

## COVID-19 Delta Variant FAQ for GMR Employees

Updated as of 8/23/2021

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### Concerns Regarding Vaccine Compliance

#### HIPAA/Legal Rights

**Q: Is asking for vaccine status a violation of HIPAA?**

No. Asking if someone is vaccinated is legally permissible by their employer, and it is not a violation of employee rights under HIPAA. Asking the question privately or even in the presence of others is not a violation of privacy law or policy. However, we recommend you hold these types of conversations in private where possible as some employees may be uncomfortable having these conversations in the presence of others. But employers should not generally ask “why” an employee is not vaccinated or vaccinated. Several regulatory agencies have shared their opinions on this and determined the following: asking about the vaccine itself is okay. Private employers have the right to ask the question of their employees, but in some states, they cannot ask their customers.

Asking for vaccine status is our first step in helping keep all employees safe and meeting customer requirements. An employee can decline vaccination for a number of reasons, personal choice, medical or religious exemption, but must tell us the employee’s vaccination status. If an employee requests a medical or religious exemption (relating to a regulatory or customer vaccination mandate), direct them to HR to complete the proper paperwork. The ADA form can be found on the GPS Portal accessed via Okta. Go to Knowledge Base and type in ADA.

**Q: Don’t I have rights regarding medical and/or religious exemptions?**

Yes, for vaccination mandates but not for providing vaccination status. You can apply for a medical or religious exemption, but whether a reasonable accommodation is available (or what it might require) will depend on the circumstances surrounding the regulatory or customer vaccination mandate. Managers can direct employees to the form to complete. The form can be found on the GMR People Services (GPS) Portal accessed via Okta. Once in GPS, go to Knowledge Base and type in ADA. For religious exemptions, employees should work directly with HR. Leaders will not ask employees “why” they need an exemption.

#### Vaccine Data Security

**Q: Where is the vaccine status information going, how is it being used and who has access to it?**

Your vaccine status is not considered HIPAA protected information; however, the data provided is in GMR’s secure environment. GMR Connect is used by more than 38,000 employees to track various individual

certifications required for their roles. GMR Connect, like other GMR systems, is secured from all other access, resides within the GMR infrastructure, and is protected by our various cyber security solutions.

Additionally, two factor authentication is required and completed through Okta, GMR's enterprise identify and access management solution. Authenticated users can only view their information. Leaders can only see information within their respective business units and only if granted access through a documented and tracked process.

### **Clinical/Safety Issues**

#### **Q: How is the Delta variant different than the original COVID-19?**

The Delta variant is the same COVID-19 virus that has undergone mutations and demonstrates some substantial differences from all the previous strains of the virus. It now accounts for the vast majority of COVID-19 infections in the US and Worldwide. Here's what you need to know.

#### ***Virulence***

- The Delta variant is highly contagious - much more transmissible than all the earlier strains of the virus
- Patients infected with the Delta variant shed almost 1200 times the viral particles of previous strains
- The Delta variant more readily attaches to mucous membranes making transmission much more likely
- The Delta variant appears in the blood of infected individuals at approximately four days post-exposure. Earlier strains appeared in six to seven. This makes the onset of illness much faster after exposure which impacts ability to isolate prior to additional spreading

#### ***At-Risk Populations***

- Nationally, almost 98% of patients currently hospitalized with the Delta variant are unvaccinated
- Emerging data suggest Delta might cause more severe illness than previous strains in unvaccinated persons
- Among the unvaccinated, the elderly, ill, or immunocompromised remain at greatest risk
- Of concern, however, is the significant increase in adolescent and pediatric illness, hospitalization and death

#### ***Precautions***

- Vax Up! Vaccines are playing the single-most crucial role in limiting spread of the virus, minimizing severe disease and decreasing the chances of the virus mutating to another variant
- Mask Up! Both vaccinated and unvaccinated should wear masks in public situations when possible. Masks have a significant impact on decreasing the spread of viral particles from one person to another

#### **Q: What is the difference between mRNA (Moderna and Pfizer) and Johnson and Johnson vaccines?**

#### ***Development***

- mRNA vaccines (Pfizer and Moderna) deliver a tiny piece of RNA derived from the SARS CoV-2 virus to host cells in the body, essentially giving those cells instructions to stimulate an immune

response, producing antibodies to the specific spike protein and developing memory cells that will recognize and respond if the body is infected with an actual virus exposure.

- Johnson & Johnson is a carrier vaccine, which uses a different approach than the mRNA vaccines to instruct human cells to build an immune response. Scientists engineer a harmless adenovirus (a common virus that, when not inactivated, can cause colds, bronchitis, and other minor illnesses) as a shell to carry instructions to the recipient cells (similar to a Trojan Horse). The shell and the code can't make you sick, but once the code is inside the cells, the cells produce an appropriate immune response that creates antibodies and memory cells to protect against an actual SARS-CoV-2 exposure becoming an infection.

