

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

PERSONNEL
(Manual Section)

MANDATORY VACCINATION POLICY – COVID-19
(Subject)

Approval of Policy

Dated:

November 18, 2021

• 1 POLICY:

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities and in the nation as a whole. NeMCMHA has adopted this policy on mandatory vaccination to safeguard the health and safety of our employees from the hazard of COVID-19. [*This policy complies with OSHA’s Emergency Temporary Standard on Vaccination and Testing (29 CFR 1910.501)*]

All employees covered by this policy are required to be fully vaccinated as a term and condition of employment. Employees are considered fully vaccinated two weeks after completing primary vaccination with a COVID-19 vaccine, with, if applicable, at least a minimum recommended interval between doses. For example, two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, two weeks after a single dose vaccine, such as the Johnson & Johnson, or two weeks after the second dose of any combination of two doses of different COVID-19 vaccines as part of one primary vaccination series. All employees are required to report their vaccination status and to provide proof of vaccination. Employees must provide truthful and accurate information about their COVID-19 vaccination status, and, if applicable, their testing results. Employees not in compliance with this policy will be subject to discipline up to termination.

Employees may request an exception from this mandatory vaccination policy if the vaccine is medically contraindicated for them or medical necessity requires a delay in vaccination. Employees also may be legally entitled to a reasonable accommodation if they cannot be vaccinated and/or wear a face covering (as otherwise required by this policy) because of a disability, or if the provisions in this policy for vaccination and/or testing for COVID-19 and/or wearing a face covering conflict with a sincerely held religious belief, practice or observance. Requests for exceptions and reasonable accommodations must be initiated by the employee to request a reasonable accommodation under the Americans with Disabilities Act (ADA) to their direct supervisor or Human Resources. The employee must also complete and submit to Human Resources the “Interactive Process ADA” Form (Exhibit A). All such requests will be handled in accordance with applicable laws and regulations.

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For religious accommodation requests, employee must complete and submit to Human Resources the “Religious Accommodation Request” form (Exhibit B). All such requests will be handled in accordance with applicable laws, regulations and NeMCMHA’s Discrimination/Harassment Prohibition Policy.

•2 APPLICATION:

All employees

•3 DEFINITIONS:

Fully vaccinated – two weeks after receiving the requisite number of doses of a COVID-19 vaccine.

NAAT – nucleic acid amplification test

Partially vaccinated – only received one dose of a two dose vaccine.

Sincerely held religious beliefs – include moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views

•4 CROSS-/REFERENCES:

Policy 3050 – Discrimination/Harassment Prohibition

•5 FORMS AND EXHIBITS:

Exhibit A –Interactive Process - ADAAA

Exhibit B - EEOC Religious Accommodation Request Form

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Administrative Approval of Procedure^[D1]:

Dated:

November 18, 2021

•6 PROCEDURE:

Overview of Vaccination Requirements

•6.1 APPLICATION:

All Employees

•6.2 OUTLINE / NARRATIVE:

Mandated Requirements

All NeMCMHA employees must be fully vaccinated no later than January 18, 2022.

To be fully vaccinated, an employee must:

- Obtain the first dose of a two dose vaccine no later than December 5, 2021; and the second dose no later than January 4, 2022; or
- Obtain one dose of a single vaccine no later than December 5, 2021.

Employees will be considered fully vaccinated two weeks after receiving the requisite number of doses of a COVID-19 vaccine. An employee will be considered partially vaccinated if they have received only one dose of a two dose vaccine.

Employees can receive their vaccinations by making an appointment with any pharmacy, primary care provider or vaccine/booster clinics conducted by the District Health Departments.

Proof of Vaccination

All vaccinated employees are required to provide proof of COVID-19 vaccination, regardless of where they received the vaccination. Proof of vaccination status can be submitted to the Human Resources office via fax, email or postal mail, intra-agency mail or in person.

Acceptable proof of vaccination status is:

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

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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. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances the Agency will still accept the state immunization records as acceptable proof of vaccination.

