to submit requests for exemption to Human Resources.
- September 15th – Final decisions made by Special Exemption Committee.
- September 30th – final deadline for associate compliance with this policy.

Exemption Timeline for Maryland Associates

- September 15th – Deadline for associates to submit requests for exemption to Human Resources.
- October 1st – Final decisions made by Special Exemption Committee.

Exemption Timeline for Pennsylvania Associates

- September 15th – Deadline for associates to submit requests for exemption to Human Resources.
- October 1st – Final decisions made by Special Exemption Committee.

COMPLIANCE

1. Any associate who is not granted a Medical, or Religious Waiver will be required to be fully vaccinated no later than 45 days following the compliance deadline.
2. Any associate granted a medical or religious exemption may be required to use additional personal protective equipment and may need to submit to regular and ongoing testing.
3. Any associate covered by this policy who fails to comply with the vaccination requirement as of the communicated deadline will be placed on a one (1) week, seven calendar days, of unpaid administrative leave. If, at the end of the unpaid administrative leave, the associate has not met the vaccination requirement, they will be considered to have voluntarily resigned. ** If the requirement is met during that seven day period, please note that the associate may return to work as soon as they are compliant with the policy and coordinates return schedule with their direct supervisor.*
4. All candidates with an offer accepted August 1, 2021 and after must provide proof of receiving at least one dose of the COVID-19 vaccine prior to the first day of employment and then become fully vaccinated within 30 days of first injection.
5. All candidates seeking an exemption are not to start employment until their exemption is reviewed by the Special Exemption Committee and approved. Candidates whose exemption request is denied must comply with the vaccine requirement as noted in #4 above in order to begin employment.

EDUCATION

1. Asbury will make CDC, FDA and other appropriate material available to staff.
2. All associates will be required to review any and all required consent forms prior to consent or to request exemption from the COVID-19 vaccine.

CROSS REFERENCE:

Discipline and Accountability Policy
Influenza Vaccination Policy

Attachment A

Request for Medical Exemption from COVID-19 Vaccination

Associates may apply for exemption from COVID-19 vaccination for medical reasons. Please note that application for exemption does not guarantee that exemption will be granted. Please have your healthcare provider complete the information below.

I am requesting an exemption to the COVID-19 vaccination. I request an exemption based on the following:

_____ Medical Contraindication to the COVID-19 Vaccine

I authorize my physician to provide the following medical information and clarification as needed.

Associate Name: _____

Associate's signature _____ Date: _____

Physicians: Please complete the form below to request medical exemption for your patient

My patient should not be vaccinated against COVID-19 for the following reason(s):

I certify that my patient has the above contraindications and request medical exemption from the COVID-19 vaccine. I understand that I could be contacted for additional clarification.

Name of Medical Practitioner (Please print your name): _____

Contact number: _____

Signature: _____ Date: _____

Signature stamps are not acceptable

Request for Religious Exemption from COVID-19 Vaccination

Associates may apply for exemption for religious reasons. Please note that application for exemption does not guarantee that exemption will be granted. Please have clergy from your religious organization complete the information below.

Name of Individual Requesting Religious Exemption:

I am requesting an exemption to the COVID-19 immunization. I request an exemption based on the following:

Religious Belief or Creed _____

Indicate Reason: _____

Associate Name: _____

Associate's Signature: _____ Date: _____

Asbury may recognize exemptions to COVID-19 vaccination for religious reasons. The individual identified above is requesting to be exempt from COVID-19 vaccination for religious reasons. Please confirm that the associate follows religious beliefs that would qualify for an exemption by completing the information below.

Name of Religion: _____

Name and Address of Religious Organization: _____

Description of Religious Doctrine or Practice that is contrary to COVID-19 Vaccination:

_____.

I certify that the above individual practices a religion where COVID-19 vaccination is contraindicated according to doctrine or accepted religious practices. I understand that I could be contacted for additional clarification.

Name of Clergy: _____

Please print your name

Signature of Clergy: _____ Date: _____

Signature stamps are not acceptable