

# PN System

## EMERGING INFECTIOUS DISEASE POLICY

**POLICY:** To provide guidance to our staff on how to prepare for new or newly evolved Infectious diseases whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the community and our staff.

**GOAL:** To protect our community and staff from harm resulting from exposure to an emergent infectious disease while they are in our area of services.

**Emerging Infectious disease (EID)** -- Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

- i. New infections resulting from changes or evolution of existing organisms
- ii. Known infections spreading to new geographic areas or populations
- iii. Previously unrecognized infections appearing in areas undergoing ecologic transformation
- iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

**Pandemic**--A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

**Isolation** – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

### **General Preparedness for Emergent Infectious Diseases (EID)**

a. Our emergency operation program will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza. This plan will:

- i. build on the Agency practices described in the infection prevention and control policies
- ii. include administrative controls (monitor disease reports, screening, isolation, and employee absentee plans)
- iii. address environmental controls
- iv. Address human resource issues such as employee leave
- v. Be compatible with the Agency's business continuity plan

b. Clinical leadership will be vigilant and stay informed about EIDs in our country, community and around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in our geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.

c. As part of the emergency operations plan, the Agency will maintain a supply of personal protective equipment (PPE) including masks, face shields, assorted sizes of disposable N95 masks, and gloves. The amount that is stockpiled will minimally be enough for several days, will be determined based on storage space and costs.

d. Our Agency will develop plans with our vendors for re-supply of sanitizing agents, medical supplies and PPE in the event of a disruption to normal business including an EID outbreak.

e. Our Agency will regularly train staff and practice the EID response plan through drills and exercises as part of the centers emergency preparedness training.

### **Local Threat**

a. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the Agency's community, we will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.

## PN System

- b. The Agency's Infection Prevention Committee (IPC) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for Home Health Agencies as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
- c. Working with advice from the Agency's Clinical Department or consultants, safety officer, human resource department, local and state public health authorities, and others as appropriate, the IPC will review and revise internal policies and procedures, stock up on supplies, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- d. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, and other infection prevention strategies such as hand washing.
- e. If EID is spreading through an airborne route, then the Agency will activate our respiratory protection plan to ensure that employees who may be required to care for a patient with suspected case are not put at undue risk of exposure.
- f. Provide patients and families with education about the disease and the Agency's response strategy at a level appropriate to their interests and need for information.
- g. Brief contractors and other relevant key staff on the Agency's policies and procedures related to minimizing exposure risks to patients and staff.
- h. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the Agency along with the instruction that anyone who is sick must not enter the building.
- i. To ensure that staff, and/or clients are not at risk of spreading the EID into the community, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new client and/or allowing new staff persons to report to work.
- j. Self-screening – Staff will be educated on the Agency's plan to control exposure to the clients/staff. This plan will be developed with the guidance of public health authorities and may include:
  - i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
  - ii. Precautionary removal of staff who report an actual or suspected exposure to the EID.
  - iii. Self-screening for symptoms prior to reporting to work.
  - iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
- k. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible.
- l. If the suspected infectious person requires care while awaiting transfer, follow care center policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- m. If feasible, ask the isolated person to wear a facemask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it is advised otherwise by public health authorities.
- n. Conduct control activities such as management of infectious wastes, cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.

### Agency Considerations

- a. Management will consider its requirements under OSHA, (Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its clients and staff. Protecting the clients and other staff shall be of paramount concern. Management shall take into account:

## PN System

- i. The degree of frailty of the Agency's clients;
  - ii. The likelihood of the infectious disease being transmitted to the clients and employees;
  - iii. The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces)
  - iv. The precautions which can be taken to prevent the spread of the infectious disease and
  - v. Other relevant factors
- b. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with others.
- c. Apply whatever action is taken uniformly to all staff in like circumstances.
- d. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
- e. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
- f. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.
- g. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.
- h. Permit employees to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the clients and other staff.
- i. Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

# PN System

## EMERGING INFECTIOUS DISEASE (EID) REPORT

(part of the Communication Plan)

Disease outbreak: **COVID-19** \_\_\_\_\_

Date of Report: \_\_\_\_\_

Staff completing the report name/title: \_\_\_\_\_

Report copy forwarded to Board of Director on: \_\_\_\_\_ Infection Prevention Committee (IPC) on: \_\_\_\_\_

Infections spreading to geographic areas or populations: \_\_\_\_\_

Agency phase of preparedness: \_\_\_\_\_  CDC communication monitored

Verified enough supply of personal protective equipment (PPE) including masks, face shields, assorted sizes of disposable N95 masks, sanitizing agents and gloves \_\_\_\_\_

Research completed about specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for Home Health Agencies as provided by the CDC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff educated on the exposure risks, symptoms, and prevention of the EID, using of PPE on \_\_\_\_\_

Respiratory protection plan activated  N/A

Patients and families educated about the disease and the Agency's response strategy

Signs regarding hand sanitation and respiratory protection posted

Exposure risk and signs and symptoms done PRIOR to admission of a new client

Reporting any suspected exposure to the EID completed if applicable  N/A

Precautionary removal of staff who report an actual or suspected exposure to the EID  N/A

All staff completed a Self-screening for symptoms prior to reporting to work

Compliance verified with requirements under OSHA, (Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws.