If an employee is unable to produce one of these acceptable forms of proof of vaccination, despite attempts to do so (e.g., by trying to contact the vaccine administrator or state health department), the employee can provide a signed and dated statement (Exhibit C) attesting to their vaccination status (fully vaccinated or partially vaccinated); attesting that they have lost and are otherwise unable to produce one of the other forms of acceptable proof; and including the following language:

“I declare and verify this statement about my vaccination status is true and accurate. I understand knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties.”

An employee who attests to their vaccination status in this way should, to the best of their recollection, include in their attestation the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine.

All employees must inform NeMCMHA of their vaccination status. For current employees, the following table outlines the requirements for submitting vaccination status documentation.

<i>Vaccination Status</i>	<i>Instructions</i>	<i>Deadline</i>
<i>Employees who are fully vaccinated.</i>	<i>Submit proof of vaccination that indicates full vaccination.</i>	<i>December 5, 2021</i>
<i>Employees who are partially vaccinated (i.e., one dose of a two dose vaccine series)</i>	<i>Submit proof of vaccination that indicates when the first dose of vaccination was received, followed by proof of the second dose when obtained.</i>	<i>1st dose of any vaccine no later than December 5, 2021; 2nd dose no later than January 4, 2022</i>
<i>Employees who have not yet been vaccinated.</i>	<i>Submit statement that you are unvaccinated and inform supervisor of vaccination plan.</i>	<i>November 22, 2021</i>

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Supporting COVID-19 Vaccination

An employee may take up to four (4) hours of duty time per dose to travel to the vaccination site, receive a vaccination and return to work. This would mean a maximum of eight (8) hours of duty time for employees receiving two doses. If an employee spends less time getting the vaccine, only the necessary amount of duty time will be granted. Employees who take longer than four hours to get the vaccine must send their supervisor an email documenting the reason for the additional time (e.g., they may need to travel long distances to get the vaccine). Any additional time requested will be granted, if reasonable, but will not be paid; in that situation, the employee can elect to use accrued leave to cover the additional time. If an employee is vaccinated outside of their approved duty time they will not be compensated.

Employees may utilize up to two workdays of sick leave immediately following each dose if they have side effects from the COVID-19 vaccination that prevent them from working. Employees who have no leave will be granted up to two days of additional sick leave immediately following each dose if necessary.

The following procedures apply for requesting and granting time to obtain the COVID-19 vaccine or leave to recover from side effects:

Employee will inform direct supervisor of scheduled COVID-19 vaccination appointment and all efforts will be made within the employee's program to accommodate the appointment time.

Leave requests pertaining to COVID-19 vaccination side effects may be submitted via NeMCMHA's electronic timekeeping system, SentricHR. Employee shall also complete and submit the COVID-19 leave request form (Exhibit D) to direct supervisor.

Testing Positive for COVID-19 Regardless of Vaccination Status and Return to Work

Employees are required to notify their direct supervisor when they have tested positive for COVID-19 test and/or have been diagnosed with COVID-19 by a licensed healthcare provider.

Supervisors of employees who have tested positive for COVID-19 are responsible for contract tracing. Human Resources and Infection Control must be notified of employee exposure dates and close contacts.

Employees are required to complete the COVID-19 Screening Tool (Exhibit E) prior to each shift. If an employee marks "yes" to any symptoms or questions, the employee will notify direct supervisor immediately.

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Employee may be eligible for COVID-19 leave by completing the COVID-19 leave request (Exhibit E).

COVID-19 positive employees shall refrain from entering the workplace until the employee:

- Receives a negative result on a COVID-19 nucleic acid amplification test (NAAT) following a positive result on a COVID-19 antigen test if the employee chooses to seek a NAAT test for confirmatory testing;
- meeting the return to work criteria in CDC’s “Isolation Guidance;” or
- receives a recommendation to return to work from a licensed healthcare provider.

Under CDC’s “Isolation Guidance,” asymptomatic employees may return to work once 10 days have passed since the positive test, and symptomatic employees may return to work after all the following are true:

- 1 At least 10 days have passed since symptoms first appeared, and
- 2 At least 24 hours have passed with no fever without fever-reducing medication, and
- 3 Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation)

If an employee has severe COVID-19 or an immune disease, the Agency will follow the guidance of a licensed healthcare provider regarding return to work.

Employees who are ill but have no known COVID-19 close contact, employees must provide documentation (return to work slip or negative COVID-19 test result) prior to returning to assigned work site.

