

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Acting Commissioner




Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### HEALTHCARE QUALITY AND SAFETY BRANCH

## BLAST FAX 2021-24

TO: Nursing Homes, Residential Care Homes, Assisted Living Facilities, Managed Residential Care, Immediate Care Facilities for Individuals with Intellectual Disabilities

FROM: Commissioner Deidre S. Gifford, MD, MPH 

CC: Deputy Commissioner Heather Aaron, MPH, LNHA  
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner  
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Donna Ortelle, Section Chief, Facility Licensing and Investigations Section  
Vivian Leung, MD, HAI-AR Program Coordinator

DATE: August 18, 2021

SUBJECT: Implementation Guidance for Executive Order 13B, Vaccination Mandate

The attached document is for your attention.



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IMPLEMENTATION GUIDANCE FOR EXECUTIVE ORDER 13B:  
VACCINATION MANDATE FOR STAFF IN LONG TERM CARE FACILITIES  
AUGUST 18, 2021

On August 6, 2021, Governor Lamont signed [Executive Order 13B](#) mandating that individuals with direct access to patients or residents of long term care facilities (“facility” or “facilities”) must be vaccinated for COVID-19 by September 7, 2021. 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. A sample declaration form is included in [Appendix B](#), 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 type of vaccine and the date(s) 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](#)”). Individuals may log into [VAMS](#); or
- 4) A copy of the individual’s official immunization record from the Connecticut Immunization Information System, [CT WiZ](#). *Beginning on or after Friday, August 20, 2021*, 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 7, 2021 deadline.

The Executive Order requires all individuals and facilities to obtain the appropriate immunization documentation by the September 7<sup>th</sup> 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 individuals with "direct access" to patients or residents, including employees, individuals who provide services under contract with the facility or the patient or resident, and volunteers. The master roster must identify each individuals who
  - a. is fully vaccinated and the date(s) of their vaccination(s),
  - b. has a pending vaccine appointment as of September 7, 2021 (including the date of the pending appointment), and
  - c. has a medical or religious exemption from the vaccination order.
- 2) Vaccination records for each "direct access" individual (see Section I above); and
- 3) Medical exemption and religious exemption forms for each individual claiming a valid exemption. Templates for medical and religious exemption forms are included in Appendix B. (Note: medical exemption forms must be signed by the individual's medical provider; DPH will not accept medical exemption 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 also keep this documentation current. The Facility Licensing and Investigations Section ("FLIS") shall monitor compliance with [Executive Order 13B](#) either remotely or through an onsite visit.

## III. REPORTING REQUIREMENTS

Facilities subject to Executive Order 13B 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 will begin accepting the reports and declarations beginning on September 1, 2021. Facilities must submit **complete** reports and **signed** declarations by **September 8, 2021, no later than 11:59 p.m.**, to comply with the reporting requirement of the Order. Pursuant to Section 4 of 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 \$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 that will be 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 facility employees, persons under contract with the facility, and volunteers who have direct access to a patient or resident of the facility.
- 4) The total number of facility employees, persons under contract with the facility, and volunteers who have direct access to a patient or resident of the facility and 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. Has provided a medical exemption from their physician, physician assistant or advanced practice registered nurse.
  - d. Objects to vaccination on the basis of a sincerely held religious belief
  - e. Do not fall within the foregoing categories but have direct access to patients or residents of the facility.
- 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.

If a facility reports on September 8, 2021, that individuals who have not been vaccinated pursuant to the Order and do not have a valid exemption continue to have direct access to patients or residents of the facility, the facility will be required to report the following additional information through the [DPH FLIS portal](#):

- 1) The names of the individuals; and
- 2) The number of days the facility expects such persons will have direct access to patients or residents through September 15, 2021.

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 A). Facilities may submit additional questions to [dph.flisadmin@ct.gov](mailto:dph.flisadmin@ct.gov).

# Appendix A. Frequently Asked Questions

(August 18, 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 “direct access”?*

Under the [Order](#), “ ‘direct access’ means physical access to a patient or resident of a long-term care facility.”

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 employees, individuals providing services under a contract entered into by the facility and volunteers who have direct access to residents or patients.