Evaluation of likelihood of the infectious disease being transmitted to the clients and employees

Precautions taken to prevent the spread of the infectious disease

\_\_\_\_\_  
\_\_\_\_\_

Other measures, comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

# PN System

## PANDEMIC INFECTIOUS DISEASE (COVID-19) POLICY

### PURPOSE

To reduce the risk of further spreading the COVID-19 virus in cases of a pandemic outbreak.

### POLICY

Patients with the COVID-19 virus will be identified, actions will be taken to limit the further transmission, while adhering to local, state, and federal guidelines in cases of a pandemic.

**Note:** Many patients with illnesses such as COVID-19 are able to remain in their homes during the course of their illness. The role of the Pandemic Infectious Disease plan is to take measures to protect home care staff members and prevent further spread of the illness (Also see our Agency Emergency Management Plan).

COVID-19 is transmitted mostly through airborne droplets (sneezing or coughing), but indirect contact through hand transfer from contaminated surfaces to mucosal surfaces (such as the nose or mouth) can occur. The virus can transfer between people who are in close contact with one another (approximately within 6 feet). Symptoms of COVID-19 ranges from mild disease to non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of patients with asymptomatic infections.

#### **Definition:**

COVID-19: Strain or type of coronavirus that was first detected in Wuhan, China. It is linked to the same family of coronaviruses that causes MERS-CoV and SARS-CoV.

### PROCEDURE

1. Our Agency will coordinate with the state Division of Epidemiology (DOH) in the event of a pandemic for reporting protocols, securing testing and medical supplies, including vaccine.
2. During a Pandemic “alert” period, our Agency will assure adequate supplies and equipment so that cross contamination from patient to patient will not occur.
  - A. Our Agency will ensure all staff have access to an appropriate amount of personal protective equipment for each patient seen on a daily basis.
  - B. Supplies and personal protective equipment should include
    1. Surgical masks,
    2. N95 face mask/respirator
    3. Gloves,

## PN System

4. Goggles,
5. Disposable gowns,
6. Antimicrobial Soaps
7. Alcohol based hand hygiene products, and
8. Other disposables.

**Note:** See Personal Protective Equipment Policy.

3. When making a home visit, our Agency will identify patients at risk for having COVID-19 infections before or immediately upon arrival to the home. Our Agency will ask the patients the following:
  - A. Has the patient traveled internationally within the last fourteen (14) days to countries with sustained community transmission? For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
  - B. Does the patient have signs or symptoms of a respiratory infection? Clinical criteria for identifying patients with COVID-19 include:
    1. Fever
    2. Cough
    3. Dyspnea
    4. Sore throat
    5. Other symptoms as recognized by the government on: <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
  - C. In the last fourteen 14 days, has the patient had contact with someone who or is under investigation for COVID-19, or are ill with a respiratory illness?
  - D. Does the patient reside in a community where community-based spread of COVID-19 is occurring?
4. Patients require emergency medical attention if the following occur:
  - A. Difficulty breathing or shortness of breath
  - B. Persistent pain or pressure in the chest
  - C. New confusion or inability to arouse
  - D. Bluish lips or face
  - E. Other concerning signs and symptoms
5. Management of patients who have symptoms indicating possible COVID-19 infection during a pandemic will be handled by:

## PN System

- A. Following any local, state, or federal guidelines during the pandemic
  - B. Implement source control measures, (i.e., placing a facemask over the patient's nose and mouth)
  - C. Inform your organization's Clinical Manager, and state and local public health authorities.
  - D. Obtaining any clinical specimens as ordered, using proper bio-containment protocols
  - E. Separating patients with suspected infection from others in household
  - F. Instructions patient and families on hand hygiene (including the how to wash hands, use of hand sanitizer, and avoid touching eyes, nose and mouth with unwashed hands), proper disposal of tissues, etc.
  - G. Instruct patient on cleaning all "high-touch" surfaces everyday such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
6. Staff should follow the organization's standard precautions, including:
- A. Hand hygiene: Wash hands before and after patient contact, after contact with any potentially infectious material, and before and after donning protective equipment, including gloves and masks. This applies to patients and caregivers as well.
  - B. Gloves: Wear gloves for any contact with potentially infectious material (e. g., secretions, tissues, dirty linens).
  - C. Gowns: Gowns should be worn with patient care activity when contact with body fluids is likely, including respiratory excretions.
  - D. Staff should follow droplet precautions for patients with suspected or confirmed COVID-19 for fourteen (14) days, or longer. Droplet precautions include:
    - 1. All of the standard precautions, plus
    - 2. Placing patient in separate room away from other residents or family members, if possible.
    - 3. Instruct on using tissue when coughing or sneezing and to place used tissues immediately in plastic bag for disposal in regular trash.
    - 4. Wear mask (preferably N95) prior to entering room.
    - 5. Instruct patient to call ahead prior to visiting a health care facility.
    - 6. Instruct patient to wear mask, if possible, when leaving the home for appointments and to limit visitors to home.
    - 7. Instruct the patient on self-quarantine and self-isolation procedures.
7. Staff with signs and symptoms of a respiratory infection should not report to work.