### ***Dosage***

- Pfizer is two shots, 21 days apart, fully effective two weeks after the second shot
- Moderna is two shots, 28 days apart, fully effective two weeks after the second shot
- Johnson & Johnson is one shot, fully effective two weeks after the single shot
- The FDA and CDC are currently reviewing the data in support of recommending boosters for Pfizer and Moderna vaccines. It is anticipated that the booster will be recommended after 8 months from initial series. At this point, boosters are only recommended for those individuals with specific immunocompromised conditions

### ***Effectiveness***

- Pfizer is 91.3% effective against COVID-19 and is 95.3% effective in preventing severe disease if there is a breakthrough infection. Against the Delta variant, the Pfizer vaccine, based on non-peer-reviewed studies, is 88% effective against symptomatic disease and 96% effective against hospitalizations.
- Moderna has greater than 90% efficacy against cases of COVID-19 and more than 95% against severe cases. While more research is needed on Moderna's efficacy specifically against Delta, some experts believe it may work similarly to Pfizer since both are mRNA vaccines. All of this is still being monitored.
- Johnson & Johnson has a 72% overall efficacy and 86% efficacy against severe disease in the U.S., according to analyses posted by the Food and Drug Administration in February. Johnson & Johnson reported in July that its vaccine is also effective against the Delta variant, showing only a small drop in potency compared with its effectiveness against the original strain of the virus.

### **Q: When will the vaccines be fully approved by the FDA?**

The Food and Drug Administration (FDA) has [granted full approval to Pfizer-BioNTech's coronavirus vaccine](#) for people 16 and older, making it the first to move beyond emergency use status in the United States. Pfizer presented the FDA with data from 44,000 clinical trial participants in United States, the European Union, Turkey, South Africa and South America. The data showed the vaccine was 91 percent effective in preventing infection — a slight drop from the 95 percent efficacy rate that the data showed when the FDA decided to authorize the vaccine for emergency use in December. Pfizer said the decrease reflected the fact that researchers had more time to catch people who became infected.

The Pfizer-BioNTech vaccine will continue to be authorized for emergency use for children ages 12 to 15 while Pfizer collects the necessary data required for full approval. A decision on whether to authorize the vaccine for

children younger than 12 could be at least several months away. So far, more than 92 million Americans — 54 percent of those fully inoculated — have gotten Pfizer shots. The Pfizer vaccine will now be marketed as Comirnaty. Moderna's COVID-19 vaccine remains under the FDA's review, but its approval is expected to follow in the near future

**Q: If I have had COVID-19, do I need the vaccine?**

Yes. Natural antibody production from the infection appears to weaken after five months. Recent studies have shown that previously infected individuals are over two times more likely to contract the virus again when compared to those who were fully vaccinated. It is currently recommended that all individuals who have had COVID-19 be vaccinated after recovering from the illness. Vaccination provides a strong boost of immunity in people who have had the illness. We don't know how long immunity lasts from illness alone. If you received monoclonal antibody therapy as a part of your COVID-19 treatment, you should wait 90 days post-recovery to get a vaccine.

**Q: Will GMR-required testing be PCR or antigen?**

Antigen testing for COVID-19 is the most sensitive in the symptomatic individual but false positives with asymptomatic individuals have been reported. If there are concerns of a false positive test, confirmation PCR testing may be indicated, but the individual should be treated as positive until a negative PCR test is returned. PCR testing takes longer but is more specific for actual infection. It is important that all manufacturer instructions be followed to avoid errors in test reporting.

**Q: Statistics have shown that you can still become infected if you come into contact with the virus, even if you are vaccinated so, how is being vaccinated such a big help?**

No vaccine is 100% effective. There have been and will continue to be breakthrough infections, especially when dealing with the Delta variant. However, the experience with infections in vaccinated vs. unvaccinated individuals is VERY CLEAR. Vaccinated individuals are less contagious for a shorter period of time than those who are unvaccinated. Additionally, vaccinated individuals are less severely sick for a shorter period of time than unvaccinated individuals. Almost 98% of hospitalized COVID-19 patients today are unvaccinated.

**Q: Would the company accept a T cell test or antibody test in lieu of the vaccine?**

Neither T-cell nor antibody tests are an acceptable substitute for vaccination. Scientists are still learning about the longer-term use and implications of all the post-vaccination and post-illness testing methods. T cell testing uses DNA sequencing to identify individuals with an adaptive T cell immune response to SARS-CoV-2 indicating a previous infection. It is currently unknown how long the T cell immune response remains and what level of protection may be provided by the presence of a T cell immune response.

