



Hospital: System-Wide

Division: Medical Staff Office & Human Resources

Policy & Procedure	
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Administrative Approval:	<u>Dr. Chris McLain & Ms. Melanie Stith</u>
Administrative Title:	<u>SVP & Chief Physician Officer; VP & Chief Human Resources Officer</u>
Originator (Title):	<u></u>

Subject: **Mandatory COVID-19 Vaccination**

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APPLICABILITY: This policy applies to all Roper St. Francis Healthcare (RSFH) facilities and locations, including Roper Hospital, Bon Secours St. Francis Xavier Hospital, Roper St. Francis Mount Pleasant Hospital, Roper St. Francis Hospital-Berkeley, and any departments owned or operated by these Hospitals, as well as Roper St. Francis Physician Partners Network, Roper St. Francis Foundation and any other RSFH entity.

POLICY: RSFH requires all RSFH Workforce Members, defined below, to become fully vaccinated for COVID-19 by published deadlines. All RSFH Workforce Members who qualify for a medical or religious exemption will wear a mask as dictated by RSFH guidelines when working at any RSFH facility or location and will abide by all other rules and directives of RSFH from time to time regarding COVID-19 risk mitigation practices.

PURPOSE: COVID-19 is a highly contagious disease that can be spread before symptoms appear, and our patients and workforce members are particularly vulnerable to the dangers of this virus. Vaccination of healthcare workers has been shown to prevent illness and death in patients and reduce viral infections and absenteeism among health care workers. The CDC recommends that all healthcare workers get fully vaccination for COVID-19.

DEFINITIONS:

20.1 **RSFH Workforce Members** include:

- a) all employed teammates (employees) and providers;
- b) all non-employed individuals who come onsite to a RSFH facility or location to work or provide any services, including but not limited to:
 - 1. members of the medical staff and any of their support team members;
 - 2. students;
 - 3. volunteers;
 - 4. vendors
 - 5. contract staff; and
 - 6. temporary workers.

For purposes of Section 20.1, RSFH Workforce Members includes those who serve in any capacity - full time, part time, PRN, volunteer, contract, etc.

- 20.2 **Fully Vaccinated:** Fully vaccinated means that a RSFH Workforce Member has had the number of shots recommended by the manufacturer, which may change from time to time based on the scientific evidence available. A schedule of COVID vaccinations currently accepted and the number of shots recommended by the manufacturer is attached in **Appendix A** (which may be updated from time to time).

PROCEDURES:

- 20.3 **Mandatory Vaccination:** All RSFH Workforce Members are required to be fully vaccinated against COVID-19 by the vaccination due dates communicated through corporate communications. These dates may be adjusted from time to time by RSFH as needed during the course of the pandemic to address future vaccine and public health information and guidance.
- 20.4 **New Hires and Leaves of Absence:** any RSFH Workforce Member who starts with RSFH or returns from an approved leave of absence on or after the applicable vaccination due date will be required to receive the first dose of the vaccine prior to the RSFH Workforce Member's start date/return to work and the second dose, if applicable, within 30 days of hire/return to work. This vaccination policy is a condition of employment for those who are employed or seeking employment with RSFH and a condition of providing any services on RSFH campuses and facilities for those RSFH Workforce Members who are not employed by RSFH. Failure to follow the policy or obtain the second dose, if applicable, in a timely manner may lead to corrective action, up to and including termination of employment or termination of services at a RSFH location or facility.
- 20.5 **Vaccine Locations:** The COVID-19 vaccine may be obtained at RSFH Teammate Health, a RSFH Express Care, a RSFH Physician Partner Practice (as available) or any other RSFH vaccine site as may be established from time to time. The RSFH locations do not charge a fee to those receiving a vaccine. The vaccine may also be provided by an outside source such as a CVS, private physician's office or public clinic, etc.
- 20.6 **Evidence of Vaccination (employed RSFH Workforce Members):** Teammate Health will maintain evidence of vaccination(s) for all RSFH Workforce Members employed by RSFH. If an employed RSFH Workforce Member receives the vaccine at a non-RSFH location, he/she must provide a complete immunization record that identifies the name, type of vaccine administered (Pfizer, Moderna, etc.), the vaccine lot number and date of vaccination(s) to Teammate Health by the published vaccination due date to comply with the mandatory vaccination requirement. A clear photo of the vaccination card can be emailed to RSFHTeammateHlthCOVID@rsfh.com. It is each employed RSFH Workforce Member's responsibility to ensure that his/her vaccine status is marked complete in the myHR system prior to the published vaccination due date.
- 20.7 **Evidence of Vaccination (non-employed RSFH Workforce Members):** All RSFH Workforce Members who are not employed by RSFH will be required to submit a completed **COVID-19 Vaccine Attestation Form** – see **Appendix D** by the published vaccination due date. The Vaccine Attestation Form should be completed and signed by (a) the organization, school or company who employs, supervises or sponsors the RSFH Workforce Member, or (b) the individual RSFH Workforce member if he/she is an individual who contracts or provides services individually with RSFH (ex. medical staff members, volunteers, etc.) Vaccination documentation does not need to be turned in to RSFH with the Attestation Form but may be requested by RSFH in conjunction with regulatory or business needs. If RSFH requests supporting vaccination documentation, it must be produced within 24 hours of the request. Failure to produce the requested documentation in 24 hours may result in removal from service or other consequences as RSFH deems appropriate.