## PN System

8. If staff develop signs and symptoms of a respiratory infection with on-the-job should:
  - A. Immediately stop work, put on a facemask, and self-isolate at home.
  - B. Inform the organization's Clinical Manager of information on individuals, equipment and locations the staff member came in contact with; and
  - C. Contact and follow the local health departments recommendations for next steps (e.g., testing, locations for treatment)

Resources:

CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

CMS: <https://www.cms.gov/files/document/qso-20-18-hha.pdf>



# PN System

## COVID-19 HEALTHCARE WORKERS VACCINATION POLICY

Effective date: \_\_\_\_\_

### PN System

**Purpose:** In accordance with \_\_\_\_\_ (“Agency”) duty and desire to provide and maintain a safe and healthy workplace in the midst of the COVID-19 pandemic, Agency is adopting the following Vaccination Policy (the “Policy”) with the intent to safeguard its employees and their families, its clients, patients, as well as other members of our community at large.

This Policy is intended to comply with all applicable federal, state, and local rules and regulations, and is based on guidance from the Centers of Disease Control and Prevention (CDC), the Equal Employment Opportunity Commission (EEOC), as well as that of local health authorities, as applicable. All Workforce Members are required to have or obtain a vaccination as a term and condition of employment or to work in our Agency, unless an exemption or deferral has been approved.

**Scope:** This Policy extends to all employees, contract staff, and volunteers (if any), present and prospective, unless otherwise provided herein.

#### **Procedure(s):**

Consistent with the CDC’s guidance, as well as that of other public health agencies, to prevent the infection and spread of the COVID-19 virus and as an integral measure towards the general public’s health and safety, Agency is implementing the following practices:

A. All prospective, newly hired, and/or onboarding employees, contract staff, and volunteers (if any) must receive the COVID-19 vaccination, in full, within four (4) weeks of their date of hire as a condition of new employment, but prior to providing any care, treatment, or other services, unless otherwise exempted from this Policy by an approved accommodation pursuant to the interactive process. As applicable, new employees are required to, at the latest, begin compliance with this Policy during the pre-employment onboarding process.

B. All current employees, contract staff, and volunteers (if any) are encouraged to receive the COVID-19 vaccination within thirty (30) days of the Effective Date of this policy, unless otherwise exempted from this Policy by an approved accommodation pursuant to the interactive process. Must be fully vaccinated before January 27, 2022, to continue care of patients.

Fully and properly vaccinated under this Policy includes all individuals who have received:

1. Two (2) doses in a 2-dose vaccine series, such as the Pfizer or Moderna vaccines; or
2. One (1) dose in a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

If an employee does not meet these requirements, that employee is NOT fully vaccinated in accordance with this Policy.

Agency may elect to provide paid time-off as applicable to receive the vaccine; however, employees are solely responsible for scheduling and obtaining all recommended doses of the Pfizer, Moderna, or Johnson & Johnson vaccine with reasonable advance notice to, and approval of leave from, Agency.

Any **fully vaccinated** employee under this Policy who:

- (1) experiences side effects in the day(s) following receipt of the COVID-19 vaccine(s), or
- (2) subsequently contracts the COVID-19 virus, or
- (3) has an unvaccinated child under 12 years old who contracts the COVID-19 virus

Will be provided sufficient paid-time-off (“PTO”) by Agency independent of any accrued or otherwise available PTO. Any employee who fails or otherwise refuses to receive the COVID-19 vaccine consistent with the terms of this Policy and, thereafter, contracts the COVID-19 virus, will be required to exhaust his/her accrued or otherwise available PTO and will not be provided any additional PTO by Agency, unless otherwise in receipt of an accommodation under this Policy.

## PN System

Agency reserves the right to require proof of vaccination documentation from its employees (if allowed by law) and will treat any such record or documentation as confidential for purposes of retaining the same. A process for tracking and securely documenting the COVID-19 vaccination status of all staff will be completed by authorized personnel.

Employees, contract staff, and volunteers (if any) who, regardless of reasoning, do not meet the status of fully vaccinated consistent with the terms of this Policy must, in consideration of all rules, regulations and Agency policies and procedures, continue to abide by masking and social distancing requirements including, but not limited to, wearing a mask over the nose and mouth at all times while on duty regardless of the workplace setting (except while eating), ensuring 6-foot distance between non-household family members, regularly cleaning and disinfecting workplace surfaces, as well as monitoring and reporting daily health symptoms (*e.g.*, fever, cough, shortness of breath, irregular temperature, etc.).

Any unvaccinated employee found to be in violation of the foregoing masking requirements will face immediate and automatic termination of employment.

### **Exemption and Accommodation Requests:**

In accordance with all federal, state, and local rules and regulations, Employer recognizes that there may be certain circumstances barring an employee from receiving the COVID-19 vaccine consistent with this Policy.

Employees, contract staff or volunteers (if any) in need of an exemption from this Policy due to a medical reason (documentation that confirms recognized clinical contraindications to COVID-19 vaccines and supports staff requests for medical exemptions from vaccination has been signed and dated by a licensed practitioner, must be documented the recognized clinical reasons for the contraindications), or in consideration of a sincerely held religious belief, must submit a completed Request for Accommodation form to Administrator or Director of Nursing to begin the interactive accommodation process. Accommodations may be granted where they are required by law and do not cause Employer undue hardship or pose a direct threat to the health and safety of others, including Employer's patients. A tracking and securely documenting information provided by those staff who have requested, and for whom the organization has granted, an exemption from the staff COVID-19 vaccination requirements based on recognized clinical contraindications or applicable federal laws will be implemented.

