

DEPARTMENT: Employee Health & Safety  
POLICY NAME: Mandatory COVID-19 Vaccinations for Health Care Workers  
OWNER: Employee Health & Safety  
EFFECTIVE DATE: 04/23

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### **SCOPE**

This policy applies to all team members, volunteers, medical staff, students, contracted staff, and vendors. Compliance with this policy is a condition of your continued employment and/or site access.

**Please read this policy carefully.**

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### **PURPOSE**

This Mandatory Vaccination policy is a key part of our overall strategy and commitment to maintaining a safe and healthy workplace in light of the COVID-19 pandemic and protecting the patients in our care.

The details of this policy are subject to change as more information becomes available from the Centers for Disease Control and Prevention (CDC) or Food and Drug Administration (FDA).

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### **POLICY**

- A. Meritus Health recognizes its responsibility to provide team members with a workplace free of recognized hazards.
  - B. This policy is intended to maximize the vaccination rates against coronavirus-19 among the personnel of Meritus Health. The goal is to protect patients, team members, team members' family members, others affiliated with Meritus Health, and the broader community from coronavirus-19 infection through immunization. Under the Center for Medicare and Medicaid Program; *Omnibus COVID-19 Health Care Staff Vaccination* directive, facilities will be at 100% vaccination rate unless an approved medical or religious exemption is granted.
  - C. With sufficient vaccine supplies available, all team members, volunteers, and medical staff will be offered the COVID-19 vaccine free of charge. Students, contractors, and vendors must show proof of immunization to their institutional liaison as described in their contracts, or applicable policies proof of immunization must be filed with Employee Health.
  - D. An internal multi-disciplinary group will evaluate and act upon requests for medical and religious exemptions. Requests will be blinded to the identity of the individual requesting an exemption.
  - E. Meritus has implemented a mandatory vaccination policy. A person is considered compliant if they have completed the COVID-19 vaccine as recommended by the CDC. As the CDC and other references update their guidelines with information on the bivalent booster, we anticipate this booster to be included in the vaccination policy as well.
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## PROCEDURE

- A. Existing team members, volunteers, and medical staff members will be offered the COVID-19 vaccine. Proof of immunization must be provided to Employee Health.
  - B. Beginning August 1, 2021, all new team members, medical staff members, and volunteers will be offered the COVID-19 vaccine during the pre-employment and/or onboarding process. New team members, medical staff members, and volunteers may show proof of immunization by providing a copy of their vaccination to Employee Health.
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## EXEMPTIONS

Exemption Request Process: Exemption from the COVID-19 vaccine may be requested for the following reasons: Medical or Religious.

- A. Team members, volunteers, and medical staff who wish to apply for an exemption must obtain an Exemption Request Form from Employee Health, the Medical Staff Office, or the Hub and submit it, along with all required medical or religious documentation, to Employee Health by the stated annual deadline. Newly hired team members, volunteers, and medical staff must apply for an exemption prior to the start date and follow all exemption request procedures.
  - B. Students, contractors (excludes Medical Staff Office), and vendors are not eligible for exemption.
  - C. Requests for a **religious exemption** require an Exemption Request Form (Appendix A). They must be supported by sufficient documentation to demonstrate the specific religious objections to the vaccination and a complete Exemption Request Form.
  - D. Requests for a **medical exemption** require an Exemption Request Form (Appendix B) signed by the primary healthcare provider, describing the nature, duration, and severity of the medical condition and explaining why the condition prevents receipt of the COVID-19 vaccine. Supporting medical documentation must include information that supports the rationale for granting the exemption (i.e., results of an allergy test, etc.).
  - E. All exemptions will last as long as the medical condition for which the exception was granted persists or as otherwise communicated to the employee.
  - F. All exemption requests will be reviewed confidentially by a multi-disciplinary team.
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## COMPLIANCE

- A. Team members can update Employee Health on their vaccine status in one of the following methods:
  - 1. If your vaccination was received at the Meritus Vaccine Clinic or a Meritus Medical Group practice, you may:

## MERITUS HEALTH

- a. Complete the COVID Vaccination Consent to Release form found on the Hub. This will allow Meritus Health to release your immunization record to Employee Health and update your compliance.