EXEMPTIONS:

- 20.8 **Exemption Types:** There are two exemptions to the mandatory COVID-19 vaccination(s): a medical exemption and a religious exemption, which are explained below.
- a) **Medical Exemption:** A medical exemption may be granted to accommodate disabilities and for medical criteria consistent with those published by public health authorities and/or the Centers for Disease Control (CDC).
 - b) **Religious Exemption:** a religious exemption may be granted to accommodate an individual's sincerely held religious belief, practice, or observance. Social, political, and economic philosophies, and mere personal preferences, do not constitute religious beliefs.
- 20.9 **Requests for Exemptions (employed RSFH Workforce Members):** requests for exemptions should be made using the process described below in subsections a) and b). Requests will be considered on a case-by-case basis and may be granted if they meet the criteria for the exemption and do not pose an undue hardship on RSFH or pose a direct threat to the health and safety of others. Employed RSFH Workforce members are expected to fully cooperate in this process and timely provide requested documentation and information so that RSFH can evaluate the request. Failure to timely request an exemption, incomplete forms or failure to provide requested documentation may result in the request being denied.
- a) **Medical Exemption Request (employed RSFH Workforce Members):** RSFH Workforce Members requesting exemption due to a disability or due to medical criteria should fill out the **Medical Exemption Form - Appendix B** – which includes a medical certification that must be completed by a licensed provider - physician, physician's assistant or nurse practitioner. The Medical Exemption Form must be returned to the RSFH Teammate Health Vaccination Exemption Portal by the published exemption due date. RSFH will respond to Employed RSFH Workforce Member requests for medical exemption in writing. If an exemption is granted for a temporary condition, it will be assigned an expiration date. The RSFH Workforce Member will be required to submit an additional Medical Exemption Form at least 7 days prior to the expiration date if the individual is seeking an additional accommodation. The documentation regarding the medical exemption will be kept in the Teammate Health File.
 - b) **Religious Exemption Request (employed RSFH Workforce Members):** RSFH Workforce Members requesting a religious exemption should fill out a **Religious Exemption Form – Appendix C** – which includes an attestation that must be completed by a religious leader or other official who can attest to the religious belief or practice. The Religious Exemption Form must be submitted to the RSFH Teammate Health Vaccination Exemption Portal by the published exemption due date. RSFH will respond to Employed RSFH Workforce Member requests for religious exemption in writing. The documentation regarding the exemption will be kept in the Teammate Health File.
- 20.10 **Requests for Exemptions – (non-employed RSFH Workforce Members):** RSFH Workforce Members who are not employed by RSFH should complete (as applicable) a **RSFH Medical Exemption Form - Appendix B** or **RSFH Religious Exemption Form - Appendix C**. The applicable form should be fully filled out and maintained by the individual or the organization, school or company filling out the COVID-19 Vaccination Attestation Form for the RSFH Workforce Member. Exemption documentation should not be turned in to RSFH with the Attestation Form unless requested by RSFH to address questions or confirm compliance with this policy, or for regulatory or other business needs. If RSFH requests supporting exemption documentation, it must be produced within 24 hours of the request. Failure to produce the requested documentation in 24 hours may result in removal from service or other consequences as RSFH deems appropriate.
- 20.11 **On-Site Requirements for RSFH Workforce Members with Exemptions** - All RSFH Workforce Members who qualify for a medical or religious exemption will wear a mask as dictated by RSFH

guidelines when working at any RSFH facility or location and will abide by all other rules and directives of RSFH from time to time regarding COVID-19 risk mitigation practices.