Note that Agency's receipt of an accommodation request does not automatically excuse an employee from the requirements of this Policy. Rather, consistent with federal and state law, Agency will consider accommodation requests on a case-by-case basis and will engage in further dialogue with an employee, and any physicians, medical providers, and/or church personnel as permitted under law, upon receipt of any accommodation form.

# PN System

## Covid19 Certification of Vaccination

Please check the box below that coincides with your vaccination status and return this attestation form to your branch ED/administrator

- I am fully vaccinated. Employees are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).
- I am not yet fully vaccinated—I received my first dose of Moderna or Pfizer, and my second appointment is scheduled, or I received my final dose less than two weeks ago.
- I have not been vaccinated.
- Do you anticipate becoming fully vaccinated within the next 30 Days? Answer Y or N
- I decline to respond.

Employees who choose not to complete the form will be assumed to not be fully vaccinated for purposes of application of the vaccination policy. If you are not vaccinated due to medical or religious reasons, please check either “I have not been vaccinated” or “I decline to respond.” Note that if you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be treated as not fully vaccinated until you are at least two weeks past your final dose and resubmit your vaccination information.

If you choose to not be vaccinated due to medical or religious reasons, please state the specific reasons below:

---

---

---

I attest that the information provided in this form is accurate and true to the best of my knowledge. I understand that a knowing and willful false statement on this form is considered falsification of Company records, a violation of Company policy, and will be subject to discipline up to an including termination of employment.

# PN System

Checking "I decline to respond" does not constitute a false statement. However, I do understand that should the interim final rule for vaccine requirements become law, and I am mandated to become fully vaccinated, the Company's knowledge of my vaccine status will become a condition of employment.

We are authorized to collect the information requested on this form pursuant to

**Purpose:** This information is being collected and maintained to promote the health and safety of Company patients, their family members, and employees consistent with guidelines established by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA).

**Routine Uses:** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally to a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment.

**Consequence of Failure to Provide Information:** Providing this information is voluntary. However, if you fail to provide this information, you will be treated as not fully vaccinated for purposes of implementing any future vaccination requirements mandated by Federal, State, or local agencies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Branch/office

\_\_\_\_\_  
Job Title

# PN System

## Covid19 vaccination log control.

Month: \_\_\_\_\_

Year: \_\_\_\_\_

	Staff Name	Discipline	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	Buster	exemption or deferral has been approved (Yes/No)	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
		Total staff non vaccinate:				Total staff vaccinate/exempt:	

Staff complete report name/title: \_\_\_\_\_

# PN System

## Request for Accommodation: Medical Exemption from Covid19 Vaccination

To request an exemption from required Covid19 vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the human resources department.

### Section 1

Name (print):	Date:
Discipline:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from PN System's mandatory Covid19 vaccination policy for the following reason(s):

---

---

I verify that the information I am submitting to substantiate my request for exemption from PN System's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that PN System is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for PN System.

Employee Signature/Title:	Date:
---------------------------	-------

# PN System

## Section 2

### Medical Certification for Covid19 Vaccination Exemption

Employee Name: \_\_\_\_\_

Dear Medical Provider,

**PN System** requires vaccination against Covid19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist **PN System** in the reasonable accommodation process.

**The person named above should not receive the Covid19 vaccine due to:**

**This exemption should be:**

- Temporary, expiring on: \_\_/\_\_/\_\_, or when \_\_\_\_\_
- Permanent

I certify the above information to be true and accurate, and request exemption from the Covid19 vaccination for the above-named individual.

Medical Provider Name (print):

Medical Provide Signature:

Date:

Practice Name & Address:

Provider Phone:

### HR USE ONLY

Date of initial request: \_\_/\_\_/\_\_

Date certification received: \_\_/\_\_/\_\_

Accommodation request:

Approved \_\_/\_\_/\_\_

Describe specific accommodation details:

Denied \_\_/\_\_/\_\_

Describe why accommodation is denied:

# PN System

## Religious Accommodation Request Form (COVID19 vaccination)

### Part 1: To be completed by employee

Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

Date of request: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Requested accommodation (job change, Covid 19 vaccination exemption, etc.):

---

---

Length of time the accommodation is needed: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for accommodation:

---

---

---

Describe any alternate accommodations that might address your needs:

---

---

---

My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that PN System may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PN System

## **Part 2: To be completed by the employee's immediate supervisor**

Describe the requested accommodation:

---

---

Evaluation of impact (if any): \_\_\_\_\_

---

---

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, provide an explanation:

---

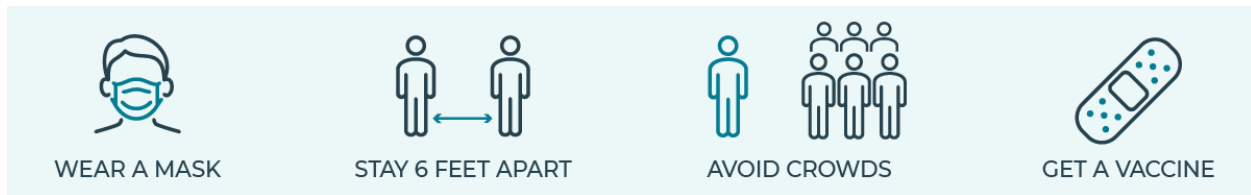
---

Immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human resources director: \_\_\_\_\_ Date: \_\_\_\_\_

# How to talk about COVID-19 vaccines with friends and family



### **Listen to their questions with empathy**

COVID-19 vaccines are new, and it's normal for people to have questions about them. The sheer amount of information—and misinformation—about COVID-19 vaccines can be overwhelming to anyone. You can help by listening without judgement and identifying the root of their concerns. Acknowledge their emotions so they know they have been heard. For example, you can say, "It sounds like you are stressed at work and home, and concerns about the vaccine are another source of stress. That's really tough."