COVID-19 Testing [if granted an exception from the mandatory vaccination requirement]

If an employee covered by this policy is not fully vaccinated (e.g., if they are granted an exception from the mandatory vaccination requirement because the vaccine is contraindicated for them or because of a disability or “sincerely held religious belief”), the employee will be required to comply with this policy for testing.

Employees who report to the workplace at least once every seven days:

- A. Must be tested for COVID-19 at least once every seven days; and
- B. Must provide documentation of the most recent COVID-19 test result to their direct supervisor and Human Resources no later than the seventh day following the date on which the employee last provided a test result.

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Any employee who does not report to the workplace during a period of seven or more days (e.g., if they were telecommuting for two weeks prior to reporting to the workplace):

- A. Must be tested for COVID-19 within seven days prior to returning to the workplace; and
- B. Must provide documentation of that test result to their direct supervisor and Human Resources upon return to the workplace.

If an employee does not provide documentation of a COVID-19 test result as required by this policy, they will be removed from the workplace until they provide a test result.

Employees who have received a positive COVID-19 test, or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.

Employees will be required to assume any costs associated with COVID-19 testing, will be responsible for scheduling COVID-19 testing, and are responsible for submitting COVID-19 test results to Human Resources.

Face Coverings

If an employee covered by this policy is not fully vaccinated (e.g., if they are granted an exception from the mandatory vaccination requirement because the vaccine is contraindicated for them or because of a disability or “sincerely held religious belief”), NeMCMHA will require the employee to wear a face covering. Face coverings must:

- i. Completely cover the nose and mouth;
- ii. Be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source);
- iii. Be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers;
- iv. Fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face; and
- v. Be a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings. Acceptable face coverings include clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet these criteria and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker’s mouth or facial expressions to understand speech or sign language respectively.

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Employees who are not fully vaccinated must wear face coverings over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes.

Employees were provided with face coverings in April 2020 and since, upon hire. Regardless of vaccination status, employees will be required to wear face coverings while working if recommended by the local DHD, CDC and/or MIOSHA.

The following are exceptions to NeMCMHA's requirements for face coverings:

1. When an employee is alone in a space.
2. For a limited time, while an employee is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.
3. Where NeMCMHA has determined the use of face coverings is infeasible or creates a greater hazard (e.g., when it is important to see the employee's mouth for reasons related to their job duties, when the work requires the use of the employee's uncovered mouth, or when the use of a face covering presents a risk of serious injury or death to the employee).

New Hires

All new employees are required to comply with the vaccination requirements outlined in this policy as soon as practicable and as a condition of employment. Potential candidates for employment will be notified of the requirements of this policy prior to the start of employment.

New employees who are not fully vaccinated must provide Human Resources with documentation of first dose vaccination upon hire date. Documentation of second dose must be provided within 30 days of hire.

Confidentiality and Privacy

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

•6•3 CLARIFICATIONS:

•6•4 CROSS-/REFERENCES:

29 CFR 1910.501(e)

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•6•5 FORMS AND EXHIBITS:

Exhibit C – COVID-19 Vaccination Status Attestation

Exhibit D – COVID – 19 Leave Request

Exhibit E – COVID-19 Screening Tool

Interactive Process to address possible accommodations needed under ADAAA for patient:

Employee Name: _____

It has been indicated that you may require an adjustment or change at work for a reason related to a medical condition, commonly referred to as a reasonable accommodation. To qualify, you must:

- (i) have a “disability” as defined under applicable law, and
- (ii) request that the Company provide you with a reasonable accommodation.

If you would like to request such an accommodation, we will need you to provide the following information. Further, you will need to provide documentation from your healthcare provider (“HCP”) in order to consider and evaluate your request.

