



MANDATORY COVID-19 IMMUNIZATION POLICY

PURPOSE

To protect our employees, their families, our residents and their families, and the community from acquiring or transmitting Sars-Cov-2 (COVID-19), Volunteers of America National Services (VOANS) has adopted this policy requiring employees to receive the COVID-19 vaccine or obtain a documented exemption as a condition of employment.

This policy is intended to comply with all applicable federal, state, and local laws and regulatory guidance. VOANS reserves the right to modify this Policy to be consistent with the requirements future such federal, state and local requirements.

DEFINITIONS

“Customer” refers to a resident, client or participant who receives services from VOANS.

“Contractor” is an individual who has, or works for an organization that is contracted with VOANS and provides services at a VOANS property with the probability of working in customer care areas.

“Visitor” is an individual who comes to a VOANS property to visit a resident, client or participant.

“Volunteer” is an individual who is not employed or contracted with VOANS and provides services at the request of VOANS with the probability of volunteering in customer care areas.

SCOPE

This policy applies to all VOANS residential healthcare employees, volunteers and contractors traveling to or working in VOANS communities, programs and agencies. It does not apply to customers and visitors.

POLICY

1. As a condition of employment, all employees must, no later than October 1, 2021: (a) provide written documentation to Human Resources/Designee demonstrating they have received the second dose of a two-dose vaccine (Pfizer or Moderna) or one dose of a single dose vaccine (Johnson & Johnson), to be fully vaccinated by October 15, 2021, or (b) obtain a religious or medical exemption as an accommodation. An employee is considered to be fully vaccinated for the purposes of this policy two weeks following the second dose of a two-dose vaccine (Pfizer or Moderna) or two weeks following one dose of a single dose vaccine (Johnson & Johnson).

2. As a condition of continuing to volunteer or provide contracted services, all volunteers and contractors must, no later than October 1, 2021: (a) provide written documentation to Human Resources/Designee demonstrating they have received the second dose of a two-dose vaccine (Pfizer or Moderna) or one dose of a single dose vaccine (Johnson & Johnson) to be fully vaccinated by October 15, 2021, or (b) obtain a religious or medical exemption as an accommodation. An individual is considered to be fully vaccinated for the purposes of this policy two weeks following the second dose of a two-dose

vaccine (Pfizer or Moderna) or two weeks following one dose of a single dose vaccine (Johnson & Johnson). Hereinafter, "Employee" includes employees, volunteers and contractors.

3. Employees may demonstrate they have received the complete series of vaccinations by presenting a completed COVID-19 Vaccination record card to a member of Human Resources/Designee by October 1, 2021. In accordance with federal and state law, Volunteers of America National Services will handle medical information and documentation related to COVID-19 vaccine status in a confidential manner and all documentation will be kept separate from the employee's personnel file.

4. Exemption from the mandatory vaccination policy may be granted for medical contraindications and sincerely held religious beliefs and practices. Individuals seeking a religious or medical exemption from the mandatory vaccination policy must complete one of the attached Exemption Request Forms (discussed in more detail below) and submit it to Volunteers of America National Services' Human Resources/Designee. Requests for exemption/accommodation will be handled in accordance with the Reasonable Accommodation and Medical and Religious Exemption Process for Covid-19 Vaccinations. Requests for exemption/accommodation will be reviewed by the VOANS Human Resources Director and the applicable Senior Vice President and/or Regional Vice President of Operations.

5. Any Employee who fails to comply with this policy will be prohibited from working or providing services in Volunteers of America National Services' facility and will be subjected to suspension, leading to termination.

6. To facilitate obtaining a vaccination, Volunteers of America National Services will work with employees to ensure employees will be able to receive the vaccine. This may include granting time off or a temporary schedule change.

7. All employees, including those who are fully vaccinated or who receive an exemption, must continue to comply with the Volunteers of America National Services' COVID-19 procedures, including CDC and State guidelines.

8. All newly hired employees must receive their first vaccination by their start date and be fully vaccinated within 45 days. New employees, please see New Employee Vaccination Policy for more information.



COVID-19 VACCINE EXEMPTION POLICY AND PROCESS

VOANS has mandated that all employees in its healthcare operations provide written documentation to Human Resources/Designee demonstrating they have received the second dose of a two-dose vaccine (Pfizer or Moderna) or one dose of a single dose vaccine (Johnson & Johnson) by October 1, 2021, to be fully vaccinated by October 15, 2021. VOANS believes that this mandate is in the best interests of both its workforce and the communities and individuals we serve.

VOANS remains committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, VOANS is committed to complying with all laws protecting employees that may have a disability or medical condition that might prohibit them from receiving the COVID-19 vaccine or who's sincerely held religious beliefs and/or practices prohibit receipt of the vaccine.

When requested and required by law, VOANS will provide an exemption/reasonable accommodation for employees' medical condition and/or religious beliefs and practices that prohibit the employee from receiving a COVID-19 vaccine. An exemption or other requested accommodation must be reasonable and must not create an undue hardship for VOANS nor may it pose a direct threat to the health and/or safety of others in the workplace.

