Mandatory COVID-19 Vaccination Policy

[Insert new policy effective date here]

In accordance with [employer name]’s duty to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families, our customers and visitors and the community at large from infectious diseases, such as COVID-19, that may be reduced by vaccinations. This policy complies 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 employees are required to receive vaccinations as determined by [insert employer name] unless a reasonable accommodation is approved. Employees who are not fully vaccinated in compliance with this policy will be required to wear a surgical mask at all times, at minimum. Further, when performing or involved with aerosol-generating procedures (open suctioning of airways, sputum induction and others), dental health care personnel must wear NIOSH-approved N95, N95-equivalent or higher-level respirators.

**Procedures**

Employer will notify employees of the timeframe for having the vaccine administered. [Employer name] will provide either onsite access to the vaccine or a list of locations to assist employees in receiving vaccines on their own.

[Employer name] will pay for any out-of-pocket expense for all vaccinations covered by this policy. When not received in-house, any fees associated with obtaining the vaccination should be run through employees’ health insurance where applicable and otherwise be submitted for reimbursement.

All employees will be paid for time taken to receive vaccinations. For offsite vaccinations, employees are to work with their manager to schedule appropriate time to comply with this policy.

Before the stated deadlines to be vaccinated have expired, employees will be required to provide either proof of vaccination or a written approved reasonable accommodation to be exempted from the vaccine requirements. Employees who do not provide timely proof of vaccination must wear an approved face covering at all times while in the workplace and when engaging with patients/customers unless an approved exemption from wearing a face covering has been provided.

**Reasonable accommodation**

Employees in need of an exemption from this policy due to a medical reason or because of a sincerely held religious belief must submit a completed Request for Accommodation form to the employer to begin the interactive accommodation process as soon as possible after vaccination deadlines have been announced. Accommodations will be granted where they do not cause employer undue hardship or pose a direct threat to the health and safety of others.

Please direct any questions regarding this policy to the [employer or representative].

On [insert date here], I acknowledge that I have received the following [new] policy for the [practice/employer name here]’s employee manual.

**My signature below indicates that I have read and understand the above-mentioned statements and I understand that it is my responsibility to read and comply with this policy. I further understand that I should consult [Insert practice contact name here] regarding any questions raised by this policy and not answered in the employee manual.**

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| --- | --- |
| Employee name (printed): |  |
| Employee signature: |  |
| Date: |  |