

NORTHWEST MENTAL HEALTH MANAGEMENT SERVICES, INC.

POLICY AND PROCEDURE STATEMENT

Section - 2 - Personnel Policies
Policy Number – 2.27
Content Area: COVID-19 Mandatory Vaccination

Applicable Programs: All

Approved by:


President, Board of Directors

Effective Date of Revision

August 31, 2021

Northwest Mental Health Management Services, Inc. will comply with Governor Kate Brown’s executive order issued on August 19, 2021, with the final rule released by the Oregon Health Authority on August 25, 2021, that requires all health care workers, including group home workers, to provide proof of vaccination showing they are fully vaccinated against COVID-19, or documentation of a medical or religious exception, on or before October 18, 2021.

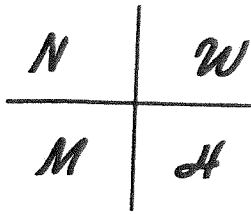
Given the unprecedented global pandemic of COVID-19, it is imperative that Northwest Mental Health Management Services, Inc. continue to provide a safe workplace for employees and a safe home environment for the individuals we serve.

Northwest Mental Health will provide reasonable support to any and all unvaccinated employees who are choosing to obtain their vaccinations in order to be fully vaccinated by October 18, 2021. An individual is fully vaccinated after they have received two doses of Moderna or Pfizer vaccine **OR** one dose of Johnson and Johnson vaccine **AND** two weeks has passed (regardless of vaccine manufacturer). Therefore, in order to be fully vaccinated by October 18, 2021, employees must receive their final shot no later than October 4, 2021. If receiving the Pfizer or Moderna vaccine, your first shot should occur no later than September 13, 2021.

Northwest Mental Health will evaluate reasonable accommodation of medical or religious exceptions to the requirement that all group home workers be vaccinated. A medical exception must be corroborated by a document signed by a medical provider, who is not the individual seeking the exception, certifying that the individual has a physical or mental impairment that limits the individual’s ability to receive a COVID-19 vaccination based on a specified medical diagnosis, and that specifies whether the impairment is temporary in nature or permanent.”

“A religious exception must be corroborated by a document, on a form prescribed by the Oregon Health Authority, signed by the individual stating that the individual is requesting an exception from the COVID-19 vaccination requirement on the basis of a sincerely held religious belief and including a statement describing the way in which the vaccination requirement conflicts with the religious observance, practice, or belief of the individual.”

Absent extenuating circumstances, failure to provide documentation of being fully vaccinated, or documentation of a medical or religious exception on the required Oregon Health Authority form on or before October 18, 2021, will result in termination of employment.



**NORTHWEST MENTAL HEALTH
MANAGEMENT SERVICES, INC.**

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Health Care Workers in Oregon Mandatory Vaccination Frequently Asked Questions

Question: What is the mandate?

On August 19, 2021, Governor Kate Brown announced that the State of Oregon will require all health care workers, including group home workers be fully vaccinated against COVID-19 by October 18, 2021. The final rule was released by the Oregon Health Authority August 25, 2021, with additional details about the mandate.

Question: How is the most recent COVID surge different than what we have seen in the past?

The newest COVID variant, Delta, is more contagious than the previous strains of the virus. According to the CDC, some data might suggest the Delta variant cause more severe illness than earlier strains in unvaccinated people. Because the state of Oregon has a significant portion of its population unvaccinated, the numbers of both new cases and hospitalizations, especially in areas with lower vaccination rates, have skyrocketed in the last month. This has created a health care crisis as hospitals have been overrun with COVID-19 admissions. On Monday, August 23, there were 937 patients hospitalized in Oregon for COVID-19; on July 23, there were 178 people hospitalized for COVID – a 426% increase in just one month.

Vaccines in the US are highly effective, including against the Delta variant. Vaccines reduce a person's risk of contracting the virus that cause COVID-19, including this variant. The COVID-19 vaccines authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant. But they are not 100% effective, and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For such people, the vaccine still provides them strong protection against serious illness and death.

Question: How do I sign up for a COVID-19 vaccine?

If you are enrolled in health insurance through NWMH, you can contact Kaiser Permanente and schedule a vaccine. You can also contact a local pharmacy like CVS, Fred Meyer or Walgreens and schedule an appointment. If you need assistance, please let us know.

Question: The mandate states that health care workers must be fully vaccinated by October 18, 2021. What is the definition of “fully vaccinated?”

An individual is fully vaccinated after they have received two doses of Moderna or Pfizer vaccine **OR** one dose of Johnson and Johnson vaccine **AND** two weeks has passed (regardless of vaccine manufacturer). **Therefore, in order to be fully vaccinated by October 18, 2021, you must receive your final shot (or provide documentation seeking a medical or religious exception) no later than October 4, 2021.** If you are receiving the Moderna or Pfizer Vaccine your first shot should occur no later than September 13, 2021.

Question: I don't want to get the vaccine until the FDA has given it full approval.

The Food and Drug Administration issued full approval to the Pfizer vaccine for individual who are 16 and older on Monday, August 23, 2021.

Question: Is the Pfizer vaccine my only choice?

No. You may also receive the Moderna or Johnson and Johnson vaccine.

Question: I am not vaccinated. Will my employment be terminated if I do not comply with the vaccination mandate?

