



IMPLEMENTATION GUIDANCE FOR EXECUTIVE ORDER 13F
VACCINATION MANDATE FOR STAFF IN LONG TERM CARE FACILITIES
SEPTEMBER 10, 2021

This implementation guidance supersedes all guidance issued by DPH for the implementation of Executive Order 13B (“EO 13B”)

On September 3, 2021, Governor Lamont signed [Executive Order 13F](#) mandating that “covered LTC workers” of a “long-term care facility” (“facility” or “facilities”) must be vaccinated for COVID-19 by September 27, 2021. Executive Order 13F amends EO 13B signed on August 6, 2021, by clarifying the individuals subject to the vaccine mandate and extending the compliance deadline. This guidance sets forth the form and manner in which the Connecticut Department of Public Health (“DPH”) shall require facilities to authenticate the vaccination status of individuals subject to the Executive Order, maintain documentation of vaccination or exemption of such individuals, and report to DPH compliance with the Executive Order.

I. AUTHENTICATING VACCINATION STATUS FOR INDIVIDUALS SUBJECT TO THE ORDER

Individuals subject to the Executive Order may prove their COVID-19 vaccination status by providing to the facility a copy of any *one* of the following categories of documentation:

- 1) A CDC Vaccination Card AND a declaration signed by the individual attesting to the authenticity of the card. The CDC Vaccination Card must contain the name and date of birth of the individual, the type of vaccine administered, and the date(s) on which the vaccine was administered. A sample declaration form is included in **Appendix C**, titled “Forms”. It is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that the card is fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. SEC. 1017; or
- 2) A record from the individual’s vaccine provider indicating the name and date of birth of the individual, the type of vaccine administered, and the date(s) on which the vaccine was administered (“Provider Vaccination Record”). Individuals may contact their vaccination provider to request a copy or log into the patient portal for that provider; or
- 3) A certificate from the Vaccine Administration Management System (“VAMS”), if the individual received vaccination through the VAMS system (“[VAMS Certificate](#)”). The VAMS Certificate must contain the name and date of birth of the individual, the type of vaccine administered, and the date(s) on which the vaccine was administered. Individuals may access the VAMS Certificate by logging into [VAMS](#); or
- 4) A copy of the individual’s official immunization record from the Connecticut Immunization Information System, [CT WiZ](#). Valid CT WiZ immunization records contain the name and date of birth of the individual, the type of vaccine administered, and the date(s) upon which the vaccine was administered. Individuals may download a copy of their record by using the instructions at [Connecticut Immunization Program home page](#). Individuals also may call DPH at (860) 509-7929 to request a copy of their record sent by

mail. Please note that phone requests may be subject to delay and may not be available to the individual requesting their immunization record by the September 27, 2021 deadline.

The Executive Order requires all individuals and facilities to obtain the appropriate immunization documentation by the September 27th deadline. Processing delays with vaccine providers, VAMS, or DPH will not excuse compliance with the Executive Order.

II. MAINTAINING DOCUMENTATION TO DEMONSTRATE COMPLIANCE WITH THE ORDER

Facilities shall maintain on-site the following information, and such information shall be made available to DPH upon DPH's request:

- 1) A master roster of all covered LTC workers, which includes employees, individuals who provide services under contract with the facility, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. The master roster must identify each individual who
 - a. is fully vaccinated and the date(s) of their vaccination(s),
 - b. has a pending vaccine appointment as of September 27, 2021 (including the date of the pending appointment), or
 - c. has a medical or religious exemption from the vaccination order.
- 2) Vaccination records for each covered LTC worker (see Section I above); or
- 3) Medical exemption and religious exemption forms for each covered LTC worker claiming a valid exemption. For medical exemptions submitted to the facility on or before September 10, 2021, covered LTC workers may submit forms that were based on the sample provided by DPH in earlier guidance or forms that include at least the same information as the earlier sample. For medical exemptions submitted to the facility **on or after September 10, 2021**, covered LTC workers must use the medical exemption form included in **Appendix C**. Note: medical exemption forms must be signed by the individual's medical provider; DPH will not accept medical exemptions forms signed by the facility's medical staff, including but not limited to, the Medical Director, unless the medical staff is also the individual's medical provider.

Facilities must keep this documentation current. The Facility Licensing and Investigations Section ("FLIS") shall monitor compliance with Executive Order 13F either remotely or through an onsite visit and by submitted reports.

