



Mandatory COVID-19 Vaccination Policy Summary Notice and Health Care Personnel Agreement

November 19, 2021

To All:

Full Time Team Members, Part Time and PRN Team Members, Corporate Office Team Members, Licensed Practitioners, Volunteers, Onsite Vendors and any other parties providing services to our residents and/or facilities

H&G Nursing Homes, Inc. is the parent corporation for Adams County Manor and Morris Nursing Home, herein it will also be referred to as “H&G” and/or “the Company”. In accordance with H&G’s duty to provide and maintain a workplace that is free of known hazards and with the federal regulatory requirement of COVID-19 vaccine mandate, we are adopting this policy to safeguard the health of our patients, team members and their families. H&G’s policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and state and local health authorities as applicable.

Scope

All team members are required to receive COVID-19 vaccinations unless a reasonable accommodation is approved as an identified approved exemption. Team members who are not fully vaccinated in compliance with this policy but are approved for exemption will be required to comply with accommodation criteria including wearing an N95 Respirator mask and eye protection (goggles, approved safety glasses or face shield) at all times and will be required to complete COVID-19 testing twice weekly on scheduled days determined by the Company.

Previous history of COVID-19 from which the individual recovered or a previous positive antibody test for COVID-19 **do not** waive this requirement for being vaccinated or wearing the additional source control items above and testing.

The timeline for implementation is as follows.

- By **December 1, 2021**, team members who are requesting medical or religious exemption must have submitted an official request in accordance with the Company’s Exemption and Accommodation Procedure.
- By **December 6, 2021**, H&G team members are required to have received either their first dose of a two dose vaccine (Pfizer or Moderna) or One dose of a single dose vaccine (Johnson & Johnson/Jansen) and have submitted an approved proof of vaccination to the Company, unless seeking an exemption.
- **On December 7, 2021**, H&G team members **not** meeting the requirements of having their 1st dose completed, have not submitted an approved proof of vaccination to the Company, or have not submitted a request for exemption will be removed from the schedule and/or placed on administrative leave until they have either completed their 1st dose or are fully vaccinated, submitted approved proof of vaccination, or have had their exemption approved.
- By **January 4, 2022** All H&G team members are required to have their final dose, completing their vaccination series or have an exemption approved by the Company’s Exemption Request Review Committee.
- **On January 5, 2021**, Team Members who are not vaccinated or exempted will be voluntarily separated from the Company

All new hires will be required to produce evidence of vaccination status and/or acceptance to be vaccinated through their own means, at the Company’s next vaccine clinic or submit request for exemption review and approval.



Procedures

Supervisors and facility clinical administration will notify team members of dates for on-site vaccine clinics. The Company in partnership with Skilled Care Pharmacy will offer these on-site clinics as a simplified method for H&G team members to meet the requirements of this mandatory vaccination policy.

Alternative methods to obtaining a vaccine and meeting these requirements can be accomplished through:

- Various local outpatient clinics either by appointment or walk-in services
- Primary Care Physician offices by appointment
- Various pharmacies such as Wal-Mart, CVS and Walgreens either by appointment or walk-in services
- Local Health Departments by appointment or walk-in services

If a team member needs to receive the vaccine off-site during the working hours of a scheduled shift, accommodations will be made for that team member to leave work and be paid their normal hourly rate for the purpose of leaving to get a vaccine. This includes allowing time to monitor and care for any side effects following having the vaccine administered, up to 4 hours. For off-site vaccinations, team members should schedule this time with their direct supervisors in advance so that coverage can be found. See the Company’s Mandatory COVID-19 Vaccination policy and the section titled “Supporting Off-Site COVID-19 Vaccination” for the full details of the procedure and requirements.

Pursuant to federal guidelines, **only** the following may be used as proof of vaccination:

1. Record of immunization from a healthcare provider or pharmacy;
2. A copy of the COVID-19 Vaccination Record Card;
3. A photo of the Vaccination Record Card that can be printed
4. A copy of medical records documenting the vaccination;
5. A copy of immunization records from a public health, state, or tribal immunization information system; or
6. 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).

Please direct any questions regarding this policy to your direct supervisor, the Director of Nursing, Human Resource Department or Company Administrator.

My signature below indicates that I have received a copy of the Mandatory COVID-19 Vaccine Policy and all related procedures and request forms as necessary. I have read and understand the requirements of this policy and understand that compliance to the requirements of this policy is an ongoing condition of my employment with the Company. I further understand that it is my responsibility to read and comply with this policy and if there are future updates and/or requirements to the COVID-19 vaccine and/or the requirements of this policy, I will comply with those requirements. I should consult my supervisor, the Director of Nursing, Human Resource Department or Administrator regarding any questions related to this policy.

HCP Printed Name

Date

HCP Signature