VACCINATION COMPLIANCE

- 20.12 **Compliance:** For employed RSFH Workforce Members, failure to follow the mandatory vaccination policy or providing false information in connection with the policy will be addressed with corrective action, as appropriate for the individual, up to and including termination of employment. For non-employed RSFH Workforce Members, failure to follow the mandatory vaccination policy or providing false information in connection with the policy will result in corrective action, as appropriate, up to and including termination of the individual's ability to provide or participate in any activity or service at a RSFH facility or location.

APPENDIX A

Vaccine developer:	Pfizer - Comirnaty	Moderna	Johnson & Johnson
FDA Approval	Approved	Emergency Use Authorization	Emergency Use Authorization
Who is it recommended for?	People 16 years and older	People 18 years and older	People 18 years and older
How many shots do you need to be fully vaccinated?	Two doses	Two doses	One dose

APPENDIX B



Mandatory Vaccination (COVID and influenza) Medical Exemption Form

Medical Exemption: per RSFH policy, a medical exemption may be granted to accommodate disabilities and for medical criteria consistent with those published by public health authorities and/or the Centers for Disease Control (CDC).

Directions: This form must be fully completed by the RSFH Workforce Member and a licensed provider - physician, physician's assistant or nurse practitioner.

RSFH Workforce Member Name: _____
RSFH Workforce Member's Signature: _____ Date: _____
RSFH Employee Number (if applicable): _____

- 1. Check which this applies to: ___ Influenza; ___ COVID-19; or ___ Both

MEDICAL CERTIFICATION (completed by your licensed provider)

- 2. For COVID-19 - I certify that (insert patient name) _____ meets one or more of the following medical criteria that would prevent him or her from receiving the COVID vaccination: (check all that apply):

___ Severe allergic reaction to Polyethylene Glycol, Polysorbate, a prior COVID-19 vaccine or other vaccine leading to include anaphylaxis requiring epinephrine treatment or treatment in a hospital, hives, swelling or respiratory distress.

___ Currently pregnant or breastfeeding (temporary exemption). Please identify the date that the temporary exemption should resolve _____.

___ Another qualifying temporary or permanent medical condition for which you recommend your patient not receive the vaccination. Please describe (and identify the date the temporary condition should resolve, if applicable):

[Empty rectangular box for medical condition description]

[continued on the next page]

3. *For Influenza - I certify that (insert patient name) _____ meets one or more of the following medical criteria that would prevent him or her from receiving the Influenza vaccination: (check all that apply):*

Allergy to chicken eggs, egg products or to other components of the influenza vaccine.

History of Guillain-Barré Syndrome within 6 weeks of receiving an influenza vaccine.

Another qualifying temporary or permanent medical condition for which you recommend your patient not receive the vaccination. **Please describe (and identify the date the temporary condition should resolve, if applicable):**

4. **Provider Signature:**

Check one: I am a licensed Physician; Physician's Assistant; or Nurse Practitioner

Provider's Printed Name: _____ Phone: _____

Provider's Official's Signature: _____ Date: _____

5. **Completed Forms:**

- a. **Employed RSFH Workforce Member:** Upload Completed Form to the RSFH Exemption Portal for consideration by the published exemption due date.
- b. **Non-Employed RSFH Workforce Member:** Follow the directions of your employer regarding submission and/or maintain this documentation as support for your RSFH Vaccination Attestation Form.

APPENDIX C



Mandatory Vaccination (COVID-19 and/or Influenza) Religious Exemption Form

Religious Exemption: per RSFH policy, a religious exemption to the mandatory vaccination may be granted to accommodate an individual's sincerely held religious belief, practice, or observance. Social, political, and economic philosophies, and mere personal preferences, do not constitute religious beliefs.

Directions: This form must be fully completed for RSFH to consider the Religious Exemption.

- 1. Check which this applies to: ___ Influenza; ___ COVID-19; or ___ Both
2. RSFH Workforce Member's Statement: Please provide a statement regarding your sincerely held religious belief, practice or observance and how it applies to your vaccination objection. Please attach additional documentation, if necessary.

Large empty rectangular box for the RSFH Workforce Member's Statement.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the identified vaccination.

RSFH Workforce Member Name: _____ Phone: _____

RSFH Workforce Member's Signature: _____ Date: _____

RSFH Employee Number (if applicable): _____

3. ***Religious Official's Statement:** Please provide a statement supporting the RSFH Workforce Member's sincerely held religious belief, practice or observance and how it applies to the vaccination objection. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant holds a sincere religious belief that is against the receipt of the identified vaccination.