III. REPORTING REQUIREMENTS

Facilities subject to Executive Order 13F must report selected vaccination information and declare that they have complied with the Order. Facilities must submit the requested information and Declaration of Compliance electronically through the [DPH FLIS portal](#). The DPH FLIS portal began accepting the reports and declarations on September 8, 2021. Facilities must submit **complete** reports and **signed** declarations by **September 28, 2021, no later than 11:59 p.m.**, to comply with the reporting requirement of the Order. Pursuant to the Executive Order, a facility's

failure to timely report to DPH is a violation of the Order and subject to a civil penalty of up to \$20,000 per day for each day the report is incomplete, or the attestation is unsigned.

To fulfil the reporting and attestation requirement, facilities must provide and declare as true the following information using a fillable form available on the FLIS portal:

- 1) Facility name and type.
- 2) Name, title, phone number and email of person submitting the report.
- 3) The total number of covered LTC workers.
- 4) The total number of covered LTC workers who:
 - a. Are fully vaccinated.
 - b. Received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or an appointment for a single-dose vaccine or has received a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine but are not past the 14-day period.
 - c. Have provided a compliant medical exemption from their physician, physician assistant or advanced practice registered nurse.
 - d. Object to vaccination on the basis of a sincerely held religious belief
 - e. Do not fall within the foregoing categories.
- 5) Declare that they are authorized to submit the information on behalf of the facility and that their submission on behalf of the facility is accurate and true.

Please see **Appendix A** for directions on how to complete the report to DPH. DPH may require facilities to update their vaccination report and confirm compliance with the Order regularly. DPH will notify facilities of additional reporting requirements.

A list of frequently asked questions (“FAQs”) follows (**Appendix B**). Facilities may submit additional questions to dph.flisadmin@ct.gov.



Appendix A:
How to Report Long Term Care Facility
Staff Vaccination
September 10, 2021

Long Term Care Facility EO 13F Reporting Instructions

HOW TO REPORT:

- Facilities are required to assign an individual to submit **complete** reports and **signed** declarations by **September 28, 2021, no later than 11:59 p.m.**
- Facilities are required to enter the information on the [DPH FLIS – Facilities Licensing & Investigations Section \(FLIS\) portal](#).
- The “COVID-19 LTCF Facility Staff Vaccination” form is linked to a green “button” located under the heading “**no log-in required.**” Facilities should be able to click on the button and enter their information.

INFORMATION REQUESTED ON THE FORM:

1. Facility type. This is a drop-down box with the following categories:
 - Assisted Living Services Agency
 - Chronic Disease Hospital
 - ICF/IID
 - Managed Residential Communities
 - Nursing Home
 - Residential Care Home
2. Facility Name. This is a drop-down box; facilities can scroll until they see the name of their facility.
3. First name of person submitting this report.
4. Last name of person submitting this report.
5. Title of person submitting this report.
6. Phone number of person submitting this report.
7. Email of person submitting this report.
8. Date of report/submission date. This is automatically generated.
9. As of this date, provide the total number of “covered LTC workers” in your “long-term care facility” as these terms are defined in Executive Order 13B.
10. As of this date, provide the number of covered LTC workers who:
 - 10a. Are fully vaccinated against COVID-19 (at least 14 days have elapsed since a person has received the final dose of a COVID-19 vaccine).
 - 10b. Received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.
 - 10c. Provided documentation from a physician, physician’s assistant, or advanced practice registered nurse stating that the administration of COVID-19 vaccine is likely to be detrimental to the individual’s health.
 - 10d. Provided documentation of their objection to vaccination on the basis of a sincerely held religious belief.
 - 10e. Number of covered LTC workers who do not fall within the foregoing categories.

Before submitting the form, the individual completing the form must check off the following boxes:

- I warrant and declare under penalty of perjury that the information included in this report is accurate. Submission of a false statement to the Department of Public Health is subject to the criminal penalties of false statement pursuant to Conn. Gen. Stat. § 19a-500 and § 53a-157b.*
- I am authorized to submit this information on behalf of my facility.*

Appendix B:
Frequently Asked Questions
September 10, 2021

FREQUENTLY ASKED QUESTIONS

Q1: *Which long-term care facilities are subject to the Order?*

The following long-term care facilities are subject to the Order: “any facility, agency or provider that is a nursing home, as defined in section 19a-521, a residential care home, as defined in section 19a-521, an assisted living services agency, as defined in section 19a-490, an intermediate care facility for individuals with intellectual disabilities, as defined in 42 USC 1396d(d), managed residential community as defined in section 19a-693a, or a chronic disease hospital, as defined in section 19a-550.”