According to the temporary administrative rule issued by the state of Oregon, as of October 18, 2021, health care workers may not work, learn, study assist, observe or volunteer in a health care setting unless they are fully vaccinated or have provided documentation of a medical or religious exception. Likewise, an employer of health care providers or health care staff, a contractor or a responsible party may not employ, contract with, or accept the volunteer services of health care providers or health care staff persons who are working, learning studying, assisting, observing, or volunteering at a health care setting unless the health care providers or health care staff persons are fully vaccinated against COVID-19 or have documented medical or religious exception.

Question: What if an individual can provide written proof of history of COVID-19 disease. Is that sufficient to meet the vaccination requirement?

No. Proof of history of COVID-19 disease as a substitute for vaccination is not allowed under the rule.

Question: What types of vaccination proof are acceptable?

Documentation provided by a tribal, federal, state, or local government, or a health care provider, that includes an individual's name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, or a print-out from the Oregon Health Authority's immunization registry.

COVID-19 Vaccine Medical Exception Request Form

I am requesting an exception from the COVID-19 vaccination requirement on the basis of a diagnosed physical or mental condition that limits my ability to receive the COVID-19 vaccination, as certified by my medical provider below.

Individual's name:	Date of birth:
Phone number:	
Signature:	Date:
Employer/Organization:	Job Title/Position:

Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Statement from Medical Provider

Your patient, named above, has requested an exception to the COVID-19 vaccination requirement due to a medical condition. Please provide the information below.

Please check an option below and complete related questions:

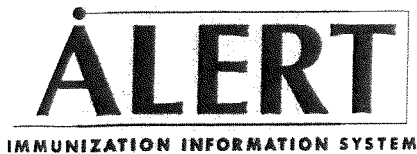
The patient should not receive the COVID-19 vaccination due to a medical condition.

What is the medical condition that prevents them from receiving the COVID-19 vaccination?

Yes No Is the medical condition permanent?

Yes No Is the medical condition temporary? If yes, what is the expected duration?

Please describe how this medical condition impacts their ability to receive the COVID-19 vaccination.



ALERT IIS
 600 NE Oregon Street, Suite 370
 Portland, Oregon 97232
 Phone: (800)980-9431
 Fax: (971)673-0276
 Web: www.alertiis.org
 Email: alertiis@state.or.us

Adult Record Request Form

ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon, from either public or private providers. ALERT IIS helps parents, health care providers, schools and other authorized users as defined below to know an individual's immunization status.

State law¹ and Oregon Administrative Rules² cover collection and release of information in ALERT IIS. By law, information is confidential and can only be shared with authorized users, including an individual's health care provider, school, childcare facility, insurer, local health department, the individuals themselves or their parent if person is a minor.

Once an individual attains 18 years of age, that person's parents may no longer request a record, but the legal adult may request the information directly. If you would like a copy of your immunization record, please complete the following **required** information:

First name: _____ Middle: _____ Last: _____
 Address: _____ City, State, ZIP: _____
 Date of birth: _____ Place of birth: _____ Gender: Female Male

I understand that I may request my immunization record from ALERT IIS up to four (4) times within one calendar year free of charge. Additional copies of my immunization record may be provided based on a reasonable fee established by the director of ALERT IIS.

Please send the record to one of the following authorized users:

Health Care Provider School
 Recipient/to the attention of: _____ Name of organization: _____
 FAX number: _____ Phone number: _____

OR

Send the record to me at the address above FAX the record to me at: _____

By signing this agreement, I am verifying that the information listed above is true and accurate.

Printed name: _____ Phone number: _____

Signature: _____ Date: _____

For office use only

Date received: _____	<input type="checkbox"/> Record found, Date sent: _____	Initials: _____
<input type="checkbox"/> Record not sent	Reason: _____	Initials: _____

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 800-980-9431, 711 TTY or alertiis@dhsoha.state.or.us.

¹ ORS 433.090 to ORS 433.102

² OAR 333-049-0100 to OAR 333-049-0130 Adult Record Request: 6-2010

Question: I've lost my card showing I am fully vaccinated. How do I get another one?

If you have lost your vaccination card and need to get a copy, start by contacting the clinic or location you received the vaccine. You can ask your health care provider for a record of your vaccine. You can use the attached form from Oregon Health Authority Immunization Records and request a copy. Please note it could take 5 or more days to get your record.

Question: Are there exemptions to this mandate?

As per the rule, a medical or religious exception may be requested. For both types of exceptions, Northwest Mental Health will develop a process to evaluate and approve requests. The documents to request an exception are attached to this FAQ.

Additional information from the rule: "A medical exception must be corroborated by a document signed by a medical provider, who is not the individual seeking the exception, certifying that the individual has a physical or mental impairment that limits the individual's ability to receive a COVID-19 vaccination based on a specified medical diagnosis, and that specifies whether the impairment is temporary in nature or permanent."

"A religious exception must be corroborated by a document, on a form prescribed by the Oregon Health Authority, signed by the individual stating that the individual is requesting an exception from the COVID-19 vaccination requirement on the basis of a sincerely held religious belief and including a statement describing the way in which the vaccination requirement conflicts with the religious observance, practice, or belief of the individual."

The patient may not receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by

The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Printed name of medical provider:	Date:
Signature of medical provider:	Work address:
	Work telephone number:

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.

COVID-19 Vaccine Religious Exception Request Form

I am requesting an exception from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:	Date of birth:
Phone number:	
Employer/Organization:	Job Title/Position:

Please check the boxes below as appropriate and complete related questions:

- Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

Signature:	Date:
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Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

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