## Using GMR Connect

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**Q: How do I access GMR Connect?**

GMR Connect is an app that can be downloaded from the App store for iPhone users or the Google Play store for Android users.



**Q: In GMR Connect, I see only one space for vaccination date. Do we use date of first shot, or second shot?**  
For Moderna and Pfizer, you need to enter each dose separately and upload your vaccine card twice.

**Q: If I declined initially, can I go back and change my status once I get the vaccine?**  
Yes, you can go back into GMR Connect and update your information.

**Q: I'm concerned about the security of my data. How secure is GMR Connect?**  
GMR Connect is used by more than 38,000 employees to track various individual certifications required for their roles. GMR Connect, like other GMR systems, is secured from all other access, resides within the GMR infrastructure, and is protected by our various cyber security solutions. Additionally, two-factor authentication is required and completed through Okta, GMR's enterprise identify and access management solution. Authenticated users can only view their information. Leaders can only see information within their respective business units and only if granted access through a documented and tracked process.

**Q: When, and if, booster shots are available, how do we enter those?**  
ImageTrend and GMR Connect are already configured to incorporate boosters if and when it becomes necessary to track that information.

**Q: If Aug. 27 is the deadline, will this system be live for employees to keep updating if their vaccination status changes? Also, what if an employee does not have access to a mobile device?**  
Yes. Employees who are on PTO, out of the country or do not have access to a mobile device can email their vaccination record to [Jeff Howard](#) or their HR or Clinical Director and they will upload to GMR Connect for them.

**Q: Where do I go for help with GMR Connect?**  
If you have any questions about entering the vaccines or the data, please send an email to [mobilesupport@amr.net](mailto:mobilesupport@amr.net)

## Vaccine Status & Masking Guidelines, Consequences of Non-Compliance

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**Q: What is the current requirement for employees?**  
GMR is requiring all team members (field personnel and office personnel, full-time and part-time) to provide evidence of current vaccination status, unless prohibited by state law, into either Image Trend (to be used by GMR Air Team members who already have an Image Trend account) or GMR Connect (a downloadable app to be used by all others, including support teams). In both platforms, you can always upload vaccination status and update as appropriate. Your vaccine status is due by 5pm PST on Friday, August 27. At this time, we



strongly encourage all employees to be vaccinated, regardless of current or potential requirements. As the situation evolves, our vaccine policy will be updated.

**Q: If there is a vaccine mandate from a health partner or other entity and I elect not to get vaccinated, what are the consequences?**

Due to mandates from our healthcare partner(s), the only acceptable refusal to the vaccination allowed would be for a requested medical accommodation documented by a healthcare provider or a religious accommodation that is verifiable and approved through our legal and HR departments, but whether a reasonable accommodation is available (or what it might require) will depend on the circumstances surrounding the regulatory or customer vaccination mandate. In addition, several healthcare systems have recently announced they will not accept a Medical or Religious exemption in lieu of full vaccination.

If a medical or religious accommodation request cannot be granted by the company, the employee will be placed on unpaid administrative leave for a period not to exceed 30 days; whereby, they may begin the vaccination process or apply to any open positions within the company that they are qualified for. If after the 30 days has elapsed and you have not begun the vaccination process or accepted another position, we will consider that you have voluntarily decided to end your employment with the company.

**Q: Why are we not reinstating the mask mandate 100% given that the Delta variant, cluster infections, shorter incubation, and with vaccinated individuals being able to carry/spread the virus without having symptoms?**

Where any business unit has a positive test, then all people in the building go to a 7-day universal mask mandate. Additionally, as with the determination of vaccination requirements, we are implementing universal mask requirements (regardless of vaccination status) as conditions warrant. It is recommended that everyone wear a mask when indoors or exposed to others regardless of requirements.

**Q: Is GMR requiring new hires to be vaccinated?**

At present, requirements are based on where the employee would work and the regulatory and customer requirements of that location.

**Q: Previous communications have mentioned GMR employees when discussing Vaccination Status. What about GMR contractors?**

GMR Contractors based within our facilities, who may require access to our facilities or who are required to work or meet face-to-face with our employee will also be required to provide vaccination status prior to facility entry or working with employees

**Q: For areas of the company that are not attached to an operation (such as communication centers, corporate offices, etc.) and since they do not provide physical contact care, what are the thoughts concerning the requirement of vaccination for those? They do not have patient contact and are not connected to an operation.**

Vaccine requirements are determined by location and need. We are requiring all GMR employees to provide us with vaccination status regardless of location, remote work/office or position.

**Q: How does an employee request a medical or religious exemption?**

Managers can direct employees to the form under the Okta chiclet titled GPS (GMR People Service). Once in the GPS portal, go to Knowledge Base and Search for ADA. Your leaders will not ask why you need it; instead, they will simply direct team members to GPS for the medical form or to HR for religious exemptions.