Q2: *What is a “covered LTC worker”?*

Under the Order, “‘covered LTC worker’ includes employees, consultants, contractors including persons who provide services to the long-term care facility under a contract entered into by the facility, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.” Covered LTC worker does not include visitors of a patient or resident.

Q3: *What qualifies as “fully vaccinated”?*

Under the Order, “‘fully vaccinated’ means at least 14 days have elapsed since a person has received the final dose of a vaccine approved for use against COVID-19 by the U.S. Food and Drug Administration, or as [otherwise defined by the Centers for Disease Control.](#)”

Q4: *Which individuals are subject to the Executive Order?*

The individuals subject to the Order are individuals who provide care or services to patients or residents, including new and current employees, individuals providing services under a contract entered into by the facility, volunteers, caregivers who provide care and services to residents on behalf of the facility, students in the facility’s nurse aide training programs, or students from affiliated academic institutions.

Q5: *Do attorneys, court appointed staff, sheriffs, officers/agents of service of the court who may be serving legal documents need to be included or do they need to be vaccinated?*

No, except attorneys who provide services in the facility and are either employed by the facility or who provide services as a result of a contract entered into by the facility.

Q6: *Do visitors need to be vaccinated to comply with this Order?*

No.

Q7: *Do hairdressers need to be vaccinated to comply with this Order?*

Yes, if they are new or current employees, volunteers, provide services as a result of a contract entered into by the facility, or are caregivers who provide care and services to residents on behalf of the facility. See Q4.

Q8: *Do facility entertainers need to be vaccinated to comply with this Order? (indoor and outdoor)*

Yes, if they are new or current employees, volunteers, provide services as a result of a contract entered into by the facility, or are caregivers who provide care and services to residents on behalf of the facility. See Q4.

Q9: *Do emergency medical services personnel, including ambulance drivers and other transportation providers, need to be vaccinated to comply with this Order?*

Emergency medical services personnel, including ambulance drivers, responding to emergencies or 911 calls are not subject to this Order. If the facility has a contract or agreement with a provider for routine transport, transport provider personnel would be providing services as a result of a contract entered into by the facility and subject to the Executive Order. See Q4.

Q10: *Do facilities need to verify whether DPH surveyors, DSS staff, MFP staff, and staff from the Long-Term Care Ombudsman Program have been vaccinated in order to comply with this order?*

No, facilities do not need to verify or collect information about the vaccination status of DPH surveyors, DSS staff, MFP staff, and staff from the Long-Term Care Ombudsman Program.

Q11: *Do all staff who are working at day programs contracted by the intermediate care facility for individuals with intellectual disabilities (ICF/IIDs) need to be vaccinated in accordance with this order?*

Yes, if the day program is provided *in the facility*.

Q12: *Does Executive Order 13F apply to individuals who contract directly with patients or residents, for example private duty nurses?*

The Executive Order does not extend to persons who are under contract with a third party like a resident or resident family member. Please keep in mind that assisted living services agencies are subject to and must comply with the Order.

Q13: *The definition of “covered LTC worker” looks like the definition of “facility staff” in the CMS testing requirements for skilled nursing facilities and the Commissioner’s Order for staff testing in skilled nursing facilities. Is this intentional?*

Yes, the definition of “covered LTC worker” is intended to mirror the definition of “facility staff” used in the CMS and state testing mandates for skilled nursing facilities.

Q14: *Does the facility need to terminate an employee if they are not fully vaccinated by Sept 27, 2021?*

The Order governs the vaccination requirements for covered LTC workers, not employment status. New or current covered LTC workers who are not fully vaccinated by September 27, 2021, may continue their employment, maintain their contract or other arrangements at the facility at the facility if they:

(1) Have received the first dose and have either received a second dose or have an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or have received a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine; or

(2) Have provided the facility with a medical or religious exemption form, and the employee is able to perform their essential job functions or provide services with a reasonable accommodation that is not an undue burden on the long-term care facility. A reasonable accommodation cannot pose a direct threat to the health or welfare of patients or residents.