- (1) A statement from you indicating you believe you have a disability as defined by the American with Disabilities Act and/or its amendment(s). Information may be found at <http://www.dol.gov/dol/topic/disability/ada.htm>.
- (2) A description of the accommodation or change you are requesting.
- (3) A statement from your HCP describing the extent to which you currently suffer from any qualifying disability, as defined by the American with Disabilities Act and/or its amendment(s).
- (4) A HCP’s assessment as to whether your impairment(s) substantially limit any major life activities, and, if so, which ones and how;
- (5) A HCP’s assessment of the extent to which your impairment(s) currently limit your ability to perform the regular work activities and essential functions of your position;

- (6) A HCP's assessment as to whether your impairment(s) necessitate any accommodations to allow you to perform the regular work activities and essential functions of your position;

- (7) A HCP's assessment as to what accommodations would allow you to perform the regular work activities and essential functions of your position; and

- (8) A HCP's assessment of the approximate date you will be able to return to work if you are out on a continuous basis or how long the accommodation should be in effect if you are out on an intermittent basis.

In accordance with the Genetic Information Nondiscrimination Act of 2008 (GINA), please (i) do not provide any genetic information when responding to this request for information, and (ii) provide a copy of this letter to your health care provider so s/he knows not to provide any genetic information pertaining to you when responding to this request for information. For purposes of your or your health care provider's response, "genetic information," includes family medical history, genetic test results, the fact that you sought or received genetic services, or genetic information of a fetus carried by or an embryo lawfully held by you.

Signature of Health Care Provider _____
Date

Provider's Name and business address:

Type of practice / Medical Specialty:

Telephone: (____) _____ **Fax:** (____) _____

RELIGIOUS ACCOMMODATION REQUEST FORM

Interactive Process to address a religious accommodation under the Equal Employment Opportunity Commission (EEOC)

Applicant's or Employee's Name:

Date of Request:

Email Address:

Telephone Number:

Employee's Position:

Duty Location:

(1) Please identify the EEOC requirement, policy or practice that conflicts with your sincerely held religious observance, practice or belief (hereinafter "religious beliefs").

(2) Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the EEOC requirement, policy or practice identified above.

(3) What is the accommodation or modification that you are requesting?

(4) List any alternative accommodations that also would eliminate the conflict between the EEOC requirement, policy or practice and your sincerely held religious beliefs.

Requester Signature:

Date:

Accommodation Decision

Accommodations:

- approved as requested
- approved but different from the original request
- denied

Identify the accommodation provided.

If the approved accommodation is different from the one originally requested, explain the basis for denying the original request.

If an alternative accommodation was offered, indicate whether it was:

- accepted
- rejected

If it was rejected, state the basis for rejection.

If the accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation.

An individual who disagrees with the resolution of the request may ask the Human Resources Manager to reconsider that decision within 10 business days of receiving this completed form with the Executive Director's decision. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory or collective bargaining claims.

Deciding Official Name:

Deciding Official Signature:

Date:

COVID-19 Vaccination Status Attestation

I declare and verify this statement about my vaccination status is true and accurate. I understand knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties.

I will actively work to obtain my vaccination record and will submit vaccination documentation within 30 days.

Employee Printed Name

Employee Signature

Date

Human Resources	
_____ Human Resources Representative	_____ Date

COVID-19 Leave Request

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
Application for COVID Leave

Date: _____

Hours Leave

Retro to October 1, 2020

Beginning: _____ am/pm Date: _____

Ending: _____ am/pm Date: _____

Signed _____
Employee

Approved by Committee. Representative Signature _____

Disapproved by Committee. Representative Signature _____

Reason _____

Supervisor Signed _____ Date _____

Novel Coronavirus (COVID-19) Screening Tool

Name: _____

Date: _____

Please ask the following questions of individuals at check-in:

1. In the past 24 hours, have you experienced:
 - Subjective fever (felt feverish/chills) Yes No
 - New or worsening cough: Yes No
 - Shortness of breath/difficulty breathing: Yes No
 - Fatigue: Yes No
 - Muscle or body aches: Yes No
 - Headache: Yes No
 - Loss of smell and/or taste: Yes No
 - Sore throat: Yes No
 - Congestion or runny nose: Yes No
 - Nausea or Vomiting: Yes No
 - Diarrhea: Yes No

2. Current temperature: _____

3. Have you had close contact in the last 14 days with an individual diagnosed with COVID-19? Yes No

4. Have you been directed or told by the local health department or your healthcare provider to self-isolate or self-quarantine? Yes No

If any of the answers are “Yes,” refer to the infection control nurse/designee.