**Q: I am a remote worker who never comes into an office, do I need to disclose my vaccine status?**

Yes. GMR will have one policy for all employees regardless of where they work or if they are patient-facing or not. OSHA requirements demand that we provide a safe and healthy workplace for all employees and does not distinguish between remote and on-site workers. Furthermore, even remote employees may be asked to attend an event or meeting at a GMR or partner location or with a GMR team. Consequently, there can be no exceptions.

**Q: If any employee is required to get testing, is the employee responsible for any costs that may be associated with the required testing?**

No. GMR will arrange for testing including confirmatory testing to look for potential false positives.

**Q: With the new information surrounding current mask types and their effectiveness, is there a particular type of mask we are requiring, and will they be provided to employees?**

The predominant guidance remains multi layers and well-fitting procedure masks with physical distancing and hygiene. Loose fitting masks, bandannas and gaiters should be avoided. We will continue to monitor and follow CDC guidelines.

## **Vaccine Mandate - Handling Customer, Health Systems, Local, Federal Guidelines**

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**Q: Will GMR issue a vaccine mandate?**

At this time, GMR is not mandating vaccines for everyone across the organization. However, we are following the mandates of healthcare systems we serve, government or regulatory organizations and specific requirements for specific patient populations we may encounter. We do have mandates in place for certain areas of GMR and continue to evaluate needs on a daily basis. It's very clear that the situation in healthcare and governmental agencies across the country is evolving rapidly. GMR continues to be notified of new hospital system mandates for vendors/contractors entering their facilities. We expect this to continue for some time. We evaluate the impact of this illness on our own staff, healthcare and government mandates as well as evolving trends in different regions and operations. We will make regular decisions regarding requiring vaccinations and timeline requirements in your specific area of employment.

As part of these analyses, we have implemented a requirement that all employees in GMR as well as students in our educational programs, enter their vaccination status into either GMR Connect or ImageTrend (see below). Effective immediately, all new hires must provide vaccination status as a requirement of employment.

We have three tools to combat COVID-19: avoidance, vaccinations and masks. We will implement universal mask mandates as required by the circumstances. If any individual at a site or in an operation test positive, all individuals (regardless of vaccine status) are expected to wear an appropriate mask at all times for seven days. Additionally, if local regulations require masks, we will implement mandates as indicated. Our goal is to reduce transmission as much as we possibly can.

**Q: Why not just require the vaccine now? It seems that the info gathering is delaying the inevitable.**

Any decision in healthcare is very personal. At this point, while the science is very clear that the vaccines are safe and extremely effective, we also respect that some individuals have concerns about vaccination. We have developed a series of educational initiatives to provide information to those that have concerns so that they may make an informed decision. We will continue to make our GMR decisions based on the principles of keeping our own GMR family, our patients and our communities safe while listening to those that have questions or concerns. We're committed to making our decisions based on the science, the needs of all involved and the changing needs to manage this illness.

**Q: What about states that are mandating all health care workers (public and Private) get vaccinated?**

We will review every notice, order or legislation with our legal department and if our employees are deemed to be included, we will adhere to the order or legislation.

**Q: Are any of the states or organizations that may mandate vaccine, also assuming accountability of adverse effects that anybody may experience? Some have been very severe.**

In the mandates we have seen to date, that has not been addressed. However, all three vaccines have been deemed safe by the CDC. The question about liability is a complex one. It is unlikely any state or regulatory agency would have any liability. In the past, a few courts have addressed vaccinations required as a condition of employment (none of which related to COVID-19), and found complications covered by workers compensation. We would not advocate for anything we felt was harmful.

**Q: On the Air side, will declaration of vaccine status be tied to flight status? Second, is the passport acceptable or is there a more official vaccine transcript required?**

The FAA and their oversight of our employees has specific requirements. At present, the FAA has provided no guidance other than a 48 hour no fly period post-vaccination. From a clinical standpoint, a plane/helicopter is a closed environment just like a ground ambulance. So, it's not vax status vs. flight status, the vaccination is to protect the pilot as part of the flight crew.

**Q: Some customers have mandated the vaccine and do not accept a medical or religious excuse under ANY circumstances. For those if us with a medical exemption, is it the end of the road for us?**

A healthcare system determines the requirements for entry and interaction with that facility. While we discuss options with the system leadership, if they prohibit any individuals from entry who are not vaccinated (whether they have an appropriate exemption or not), vaccination would be required to provide care with that facility. If an individual chooses to not be vaccinated, they may apply for other opportunities in the organization for which they are qualified if they are available. If you have a customer that does not accept medical or religious exemptions, please discuss with your GMR legal contact. It is possible that the exemptions are allowed but not generally publicized.