Q15: *If a covered LTC worker is unvaccinated because the facility has approved a medical or religious exemption for the individual, can the individual still work in the facility?*

A covered LTC worker who has an approved medical or religious exemption can continue their employment or maintain their contract or other arrangements at the facility only if the individual is able to perform their essential job functions or provide services with a reasonable accommodation that is not an undue burden on the long-term care facility and does not pose a direct threat to the health or welfare of patients or residents. A reasonable accommodation that meets the following requirements should not constitute a direct threat to the health or welfare of patients or residents at a facility:

(1) The individual must adhere to the CMS requirements of [QSO-20-39-NH \(revised\)](#) memo applicable to the Core Principles of infection control in skilled nursing facilities if the facility is a SNF or the [CDC guidance for infection control](#) applicable to the facility's setting; **AND**

(2) The individual undergoes COVID-19 viral testing (molecular or antigen) at least weekly.

Q16: *What medical conditions qualify for a medical exemption?*

A covered LTC worker may present a medical exemption to the facility based on a determination by the individual's physician, physician's assistant, or advanced practice registered nurse that the administration of a COVID-19 vaccine is likely to be detrimental to the individual's health. It is ultimately up to the individual's physician, physician's assistant, or advanced practice registered nurse to determine which medical conditions qualify for a medical exemption. **Appendix C** titled "Forms" includes a medical

exemption form for individuals claiming a medical exemption to be signed by the individual's physician, physician assistant or advanced practice registered nurse.

Q17: *Does the facility have to use the DPH medical exemption form?*

Yes, but only for medical exemptions submitted after September 10, 2021. For medical exemption forms completed on or before September 10, 2021, DPH will accept valid medical exemptions that relied on the previous form as a sample and contain at least the same information as set forth on the previous sample.

Q18: *What are the requirements for a religious exemption and who can approve the religious exemption?*

The Executive Order allows covered LTC workers to apply for an exemption from the vaccination mandate “on the basis of a sincerely held religious or spiritual belief” and provided that “the covered LTC worker is able to perform his or her essential job functions with a reasonable accommodation that is not an undue burden on the long-term care facility[.]” Facilities have the discretion for approving religious and spiritual exemptions and must maintain and provide on demand to DPH documentation demonstrating that the covered LTC worker has been granted a religious or spiritual exemption.

Q19: *What is acceptable documentation for a religious or spiritual exemption?*

It is up to the facility to develop their own religious or spiritual exemption forms. At the very least, documentation demonstrating that a covered LTC worker has requested and been granted a religious or spiritual exemption should include a signed declaration by the covered LTC worker that the individual objects to participating in the facility's vaccination program on the basis that receiving such vaccine would conflict with his or her sincerely held religious belief and practices, and that the covered LTC worker understands that his or her request for an accommodation may not be granted if it is not reasonable, if it would impose an undue hardship on the facility, or if it poses a direct threat to the health or welfare of patients or residents.

Appendix C:
Forms
September 10, 2021

**Appendix C1
CDC COVID-19 Vaccination Card Declaration**

**Declaration Attesting to the Authenticity of an Individual's CDC
COVID-19 Vaccination Card**

Pursuant to Executive Order 13F, a long-term care facility shall ensure that covered LTC workers are fully vaccinated against COVID-19, partially vaccinated by September 27, 2021, or exempted from the vaccine requirement for medical or religious reasons. Individuals submitting a CDC vaccination card to verify their vaccine status must also include a declaration attesting that the card is authentic.

If you are using a CDC vaccination card to verify your vaccine status, please complete this declaration form and submit it to the individual(s) designated by the facility to receive these forms.

Name	
Job Title	
Supervisor/Department	
Email	
Phone Number	
Date of Request	

I declare and attest that the attached is a copy of the CDC vaccination card I received when I was vaccinated for COVID-19 and that the information on the card is true. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it's fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. SEC. 1017;

Employee Signature

Date

Appendix C2 Medical Exemption Form for COVID-19 Vaccination

COVID-19 Vaccination Medical Exemption Request Form

Pursuant to Executive Order No. 13F, a long-term care facility may exempt an individual from the facility’s COVID-19 vaccination requirement if the individual’s physician, physician assistant, or advanced practice registered nurse determines that the administration of the COVID-19 vaccine is likely to be detrimental to the individual’s health. In such cases, the facility may allow the individual to have direct access to patients and residents if the individual is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the long-term care facility and does not pose a direct threat to the health or welfare of patients or residents.

