

<b>Policy Title:</b>	Safety and Wellness – Required Associate COVID-19 Vaccination Policy
<b>Entity:</b>	Asbury Communities, Inc. and all affiliated entities
<b>Facility:</b>	Asbury Support and Collaboration Center
<b>Department:</b>	Human Resources
<b>Sub-Department 1</b>	
<b>Sub-Department 2</b>	
<b>Policy Owner:</b>	Chief Human Resources & Compliance Officer
<b>Approver:</b>	
<b>Effective/Revision Date:</b>	December 9, 2020
<b>Review Date:</b>	
<b>Supersedes:</b>	
<b>Manual Title:</b>	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 will require all of its staff to receive the COVID-19 vaccination at such time when it becomes approved by the FDA. While the vaccine is authorized for emergency use Asbury will strongly recommend that staff 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.

**SPECIAL EXEMPTIONS AND DEFERRAL**

The requests for Medical Exemption, Religious Exemption and Deferral will be considered for a limited time and as articulated in the communication of this policy. Absent a request one of the exemption or deferral options below during the period articulated in the communication will be interpreted as an affirmative request to receive the vaccine and will result in a requirement to get the vaccine when it becomes available.

**Medical Exemption**

1. An individual requesting medical exemption because of medical concerns must complete a **Request for Medical Exemption Form (Attachment B)** 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 yearly.

## **Religious Exemption**

1. An individual requesting exemption because of religious reasons must have a **Request for Religious Exemption (Attachment C)** completed by a non-family member AND provides 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 yearly.

## **Deferral**

1. An associate may choose to defer obtaining the vaccine until such time that the Food and Drug Administration (FDA) issues approval of said vaccine. At the time the approval is granted the associate would be required to obtain the vaccine.

## **Special Exemption Committee**

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

## **COMPLIANCE**

1. If you do not elect a Medical, Religious or Deferral, you will be required to receive the emergency use authorization (EUA) vaccine when it is offered.
2. Any associate granted a medical or religious exemption may be required to use additional personal protective equipment.

## **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 declination of the COVID-19 vaccine.

## **CROSS REFERENCE:**

[Discipline and Accountability Policy](#)

Influenza Vaccination Policy

## **ATTACHMENT(S):**

Attachment A – Request for Deferral Form

Attachment B - Request for Medical Exemption Form

Attachment C – Request for Religious Exemption Form

Attachment A

PRINT NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**ASBURY COMMUNITIES  
REQUEST FOR DEFERRAL COVID-19 FORM**

**I have read the Required Associate COVID-19 Vaccination Policy:** \_\_\_\_\_  
*ASSOCIATE INITIALS HERE*

I hereby request to defer receiving the COVID-19 vaccine currently under Emergency Use Authorization (EUA) until such time that an FDA-approved vaccine is available.

\*If you are under the age of 18 years old, you must have consent by a parent or legal guardian in order to receive the COVID-19 vaccination.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINTED Name:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
\*Please attach completed exemption requests for religious and medical exemptions

**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: \_\_\_\_\_

**Deadline to submit a Medical Exemption is December 31, 2020.**

**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: \_\_\_\_\_

**Deadline to submit a Religious Exemption is December 31, 2020**

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*