### **Ask open-ended questions to explore their concerns**

Open-ended questions are meant to elicit more than a yes-or-no answer. Asking open-ended questions can help you understand what your friend or family member is worried about, where they learned any troubling information, and what they have done to get answers to their questions. For example, you can ask, "How did watching that news report make you feel? What did you do next?"

Try not to sound judgmental, and ask questions that help you understand their concerns. For example, avoid things like, "That's a silly concern," or "Why would you be worried about that?"

### **Ask permission to share information**

Once you understand your friend or family member's question or concern, ask if you can provide some information, and tell them where you get information you trust. If they agree, they will be more willing to listen to you instead of feeling like you're pushing unwanted information on them. You can find answers to common questions from reputable sources, including CDC.gov, the local health department website, or other trusted sources such as their doctor, nurse, or pharmacist. Sometimes, sharing quick, accurate answers to common concerns your family or friends might have can go a long way toward moving someone from worry to confidence. If you don't know the answer to their questions, consider offering to help look for information.

### **Help them find their own reason to get vaccinated**

Everyone who chooses to get vaccinated does it for a reason—to protect their family, to protect their children, to be less anxious, to visit their parents, or to get back to activities like seeing friends, resuming work, or returning to school. After addressing concerns with empathy and facts, you can steer the conversation from "why not" to the important reasons that matter to them—their "why." You may choose to share your reasons for getting vaccinated or discuss common goals you may have, like visiting with each other safely. The reasons that someone may choose to get vaccinated will always be those that are most compelling to them personally.

### **Help make their vaccination happen**

Once someone decides on their "why," help them make a commitment to get vaccinated. Help make the path to vaccination shorter, easier, and less stressful for them. Offer to help your family member or friend make a vaccination appointment at a location nearby and, if needed, go with them to the appointment. Offer to help with transportation or to babysit if they need childcare. Remember, every person who chooses to get vaccinated brings us all a step closer to moving past the COVID-19 pandemic. As a trusted messenger to your family and friends, you can play a role in their decision to vaccinate.

# What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.

## Common side effects

### On the arm where you got the shot:

- Pain
- Redness
- Swelling

### Throughout the rest of your body:

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

## Helpful tips

If you have pain or discomfort after getting your vaccine, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

### To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

### To reduce discomfort from fever:

- Drink plenty of fluids.
- Dress lightly.

## When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

## Remember

- Side effects may affect your ability to do daily activities, but they should go away in a few days.
- With some COVID-19 vaccines, you will need 2 shots in order to get the most protection. You should get the second shot even if you have side effects after the first shot, unless a vaccination provider or your doctor tells you not to get it.
- You will only need 1 shot of the viral vector COVID-19 vaccine, Johnson & Johnson's Janssen COVID-19 Vaccine.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until about two weeks after your second shot. For COVID-19 vaccines that require 1 shot, it takes about two weeks after vaccination for your body to build protection.
- After you are fully vaccinated, you may be able to start doing some things you had stopped doing because of the pandemic. Visit CDC's website for the latest recommendations. [www.cdc.gov/coronavirus/vaccines](https://www.cdc.gov/coronavirus/vaccines).



## Ask your vaccination provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose

Learn more about **v-safe**.

[www.cdc.gov/vsafe](https://www.cdc.gov/vsafe)

## HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:

If your temperature is \_\_\_\_°F or \_\_\_\_°C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about: \_\_\_\_\_

**Healthcare provider phone number:** \_\_\_\_\_

### Medication (if needed):

Take \_\_\_\_\_ every \_\_\_\_ hours as needed.

(type and dose or amount)



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Fraud Alert: COVID-19 Scams

**The U.S. Department of Health and Human Services Office of Inspector General is alerting the public about fraud schemes related to the novel coronavirus (COVID-19).**

The U.S. Department of Health and Human Services Office of Inspector General is alerting the public about fraud schemes related to the novel coronavirus (COVID-19). Scammers are using telemarketing calls, text messages, social media platforms, and door-to-door visits to perpetrate COVID-19-related scams. Fraudsters are offering COVID-19 tests, HHS grants, and Medicare prescription cards in exchange for personal details, including Medicare information. **However, these services are unapproved and illegitimate.**

These scammers use the coronavirus pandemic to benefit themselves, and beneficiaries face potential harm. The personal information collected can be used to fraudulently bill federal health care programs and commit medical identity theft.