OR

- b. If you do not wish to grant consent, you are responsible for providing a copy of your State Immunization Registry record to Employee Health. CDC vaccine cards are not acceptable proof of vaccination.
2. If your vaccination was received outside of a Meritus Health practice or vaccine clinic, please submit your State Immunization Registry record to Employee Health. CDC vaccine cards are not acceptable proof of vaccination.
- B. Team members, medical staff, and volunteers who have received a medical or religious exemption will be required to do the following:
1. Wear a mask while at work, other than when eating or hydrating during communicated time period (traditionally October through April but dependent on public health recommendations and community transmission rates). When eating or drinking, individuals must maintain 6 feet of social distancing in a location permitted for eating and drinking.
  2. Failure to adhere to the requirements of wearing a mask and maintaining social distance may lead to corrective counseling, up to and including termination.
- C. Any Meritus Health team member, who fails to submit proof of vaccination by the stated deadline and has not obtained an exemption by the date set by the Infection Control Committee and Employee Health, will begin the progressive disciplinary process as outlined below:
1. 1st offense – written warning – Class II – failure to comply with safety regulation Class II – Step 1. With coaching and re-education of current compliance requirements.
  2. 3 calendar days after step 1 occurs, 2<sup>nd</sup> offense will be a 3-day unpaid suspension.
  3. 3<sup>rd</sup> step - termination
- D. Compliance with this policy will be recorded in the Employee Record and can be viewed by team members in MySource under the Menu > Myself > Personal > Other Personal Information tab.
1. The COVID Vaccination Compliance field will indicate "Yes" if the employee has submitted documentation of full vaccination.
  2. If testing is required due to receiving an approved Exemption, the field will indicate "Exemption - Masking Reqd."

- E. Compliance with masking requirements will be monitored by managers who receive weekly COVID vaccine compliance reports from MySource.

**Appendix A: COVID-19 Vaccination Religious Exemption Form PAGE 1**

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that due to my job working in a healthcare environment, I have been advised to receive a COVID-19 vaccination for my protection, as well as the protection of the patients and the community I serve. I have been given this vaccine opportunity at no charge to myself. However, I decline the COVID-19 vaccination at this time and, by completing this form, I am requesting a religious exemption. I understand that a religious exemption is not the same as a philosophical, moral or conscientious exemption. Rather, **I am requesting a religious exemption because receipt of the vaccination and immunization would conflict with my sincerely held religious beliefs.**

**Religious Exemption (complete all items below)**

- 1) What is the name of your religion/faith?: \_\_\_\_\_
- 2) Attach a letter from your religious/faith leader, or a letter written by the employee/applicant, supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of vaccines.
- 3) Attach responses to the following questions (please respond fully on a separate sheet of paper and number your responses):
  - I.** How long ago and how did you come to follow or subscribe to your religion/faith?
  - II.** How does your religion/faith manifest itself in your choices and the way you lead your daily life? **Give a specific example not having to do with immunization.**
  - III.** How does your religion/faith address your social obligations to your broader community? What if by declining immunization, you contributed to harming others? Would you, for example, voluntarily quarantine yourself in the event of an outbreak?
- 4) Affidavit:

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT MY RESPONSES, IN THIS FORM AND IN ANY SUPPORTING DOCUMENTATION, ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

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

**Appendix A: COVID-19 Vaccination Religious Exemption Form PAGE 2**

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Employee Health Use Only:**

Exemption Request Form Received on: \_\_\_\_\_

Reviewed by Committee/Employee Health on: \_\_\_\_\_ Approved/Denied

Manager Notified: \_\_\_\_\_

**Appendix B: COVID-19 Vaccination Medical Provider Certification Form**

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that due to my job working in a healthcare environment, I have been advised to receive a COVID-19 vaccination for my protection, as well as the protection of the patients and community I serve. I have been given this vaccine opportunity at no charge to myself. However, I decline the COVID-19 vaccination at this time based on recommendations from my healthcare provider and as documented below.

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

↓ Provider to Complete Below ↓
Component of COVID-19 vaccine individual is allergic to: _____ o Unknown o NA
Was medical treatment received following previous vaccinations? o Yes o No <b><sup>a</sup>If medical treatment was provided for previous reaction to the COVID-19 vaccine, please provide supportive medical documentation along with this form.</b>
Additional notes to explain the medical need for COVID-19 vaccination exemption ( <i>please be sure to indicate clearly how receiving the COVID-19 vaccination is medically contraindicated for this individual</i> ):          

Physician Signature \_\_\_\_\_ Medical License #: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Health Use Only:**

Exemption Request Form Received on: \_\_\_\_\_

Reviewed by Committee/Employee Health on: \_\_\_\_\_ Approved/Denied

Manager Notified: \_\_\_\_\_