

Strategies to Help Implement the Vaccine Requirements: Exemptions

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Stacey Scarborough: In the state of California, they do allow the exemption, so you need to turn in either your full vaccination status – your first and your second shot – and then two weeks after, or you need to file for your medical or your religious exemption. We are a large – large union shop. What we are doing is that when you file for exemption, we're having our disability management company – and we use Sedgwick – they are handling the approval of those exemptions. When they get their information, and they fill out their exemption, it's going to disability management. And then after they've done an interview, then they send – if the staff's in the process or if they're fully exempt, which is just giving protection if you end up into a legal issue of having to terminate a staff. It's just been a really nice partner to have in this whole exemption process.

Yolanda Gonzales: Some still are waiting for religious and also for medical. We did consult with a second resource. Our H.R. Department is not determining the medical. We have a second party doing that for us because we don't want to have it connected to our H.R. We want a second party to do that. As far as religious, what we said to the board is that we have put policies in place staff could requested. However, they do know that if and when the Office of Head Start provides that guidance and the rule, then we will come back and make those modifications if needed to the policy.

Maureen Burns Vermette: Really having an understanding of where each of your different staff people are, as far as, are they falling into the medical or religious exemption category? And I think I've – we've been hearing from a lot of folks using those third parties to make those determinations within your agency is a really good strategy. Because then you are going to be able to react a lot better in terms of the being able to know where they are and what you're staffing to. And I think having – I'm also hearing kind of having those one-on-one conversations and giving folks the time off and things that they need to be able to get those – the vaccinations they choose.

Julie Mickley: Pegg and I both really spend a lot of time doing a lot of webinars, a lot of learning. I spend a lot of time learning on the H.R. side, what is best practice and what do they feel is appropriate as far as exemptions? We do have an attorney on our board, of course, that we ran everything by and talked through the legality of the exemptions and really utilize the resources of Sherm and different kind of human resources experts as well. And then we came up with an exemption request form that we had people complete. For the medical requests, that's quite a bit more straightforward. We just said, "Have your health care provider write a letter explaining why you're requesting an exemption." The religious – deeply held religious beliefs – is a little trickier. And I didn't want to be in the position of determining the validity of someone's religious beliefs, so we really just have them lay it out. "This is my deeply held belief," and kind

of create this compelling narrative for us of why they believe why a vaccine is not appropriate for them because of their deeply held belief.

We actually only had one religious exemption request. It wasn't a huge issue for us as far as that goes. But we did have them sign just saying like, "These are my beliefs. This is" ... And check a box that said if we wanted to speak to a clergy person or an expert in their particular spiritual belief system or religion, would they be open to providing more information? And that was kind of the process we took as far as that goes.

We did have people go to their doctor requesting a medical exemption and their doctor, you know, said no, and said, "Really, it's appropriate for you to get the vaccine." In those conversations, I'm glad people went to their doctors because in those conversations, their doctor was able to explain to them why it was important, and it was really the case early on. Pregnant women were really concerned if this was a good idea for them or not, and their doctors were really able to say, "We really recommend it to you." Having them go and talk to their doctor about it was a really beneficial thing for them.

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