## Protect Yourself

- Be mindful of how you dispose of COVID-19 materials such as syringes, vials, vial container boxes, vaccination record cards, and shipment or tracking records. Improper disposal of these items could be used by bad actors to commit fraud.
- Offers to purchase COVID-19 vaccination cards are scams. Valid proof of COVID-19 vaccination can only be provided to individuals by legitimate providers administering vaccines.
- Photos of COVID-19 vaccination cards should not be shared on social media. Posting content that includes your date of birth, health care details or other personally identifiable information can be used to steal your identity.
- Be vigilant and protect yourself from potential fraud concerning COVID-19 vaccines. You will not be asked for money to enhance your ranking for vaccine eligibility. Government and state officials will not call you to obtain personal information in order to receive the vaccine.
- Beneficiaries should be cautious of unsolicited requests for their personal, medical, and financial information. Medicare will not call beneficiaries to offer COVID-19 related products, services, or benefit review.
- Be suspicious of any unexpected calls or visitors offering COVID-19 tests or supplies. If you receive a suspicious call, hang up immediately.
- Do not respond to, or open hyperlinks in, text messages about COVID-19 from unknown individuals.
- Ignore offers or advertisements for COVID-19 testing or treatments on social media sites. If you make an appointment for a COVID-19 test online, make sure the location is an official testing site.
- Do not give your personal or financial information to anyone claiming to offer HHS grants related to COVID-19.
- Be aware of scammers pretending to be COVID-19 contact tracers. Legitimate contact tracers will never ask for your Medicare number, financial information, or attempt to set up a COVID-19 test for you and collect payment information for the test.

*If you suspect COVID-19 health care fraud, [report it immediately online](#) or call 800-HHS-TIPS (800-447-8477).*



Protect Yourself

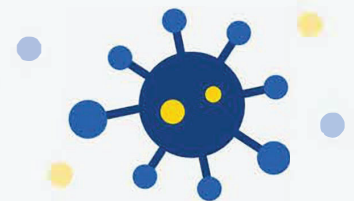
# AVOID COVID-19 Vaccine Scams

As COVID-19 vaccine distribution begins, here are signs of potential scams:

- You are asked to pay out of pocket to get the vaccine.
- You are asked to pay to put your name on a vaccine waiting list or to get early access.
- Advertisements for vaccines through social media platforms, email, telephone calls, online, or from unsolicited/unknown sources.
- Marketers offering to sell or ship doses of the vaccine for payment.
- ✓ **Protect Yourself. Do not give out your personal information to unknown sources.**

**!** If you believe you have been the victim of COVID-19 fraud, immediately report it to:

- HHS-OIG Hotline: **1-800-HHS-TIPS** | [tips.hhs.gov](https://tips.hhs.gov)
- FBI Hotline: **1-800-CALL-FBI** | [ic3.gov](https://ic3.gov)
- CMS/Medicare Hotline: **1-800-MEDICARE**



For accurate, up-to-date information about COVID-19, visit:

[oig.hhs.gov/coronavirus](https://oig.hhs.gov/coronavirus)  
[fbi.gov/coronavirus](https://fbi.gov/coronavirus)  
[justice.gov/coronavirus](https://justice.gov/coronavirus)



HHS  
Office of  
Inspector  
General



Federal  
Bureau of  
Investigation

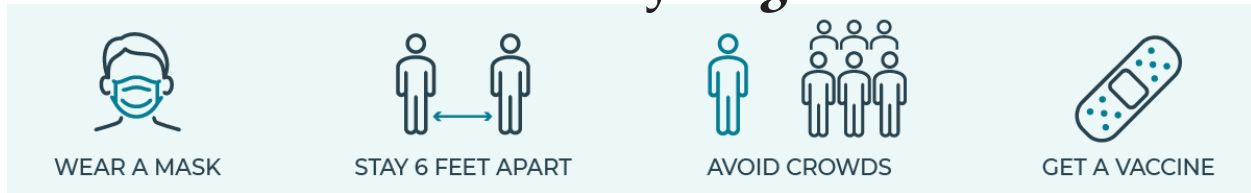


Department  
of Justice





# Cómo hablar acerca de las vacunas contra el COVID-19 con familiares y amigos



## Escuche sus preguntas con empatía

Las vacunas contra el COVID-19 son nuevas y es normal que las personas tengan dudas. El hecho de que circule tanta información —y desinformación— acerca de las vacunas contra el COVID-19 puede resultar abrumador para cualquiera. Puede ayudar con solo escuchar, sin juzgar, e identificar el origen de sus inquietudes. Responda a sus emociones para que sepan que han sido escuchados. Por ejemplo, puedes decir: "Al parecer el trabajo y la casa le causan estrés y la preocupación por la vacuna es otro motivo para estresarse. Realmente no es fácil".

## Formule preguntas abiertas para analizar sus inquietudes

Las preguntas abiertas están pensadas para obtener algo más que un "sí" o un "no" como respuesta. Formular preguntas abiertas puede ayudarle a entender qué es lo que le preocupa a su amigo o familiar, de dónde ha sacado la información que le preocupa y qué ha hecho para obtener respuestas a sus preguntas. Por ejemplo, puede preguntar: "¿Cómo se sintió después de ver esa noticia? ¿Qué hizo después?". Intente no juzgar y hágale preguntas que le ayuden a comprender sus inquietudes. Por ejemplo, evite decir cosas como: "¡Qué tontería!" o "¿Por qué le preocupa eso?".

## Pida permiso para compartir información

Una vez que entienda la pregunta o la preocupación de su amigo o familiar, pregúntele si puede brindarle información y dígame de dónde obtiene información confiable. Si está de acuerdo, estará más dispuesto a escucharle en lugar de sentir que le está imponiendo información no deseada. Puede encontrar respuestas a las preguntas más comunes en fuentes fidedignas, como CDC.gov, el sitio web del departamento de salud local u otras fuentes confiables como su médico, enfermero o farmacéutico. A veces, compartir respuestas rápidas y precisas ante las inquietudes comunes que puedan tener sus familiares o amigos puede servir para que alguien pase de la preocupación a la confianza. Si no sabe la respuesta a sus preguntas, considere la posibilidad de ofrecerles ayuda para buscar información.