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 employed by or who provide services as a result of a contract entered into by the facility and have direct access to patients or residents.

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 employees, volunteers or provide services as a result of a contract entered into by the facility and have direct access to patients or residents.

Q8: *Do facility entertainers need to be included in this order? (indoor and outdoor)*

Yes, if they are employees, volunteers or provide services as a result of a contract entered into by the facility and have direct access to patients or residents.

Q9: *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. Vaccination of DPH surveyors, DSS staff, MFP staff, and staff from the Long Term Care Ombudsman Program is not covered by Executive Order 13B.

Q10: *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?*

Employees, volunteers or individuals who provide services as a result of a contract entered into by the facility and have direct access to patients or residents *in the facility* are subject to this Order.

Q11: *Does the facility have to use the DPH medical exemption and religious exemption forms?*

No, the forms provided in Appendix B are a template for facilities. However, facility forms should contain at least the same information as the DPH template.

Q12: *Does the facility need to terminate an employee if they are not fully vaccinated by Sept 7, 2021?*

The Order governs the vaccination requirements for employees and others who have direct access to patients or residents of long-term care facilities, not employment status. Employees who are not fully vaccinated by September 7<sup>th</sup> may have direct access to patients and residents of 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 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.

Q13: *If an individual has an executed medical or religious exemption form, can the individual still work in the facility?*

The individual can have direct access to patients and residents only 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. 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.

Q14: *What medical conditions qualify for a medical exemption?*

An individual 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 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 B titled "forms" includes a template medical exemption form for each individual claiming a medical exemption to be signed by the individual's physician, physician assistant or advanced practice registered nurse.

Q15: *Can the facility Medical Director or other medical staff at a facility, such as an APRN or PA, sign a medical exemption form for an individual?*

A medical exemption can only be signed by the individual's physician, physician's assistant, or advanced practice registered nurse. A Medical Director or other facility medical staff may sign a medical exemption form for an individual ONLY if the Medical Director or the staff is also the individual's provider.

Q16: *What are the requirements for a religious exemption and who can sign off on the religious exemption?*

Each individual claiming a religious exemption must sign a statement attesting that vaccination is contrary to their sincerely held religious beliefs. Appendix B titled "forms" includes a template religious exemption form for individuals claiming a religious exemption.

# Appendix B Forms

(August 18, 2021)

**Appendix B1**  
**Template CDC COVID-19 Vaccination Card Declaration**

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

Pursuant to [Executive Order No. 13B](#), a long-term care facility shall ensure individuals with direct access to a patient or resident of a long-term care facility are fully vaccinated against COVID-19, partially vaccinated by September 7, 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 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 B2**  
**Template for Religious Exemption for COVID-19 Vaccination**

**Religious Accommodation for Exemption from the Facility's  
Mandatory COVID-19 Vaccination Program**

**Request Form**

Pursuant to Executive Order No. 13B, a long-term care facility may exempt an individual from the facility's COVID-19 vaccination requirement if an individual objects to the vaccination based on sincerely-held religious beliefs and practices. 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 religious exemption from the facility's vaccination requirement, please complete this 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 that I object to participating in the facility's vaccination program on the basis that receiving such vaccine would be in conflict with my sincerely-held religious belief and practices, and that my belief and practice are in direct conflict with my facility's vaccination program vaccine requirement. I also understand that my 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 posed a direct threat to the health or welfare of patients or residents.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Appendix B3 Template for Medical Exemption for COVID-19 Vaccination

**COVID-19 Vaccination Medical Exemption Request Form**

Pursuant to Executive Order No. 13B, 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: \_\_\_\_\_

Physician/Physician Assistant/Nurse Practitioner Name (print): \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

License Number: \_\_\_\_\_

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 you recommend that your patient should NOT be vaccinated for COVID-19.

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.

**CERTIFICATION:** I certify that the above-named individual be granted a medical exemption from the Facility’s COVID-19 vaccination requirement because I have determined that the administration of a COVID-19 vaccine would be detrimental to the individual’s health.

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

Date: \_\_\_\_\_