To request a medical exemption from the facility’s vaccination requirement, please have your physician, physician assistant, or advanced practice registered nurse complete this form. Once the form is completed, please submit it to the individual designated by the facility.

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:

The above-named individual has requested a medical exemption from the Facility’s COVID-19 vaccination program. The Facility will evaluate the request based on the medical information you provide below. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

Please complete this form if the person listed above is your patient, you agree that this patient has medical contraindications to receiving all currently available COVID-19 vaccines, and you recommend that this patient should **NOT** be vaccinated for COVID-19 based on their individual medical condition(s). More information on clinical considerations for COVID-19 vaccination, including contraindications, can be found on the CDC website: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.

We encourage you to listen carefully to your patient’s concerns regarding vaccination and provide information that will help them make a fully informed decision. The CDC also provides information that is helpful in overcoming vaccine hesitancy. For some patients, specialists in allergies and immunology may be able to provide additional care and advice. Please include any related medical information connected to your assessment.

Directions:

- Part 1.** Please complete the Provider Information requested.
- Part 2.** Please mark the currently recognized contraindications/precautions that apply to this patient (indicate all that apply).
- Part 3.** If no contraindications or precautions apply in part 2, write a brief explanation of the reason the patient requires the medical exemption from COVID-19 vaccination.
- Part 4.** Read, sign, and date the Statement of Clinical Opinion.

PART 1. PROVIDER INFORMATION

PATIENT NAME: _____

Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):

Name and Address of Practice:

Contact Phone Number: _____ *Email:* _____

State License Number: _____

PART 2. SPECIFIC CONTRAINDICATIONS

Please mark the vaccine(s), exemption duration, and all contraindications/precautions that apply to this patient for each vaccine.

Medical contraindications and precautions for COVID-19 vaccine are based upon the Advisory Committee on Immunization Practices (ACIP) [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#), published by the Centers for Disease Control and Prevention.

A **contraindication** is a condition in a recipient that increases the risk for a serious vaccine adverse event (VAE) or compromises the ability of the vaccine to produce immunity.

A **precaution** is a condition in a recipient that might increase the risk for a serious VAE or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations are deferred when a precaution is self-limiting, but can be administered if the precaution condition improves.

CDC Recognized Contraindications and Precautions

COVID-19 VACCINES INCLUDED IN EXEMPTION	EXEMPTION DURATION	ACIP CONTRAINDICATIONS AND PRECAUTIONS (CHECK ALL THAT APPLY)
<input type="checkbox"/> Pfizer mRNA vaccine	<input type="checkbox"/> Temporary through: _____/_____ mm / yyyy	<input type="checkbox"/> Severe allergic reaction* (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine <input type="checkbox"/> Immediate allergic reaction* of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine Precautions <input type="checkbox"/> History of an immediate allergic reaction* to any vaccine other than COVID-19 vaccine <input type="checkbox"/> History of an immediate allergic reaction* to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"]) <input type="checkbox"/> History of an immediate allergic reaction* to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction
<input type="checkbox"/> Moderna mRNA vaccine		
<input type="checkbox"/> Janssen/ J&J viral vector vaccine		

* Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

PATIENT NAME: _____

Neither contraindications nor precautions to COVID-19 vaccination

Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), are **not** a contraindication or precaution to COVID-19 vaccination. The vial stoppers of COVID-19 vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for people with a latex allergy. In addition, because the COVID-19 vaccines do not contain eggs or gelatin, people with allergies to these substances do not have a contraindication or precaution to vaccination.

Delayed-onset local reactions have been reported after mRNA vaccination in some individuals beginning a few days through the second week after the first dose and are sometimes quite large. People with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area after the first vaccine dose do **not** have a contraindication or precaution to the second dose. These individuals should receive the second dose using the same vaccine product as the first dose at the recommended interval, preferably in the opposite arm.

PART 3. OTHER TYPE OF MEDICAL CONDITION

Complete this section if claiming a medical exemption for a COVID-19 vaccine based on a condition that does not meet any of the ACIP criteria for a contraindication or precaution listed in Part 2.

Please provide an explanation of the condition(s) indicated above:

CERTIFICATION: I certify that the above-named individual should be granted a medical exemption from COVID-19 vaccination because I have reviewed the clinical considerations for COVID-19 vaccination and accordingly have determined that the administration of a COVID-19 vaccine would be detrimental to the individual's health.

Signature: _____ **Date:** _____