## Ayúdelos a encontrar su propio motivo para vacunarse

Todas las personas que deciden vacunarse lo hacen por algún motivo: para proteger a su familia, para proteger a sus hijos, para estar menos ansiosos, para poder visitar a sus padres o para retomar actividades como ver a sus amigos o volver a la escuela o al trabajo. Después de abordar las inquietudes con empatía y datos reales, puedes encauzar la conversación partiendo del "por qué no" hasta los motivos que más les importan: "por qué sí". Puede optar por compartir sus motivos para vacunarse o analizar los objetivos comunes que puedan tener, como poder visitarse de manera segura. Los motivos por los que alguien puede elegir vacunarse siempre son aquellos que más le convienen a nivel personal.

## Ayúdelos a que se vacunen

Una vez que alguien determine sus motivos para vacunarse, ayúdelo a que se comprometa a vacunarse. Ayúdelo para que el proceso de vacunación sea más corto, más sencillo y lo menos estresante posible. Ofrézcase a ayudar a su familiar o amigo a reservar una cita de vacunación en un sitio cercano y, si fuese necesario, acompañelo a la cita. Ofrézcase a ayudar con el transporte o a cuidar de sus hijos, si necesita que los cuiden. Recuerde que cada persona que decide vacunarse nos ayuda a estar cada vez más cerca de poder superar la pandemia del COVID-19. Como mensajero de confianza de sus familiares y amigos, usted puede desempeñar un papel importante para que ellos decidan vacunarse.

# Qué esperar después de la aplicación de la vacuna contra el COVID-19

Versión accesible: <https://espanol.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

La vacunación contra el COVID-19 lo protegerá para que no contraiga la enfermedad. Es posible que tenga algunos efectos secundarios, los cuales son signos normales de que su cuerpo está desarrollando protección. Estos efectos secundarios podrían afectar su habilidad para hacer actividades diarias, pero deberían desaparecer en unos pocos días. Algunas personas no presentan efectos secundarios.

## Efectos secundarios frecuentes

### En el brazo donde le aplicaron la inyección:

- Dolor
- Enrojecimiento
- Hinchazón

### En el resto del cuerpo:

- Cansancio
- Dolor de cabeza
- Dolor muscular
- Escalofríos
- Fiebre
- Náuseas

## Consejos útiles

Si siente dolor o molestias después de vacunarse, pregúntele a su médico si debe tomar un medicamento de venta sin receta, como ibuprofeno o acetaminofeno.

### Para reducir el dolor o molestia en el lugar donde se le aplicó la inyección:

- Ponga un paño limpio, húmedo y frío sobre el área.
- Use o ejercite el brazo.

### Para reducir la molestia causada por la fiebre:

- Tome mucho líquido.
- No se abrigue mucho.

## Cuándo llamar al médico

En la mayoría de los casos, las molestias causadas por fiebre o dolor son normales. Consulte a su médico o proveedor de atención médica:

- Si el enrojecimiento o la sensibilidad en el lugar donde se le aplicó la inyección aumentan después de 24 horas
- Si le preocupan los efectos secundarios o estos no parecen desaparecer después de unos pocos días

## Recuerde

- Puede que los efectos secundarios afecten su habilidad para hacer actividades diarias, pero deberían desaparecer en unos pocos días.
- Con algunas vacunas contra el COVID-19, usted deberá ponerse 2 inyecciones para obtener la mayor protección. Debe ponerse la segunda inyección aunque tenga efectos secundarios después de aplicarse la primera, a menos que quien le ponga la vacuna o su médico le digan que no se la ponga.
- Solo necesitará una inyección de la vacuna Janssen contra el COVID-19 de Johnson & Johnson, que es una vacuna de vector viral.
- A su cuerpo le lleva tiempo desarrollar protección después de cualquier vacunación. Las vacunas contra el COVID-19 que requieran 2 inyecciones podrían no protegerlo hasta unas dos semanas después de aplicarse la segunda inyección. En el caso de las vacunas contra el COVID-19 que requieren una inyección, al cuerpo le toma unas 2 semanas para desarrollar protección después de aplicarse la vacuna.
- Después de que esté completamente vacunado, usted podría empezar a hacer algunas cosas que dejó de hacer por la pandemia. Visite el sitio web de los CDC para obtener las recomendaciones más recientes. <https://www.cdc.gov/coronavirus-es>.



**Pregúntele a quien le ponga la vacuna cómo empezar a usar v-safe.**

Use su teléfono inteligente (*smartphone*) para decirles a los CDC si presenta algún efecto secundario después de vacunarse contra el COVID-19. También recibirá recordatorios si necesita una segunda dosis.

Infórmese más sobre v-safe.

<https://vsafe.cdc.gov/es/>

## PROVEEDORES DE ATENCIÓN MÉDICA, COMPLETEN LA SIGUIENTE INFORMACIÓN:

Si su temperatura es de \_\_\_\_°F o de \_\_\_\_°C, o más, o si tiene preguntas, llame a su proveedor de atención médica.

