



## COVID-19

# Mandatory Staff Vaccination Guidance

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## Scope

The purpose of this document is to provide guidance to all licensed agencies and facilities that are required to follow Chapter 2 regulations. Those regulations include mandatory COVID-19 vaccination of staff, effective August 30, 2021.

## Background

In response to the COVID-19 pandemic, the Board of Health adopted an [emergency rule](#) on August 30, 2021. This rule requires all licensed facilities to develop and implement a policy and procedure to ensure 100% of employees, direct contractors, and support staff have obtained full COVID-19 vaccination status.

## Definitions

For the purpose of this document, definitions are as follows:

**Employee, direct contractor, support staff** - an individual who has the potential for exposure to clients of the facility or agency and/or to infectious materials, including bodily substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. These individuals may include, but are not limited to: licensed independent practitioners; students and trainees; individuals who directly contract with the facility or agency to provide services, whether on a permanent or temporary basis; visiting nursing staff; individuals who are affiliated with the facility or agency, but do not receive wages or other remuneration from the facility or agency; and persons not directly involved in client care, but are potentially exposed to infectious agents that can be transmitted to and from the individual providing services and clients of the facility or agency.

**Facility** - licensed agency or facility that is required to follow Chapter 2 regulations.

## Facility Policy

Each facility must develop and maintain a policy and procedure according to this rule. Each policy and procedure shall address, at a minimum, the following topics:

- A list of the categories or position descriptions of employees, direct contractors, and support staff exempt from the vaccination requirement, including justification for that decision.
- The facility’s criteria for accepting or rejecting medical or religious exemptions.
- Measures taken by the facility to protect clients and members of the public from exposure by unvaccinated individuals, which shall be based on state and national standards and guidelines. The policy shall include, at a minimum, how the facility will implement testing and masking for unvaccinated individuals.

## Exemptions

**Religious exemptions** - The criteria for religious exemptions is determined by facility policy. Religious exemptions must be documented and retained for inspection by Health Facility investigators. A single religious exemption in the facility requires the facility to submit a waiver request of the 100% vaccination requirement.

**Medical exemptions** - A medical exemption signed by a physician, physician assistant, advanced practice nurse, or certified nurse midwife licensed in the State of Colorado stating that the COVID-19 vaccination for the employee, direct contractor, or support staff is medically contraindicated as described in the product labeling approved or authorized by the Food and Drug Administration (FDA). Medical exemptions must be documented and retained for inspection by Health Facility investigators. Medical exemptions do not require the facility to submit a waiver request of the 100% vaccination requirement.

## Waiver Requests

Facilities may seek a waiver request of the 100% vaccination requirement under the following conditions:

Waiver Required	No Waiver Required
The facility has more than zero (0) religious exemptions.	100% of employees, direct contractors, and support staff are vaccinated.
	The combination of vaccinated staff and staff with documented medical exemptions accounts for 100% of the facility’s employees, direct contractors, and support staff.

Facilities may begin applying for waivers through the Health Facilities and Emergency Medical Services Division beginning September 17, 2021. Further instructions are forthcoming. Waivers may not be submitted prior to that date.

## Reporting Requirements

Facilities must report the following information to the Health Facilities Division beginning October 1, 2021. Reporting must be done on or before the first and 15th of each month.

- The total number of employees, direct contractors, and support staff, and whether or not the individuals are subject to the vaccination requirements.
- Total number of vaccinated employees, direct contractors, and support staff and the total number of employees, direct contractors, and support staff.
- Number of medical exemptions claimed by employees, direct contractors, and support staff.
- Number of religious exemptions claimed by employees, direct contractors, and support staff.
- Number of employees, direct contractors, and support staff identified by the facility as exempt from the vaccination requirements.
- Number of employees, direct contractors, and support staff who have left employment with the facility or agency due to the vaccination requirements, since the last reporting date.

Further instructions regarding the reporting mechanism are forthcoming prior to the first reporting date, October 1, 2021.

## **Measures Taken By The Facility To Prevent Exposure By Unvaccinated Individuals**

Facility policy shall include, at a minimum, how the facility will implement testing and masking for unvaccinated individuals. The following information on source control and testing for disease presence are minimum recommendations for those who are unvaccinated. Complete information for COVID-19 infection prevention can be located on [Centers for Disease Control and Prevention \(CDC\) website](#). Facilities must use the following information, in addition to the most up to date CDC guidance, to develop a policy that meets the needs of employees, direct contractors, support staff, and those that are provided services by the facility.

### **Source Control Measures**

- Employees, direct contractors, and support staff who are not fully vaccinated should arrive at the facility wearing their community source control (i.e. face covering or cloth mask).
- Employees, direct contractors, and support staff who are not fully vaccinated should remove their community source control upon arriving at work and don a well-fitting medical grade face mask or respirator. This should remain in place for the duration of the time the employee, direct contractor, and support staff is providing care.
- When leaving the facility at the end of their shift, employees, direct contractors, and support staff who are not fully vaccinated should remove and dispose of their medical grade face mask or respirator, perform hand hygiene, and put on their community source control.

- Employees, direct contractors, and support staff who are not fully vaccinated should wear a mask and socially distance themselves from others whenever possible while in the facility, including but not limited to breakrooms, meeting rooms, and offices.

## Testing Frequency

Facilities may utilize viral tests, which include nucleic acid amplification tests (NAATs, including polymerase chain reaction [PCR]) and antigen tests, for screening testing of unvaccinated healthcare workers (including employees, direct contractors, and support staff).

Screening testing of asymptomatic unvaccinated (i.e., not fully vaccinated) health care workers should be as follows, based on the level of community transmission:

- In facilities located in counties with substantial to high community transmission, unvaccinated health care workers should have a viral test twice a week. Unvaccinated health care workers should also have a rapid test prior to beginning each shift. If unvaccinated health care workers work infrequently at these facilities, they should ideally be tested within the three days before their shift (including the day of the shift).
- In facilities located in counties with moderate community transmission, unvaccinated health care workers should have a viral test once a week.
- In facilities located in counties with low community transmission, expanded screening testing is not required.