

# Prima Home Health, Inc. COVID-19 Vaccination Policy

## Effective Date

This policy is effective as of February 18, 2021.

## Purpose

Prima Home Health is committed to the health and safety of our employees.

COVID-19 vaccines are an important tool when it comes to protecting the health of our employees, customers, and community. With the emergence of new and highly contagious COVID-19 variants, it's more important than ever that our employees protect themselves and each other by getting fully vaccinated and staying up to date with their vaccines.

Prima Home Health has adopted this voluntary vaccination policy to help protect our employees from COVID-19. This policy also helps preserve the health of our workers' families, customers and visitors, business partners, and community members.

## Scope

All employees of Prima Home Health are encouraged, but not required, to get vaccinated against COVID-19.

Employees may choose not to get vaccinated for medical reasons. Prima Home Health encourages those employees to talk with their health care provider about how they can protect themselves and others from COVID.

Employees may also choose not to get vaccinated for religious reasons. Prima Home Health encourages those employees to talk with their spiritual advisor about their concerns.

## Procedures

### Overview

**Getting vaccinated.** All employees who are able are encouraged to get vaccinated against COVID-19. You should get all recommended doses for the COVID-19 vaccine you choose.

Everyone 6 months or older can get either the [Pfizer-BioNTech](#) or [Moderna](#) vaccine or any other vaccine approved by FDA at the time.

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The number of doses you need to stay up to date with your vaccines depends on your age and which vaccine you get.

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If you got Johnson & Johnson's Janssen vaccine, you need a booster dose 2 months after your initial dose. You should get a booster of either the Pfizer-BioNTech or Moderna vaccine.

If you also got Johnson & Johnson's Janssen vaccine for your 1st booster, you should get a 2nd booster 4 months later of either the Pfizer-BioNTech or Moderna vaccine.

People with compromised immune systems are less able to fight infections and may need more than these recommended doses.

You have three ways to find vaccines near you:

- Go to [vaccines.gov](https://www.vaccines.gov)
- Text your ZIP code to 438829
- Call 1-800-232-0233

## **Vaccine Exemption:**

If an employee has either medical condition that would prevent him/her from getting vaccinated or is not able to take the vaccine due religious / personal beliefs they would be required to complete the attach exemption form.

If an employee does not get the vaccine, the employee must wear a mask at all times while working in the patient's home.

In the event that the client says that they do not want a non-vaccinated employee in their home, the agency will respect their wish.

# What to do if you or your patient test positive for Covid-19

## **For Caregivers:**

1. Do not go to work. Contact Prima at 703-955-7800 to inform the office of the positive COVID test and receive instruction as to how many days to quarantine.
2. Follow the CDC guidelines. Pay specific attention to the number of days to quarantine. If you are not sure how many days to quarantine call the office 703-955-7800.
3. Once it is safe to return to work, wear a mask when in your patient's home.

## **For Patients:**

1. Contact Prima at 703-955-7800 to inform the office of the positive COVID test.
4. Follow the CDC guidelines. Pay specific attention to the number of days to quarantine and wear a mask. If you are not sure how many days to quarantine call the office 703-955-7800.
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3. Contact your PCP to receive further instructions and recommendations.

## Supporting COVID-19 Vaccination

Prima Home Health wants to support employees in their efforts to get vaccinated.

The federal government is providing all COVID-19 vaccine doses free of charge.

**Requesting time off for vaccination.** Please complete the following steps to request time to get a COVID-19 vaccine or to request sick leave for vaccine side effects: Call our office 703-955-7800 to so we can provide coverage to your work shift while you are getting the vaccine.

## Contact

Please direct any questions regarding this policy to Omar Abdi, Administrator

Phone: 703-955-7800

Email: [admin@primahomehealth.com](mailto:admin@primahomehealth.com)

# EMPLOYEE EXEMPTION REQUEST FORM -- COVID-19 VACCINATION

All employees of Prima Home Health , Inc. are required to receive COVID-19 vaccination as a condition of continued employment, unless they are granted a medical or religious exemption. An employee seeking exemption should complete section I: Assumption of Risk. If the waiver request is for a medical exemption, the employee must also have their medical provider complete Part II and send it directly to Human Resources. If the waiver request is for a religious exemption, the employee should also complete Part III.

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

## SECTION I: ASSUMPTION OF RISK

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause long-term medical problems and death, regardless of age. This virus spreads through respiratory droplets and up to 50% or more of people can be infected without realizing it. Prevention strategies include wearing a mask and physically distancing when around others. However, these strategies affect what is accepted as “normal life” and are a challenge to adhere to for many and may negatively impact the University’s operations.

According to the scientific data, COVID-19 vaccines are safe and highly effective at preventing severe illness, hospitalization, and death. When large numbers within a population are immunized, viral spread will be significantly limited. Each individual of a community contributes to this protective approach. Foregoing vaccination puts one at risk for getting the disease, along with the associated risk of long-term medical problems or death. Individuals who are not vaccinated against COVID-19 also may put others they interact with at greater risk.

To minimize the risk of viral spread, unvaccinated individuals may be required to undergo regular screening tests for COVID-19 (which may occur as regularly as is determined necessary, such as on a weekly basis). Unvaccinated persons may also be required to quarantine away from campus if exposed to the virus, and during such quarantine may be compelled to use paid or unpaid leave time as applicable and according to University policy.

**I have read and reviewed the information provided above concerning the risks and benefits of the COVID-19 vaccine. For the reasons described below, I seek NOT to be vaccinated and understand the potential consequences associated with this request. I understand that if I receive an exemption, I may be required to undergo regular screening/testing for COVID-19 and to take leave to quarantine if exposed to the virus.**

Signature: \_\_\_\_\_

*Employee*

Date: \_\_\_\_\_

## Section II: Medical Exemption Request (to be completed by medical provider)

**Medical Exemption:** See the [CDC guidance](#) regarding contraindications for COVID-19 vaccines.

**Medical Provider Certification of Contraindication:** I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

☐ Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy. **Describe the specific reaction:**

☐ Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. **Describe the specific reaction:**

☐ Other documented contraindication. **Please Explain:**

Signature of Healthcare Provider:	
Name (print):	Address/Phone or Clinic Stamp:

## Section III: Religious Beliefs Exemption Request (to be completed by the employee)

**Requests for exemption based on religious beliefs:** if the bona fide religious beliefs of an employee prevent COVID-19 vaccination, the employee may be exempt from the vaccine requirement upon submission of a written statement below explaining the sincerely held religious belief, practice, or observance that prevents compliance with the COVID-19 vaccination requirement, provided that the exemption does not cause an undue hardship to the University (*attach additional pages if needed*)

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Signature: \_\_\_\_\_  
Employee

Date: \_\_\_\_\_