Infórmele a su proveedor de atención médica sobre lo siguiente: \_\_\_\_\_

**Número de teléfono del proveedor de atención médica:** \_\_\_\_\_

### Medicamento (si es necesario):

Tome \_\_\_\_\_ cada \_\_\_\_ horas según sea necesario.  
(tipo y dosis, o cantidad)



[cdc.gov/coronavirus-es](https://cdc.gov/coronavirus-es)

# Alerta de fraude: estafas COVID-19

**La Oficina del Inspector General del Departamento de Salud y Servicios Humanos de EE. UU. Está alertando al público sobre esquemas de fraude relacionados con el nuevo coronavirus (COVID-19).**

La Oficina del Inspector General del Departamento de Salud y Servicios Humanos de EE. UU. Está alertando al público sobre esquemas de fraude relacionados con el nuevo coronavirus (COVID-19). Los estafadores están utilizando llamadas de telemarketing, mensajes de texto, plataformas de redes sociales y visitas puerta a puerta para perpetrar estafas relacionadas con COVID-19. Los estafadores ofrecen pruebas COVID-19, subvenciones del HHS y tarjetas de recetas de Medicare a cambio de datos personales, incluida la información de Medicare. **Sin embargo, estos servicios no están aprobados y son ilegítimos**

Estos estafadores usan la pandemia de coronavirus para beneficiarse y los beneficiarios enfrentan daños potenciales. La información personal recopilada se puede utilizar para facturar fraudulentamente a programas federales de atención médica y cometer robo de identidad médica.

## Protéjase

- Tenga en cuenta cómo se deshace de los materiales de COVID-19, como jeringas, viales, cajas de contenedores de viales, tarjetas de registro de vacunación y registros de envío o seguimiento. La eliminación inadecuada de estos artículos podría ser utilizada por los malos actores para cometer fraude.
- Las ofertas para comprar tarjetas de vacunación COVID-19 son una estafa. Solo los proveedores legítimos que administran las vacunas pueden proporcionar una prueba válida de la vacuna COVID-19 a las personas.
- Las fotos de las tarjetas de vacunación COVID-19 no deben compartirse en las redes sociales. Publicar contenido que incluya su fecha de nacimiento, detalles de atención médica u otra información de identificación personal puede usarse para robar su identidad.
- Esté atento y protéjase de posibles fraudes relacionados con las vacunas COVID-19. No se le pedirá dinero para mejorar su clasificación de elegibilidad para vacunas. Los funcionarios gubernamentales y estatales no lo llamarán para obtener información personal a fin de recibir la vacuna.
- Los beneficiarios deben tener cuidado con las solicitudes no solicitadas de su información personal, médica y financiera. Medicare no llamará a los beneficiarios para ofrecer productos, servicios o revisión de beneficios relacionados con COVID-19.
- Sospeche de cualquier llamada inesperada o visitantes que ofrezcan pruebas o suministros de COVID-19. Si recibe una llamada sospechosa, cuelgue inmediatamente.
- No responda ni abra hipervínculos en mensajes de texto sobre COVID-19 de personas desconocidas.
- Ignore ofertas o anuncios de pruebas o tratamientos de COVID-19 en los sitios de redes sociales. Si programa una cita para una prueba de COVID-19 en línea, asegúrese de que la ubicación sea un sitio oficial de pruebas.
- No brinde su información personal o financiera a nadie que afirme ofrecer subvenciones del HHS relacionadas con COVID-19.
- Tenga cuidado con los estafadores que pretenden ser rastreadores de contacto COVID-19. Los rastreadores de contactos legítimos nunca le pedirán su número de Medicare, información financiera ni intentarán configurar una prueba de COVID-19 para usted y recopilar información de pago para la prueba.

*Si sospecha de un fraude de atención médica COVID-19, infórmelo de inmediato en línea o llame al 800-HHS-TIPS (800-447-8477).*





Protéjase

# EVITE COVID-19 Estafas de vacunas

A medida que comienza la distribución de la vacuna COVID-19, aquí hay signos de posibles estafas:

- Se le pide que pague de su bolsillo para recibir la vacuna.
  - Se le pide que pague para poner su nombre en una lista de espera de vacunas o para obtener acceso temprano.
  - Anuncios de vacunas a través de plataformas de redes sociales, correo electrónico, llamadas telefónicas, en línea o de fuentes no solicitadas / desconocidas.
  - Comercializadores que ofrecen vender o enviar dosis de la vacuna a cambio de un pago.
- ✓ **Protégete a ti mismo. No revele su información personal a fuentes desconocidas.**

Si cree que ha sido víctima de COVID-19 fraude, inmediatamente reportelo a:

- HHS-OIG Hotline: **1-800-HHS-TIPS** | [tips.hhs.gov](https://tips.hhs.gov)
- FBI Hotline: **1-800-CALL-FBI** | [ic3.gov](https://ic3.gov)
- CMS/Medicare Hotline: **1-800-MEDICARE**



Para obtener información precisa y actualizada sobre COVID-19, visite:

[oig.hhs.gov/coronavirus](https://oig.hhs.gov/coronavirus)  
[fbi.gov/coronavirus](https://fbi.gov/coronavirus)  
[justice.gov/coronavirus](https://justice.gov/coronavirus)



HHS  
Office of  
Inspector  
General



Federal  
Bureau of  
Investigation



Department  
of Justice