To request an Exemption/Accommodation related to VOANS' COVID-19 vaccination requirement, an employee must complete the appropriate form or forms and return them to Human Resources or Designee together with supporting documentation. This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, the employee's refusal may impact VOANS's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

Exemption Requests must be submitted to the VOANS Human Resources Director no later than the due date identified on the Exemption Request Form. VOANS will consider all information submitted in support of an exemption request and, as required, will engage in a good-faith interactive process in determining whether the exemption request should be granted. In some cases, VOANS may request additional documentation in support of an exemption request.

If an accommodation is granted, the individual may be required to submit to additional testing, enhanced use of personal protective equipment (PPE) and other mitigation measures.

Medical Exemption - For a medical exemption to be considered, the Request Form must be submitted along with a statement signed by a medical professional stating that in his/her expert opinion, the COVID-19 vaccination would be injurious to the health and well-being of the employee and explaining the basis for that conclusion.

Religious Exemption - For a religious exemption to be considered, the Request Form must be submitted along with a detailed explanation of the religious belief or practice that conflicts with receiving the COVID-

19 vaccine. Supporting documentation, such as doctrinal statements and letters from clergy, are encouraged but not required. A religious exemption will not be granted based on philosophical, political, or conscientious objection.



COVID-19 VACCINE – MEDICAL EXEMPTION REQUEST FORM

Name:

Date of Request:

Work Location:

Job Title:

Does your position entail direct patient contact? (Circle one) YES NO

Have you ever previously refused a vaccination on medical grounds? (Circle one) YES NO

If you circled "YES" to the prior question, identify the vaccines you have previously refused:

A medical exemption to VOANS COVID-19 vaccine requirement is permitted to employees who have a history of previous allergic reactions to vaccines and testing confirms an immediate hypersensitivity to a component of the COVID-19 vaccines. A medical exemption may also be granted for employees with other medical contraindications including an underlying disability that might preclude the safe administration of a COVID-19 vaccine.

Please describe the medical basis for your request for an exemption to VOANS's COVID-19 vaccine requirement:

Please have your medical provider fill out the Statement in Support Form on the following page and attach it and the requested supporting documentation to this form when submitting to Human Resources.

VERIFICATION

I verify that the above information and that contained in the Statement in Support is complete and accurate to the best of my knowledge, and I understand and agree that any intentional misrepresentation may result in disciplinary action up to an including termination of my employment.

Signature: _____

Date: _____



STATEMENT IN SUPPORT OF MEDICAL EXEMPTION TO COVID-19 VACCINATION

Employee Name:

Provider Name:

Provider Phone Number:

Dear Healthcare Provider:

Volunteers of America National Services (VOANS) has mandated COVID-19 vaccines for its employees engaged in healthcare operations. The above-named employee has requested a medical exemption from this mandate. A medical exemption to VOANS COVID-19 vaccine requirement is permitted to employees who have a history of previous allergic reactions to vaccines and testing confirms an immediate hypersensitivity to a component of the COVID-19 vaccines. A medical exemption may also be granted for employees with other medical contraindications including an underlying disability that might preclude the safe administration of a COVID-19 vaccine.

Please complete the information below so that the employee's exemption request may be processed.

STATEMENT:

The above-named employee has been under my care since _____. In my opinion, the employee should not be immunized for COVID-19 because the vaccine may be reasonably expected to be injurious to the employee for the following reasons:

PLEASE ATTACH DOCUMENTATION SUFFICIENT TO SUPPORT THE ABOVE DIAGNOSIS AND/OR OPINION.

I certify that the information provided herein and documentation submitted herewith is true and accurate.

Provider's Signature

Date



COVID-19 VACCINE – RELIGIOUS EXEMPTION REQUEST FORM

Name:

Date of Request:

Work Location:

Job Title:

Does your position entail direct patient contact? (Circle one) YES NO

Have you ever previously refused a vaccination on religious grounds? (Circle one) YES NO

If you circled "YES" to the prior question, identify the vaccines you have previously refused:

In the space below, please explain in detail why you are requesting a religious exemption to VOANS's COVID-19 vaccination requirement. If you have not previously objected to vaccination on a religious basis, your explanation should explain your specific objection to the COVID-19 vaccine. Attach additional pages if necessary.

VOANS may need to obtain additional information and/or documentation about your religious practices or beliefs. We may need to discuss the nature of your beliefs and exemption request with your religion's spiritual leader (if applicable) or scholars to address your request. If requested, can you provide documentation to support your belief(s) and need for an exemption or accommodation?

(Circle one) YES NO

If you circled "NO" to the prior question, please explain why you cannot do so. Attach additional pages if necessary.

VERIFICATION

I verify that the above information is complete and accurate to the best of my knowledge, and I understand and agree that any intentional misrepresentation may result in disciplinary action up to and including termination of my employment.

Signature: _____

Date: _____

Forms and supporting documentation must be submitted by August 31, 2021