Religious Official's Printed Name: _____ Phone: _____

Religious Official's Signature: _____ Date: _____

4. **Completed Forms:**
- a. **Employed RSFH Workforce Member:** Upload Completed Form to the RSFH Exemption Portal for consideration by the published exemption due date.
 - b. **Non-Employed RSFH Workforce Member:** Follow the directions of your employer regarding submission and/or maintain this documentation as support for your Vaccination Attestation.

*If you do not have a religious leader, have questions about this form, need to speak with a RSFH Employee Relations Representative or to a Chaplain, please contact HREmployeeRelations@rsfh.com.

APPENDIX D



Roper St. Francis Healthcare (RSFH) Non-Employed Workforce
COVID-19 Vaccination Attestation Form

Applicability: This form is applicable to all non-employed RSFH Workforce Members, including but not limited to non-employed providers/medical staff and any of their support team members; students; volunteers; vendors; contract staff; and temporary workers.

Directions:

1. If a company or school, fill out Section 1 only.
2. If an individual (ex. non-employed provider), fill out Section 2 only. If an individual starting/returning from leave of absence after October 1, fill out Section 3 only.
3. Please return this form to the appropriate area based on the chart below by the published due date:

RSFH Workforce Member (non-employed)	COVID-19 Vaccination Attestation Form Returned to:
Affiliate and Contract Providers	RSFH Medical Staff Office
Students	RSFH Student Coordinator
Volunteers	RSFH Volunteer Office
Temporary Workers	RightSourcing
Medical/Surgical Vendors	RSFH Materials/VendorMate
Purchased Service Vendors	Primary RSFH Department Contact
Construction/Renovation Contractors	RSFH Engineering Department

SECTION 1: FOR AN ORGANIZATION OR SCHOOL PROVIDING WORKFORCE MEMBERS – in certain circumstances, a company or school can attest for all of the workforce members it provides on-site at a RSFH facility or location, ex. Food Services Contract, Revenue Cycle Contract. The attestation is not necessary for fully remote non-employed workforce members who do not come on site at RSFH.

Initial Below:

_____ I have read the RSFH COVID-19 Mandatory Vaccination Policy and agree to abide by all provisions.

_____ I attest that all individuals that provide services at any RSFH facility or location on behalf of my organization are fully vaccinated for COVID-19 or qualify for a medical or religious exemption.

_____ I attest that any individual who starts at a RSFH location or facility or who returns from an approved leave of absence on or after the due date will be required to receive the first dose of the vaccine prior to start date/return to work and the second dose, if applicable, within 30 days of start date/return to work. I attest that the individual will wear a mask at any RSFH location or facility as dictated by RSFH guidelines for those not fully vaccinated. Failure to obtain the second dose in a timely manner may lead to corrective action, up to and including termination of services at a RSFH location or facility.

_____ I attest that all individuals that work at any RSFH facility or location that qualify for a medical or religious exemption will wear a mask as dictated by RSFH guidelines and will abide by all other rules and directives of RSFH from time to time regarding COVID-19 risk mitigation practices.

_____ I understand that the company may be required to produce proof of the underlying vaccination or exemption status of any individual workforce member as is required by regulatory bodies or RSFH business needs. I further agree that the company will produce such documentation within 24 hours of the request. Failure to produce the requested documentation in 24 hours may result in removal from service or other consequences as RSFH deems appropriate.

Print Company Name: _____ Print Authorized Signatory Name: _____

Print Title: _____ Email Address: _____

Signature: _____ Phone Number: _____ Date: _____

SECTION 2: INDIVIDUAL WORKFORCE MEMBERS – an individual may attest personally – ex. medical staff, volunteers; students; contract workers who contract individually with RSFH, volunteers, etc.

I am a (check which one applies):

___ student; ___ volunteer; ___ medical staff member; ___ contractor; ___ vendor; ___ temporary worker; ___ other (insert type - _____)

Initial Below:

___ I have read the RSFH COVID-19 Mandatory Vaccination Policy and agree to abide by all provisions.

___ I attest I am fully vaccinated for COVID-19; **OR**

___ I attest that I qualify for a medical or religious exemption to the COVID-19 Vaccination requirement and will wear a mask at any RSFH location or facility as dictated by RSFH guidelines. I further agree to abide by all other rules and directives of RSFH from time to time regarding COVID-19 risk mitigation practices.

___ I understand that I may be required to produce proof of the underlying vaccination or exemption status as is required by regulatory bodies or RSFH business needs. I further agree that I will produce such documentation within 24 hours of the request. Failure to produce the requested documentation in 24 hours may result in removal from service or other consequences as RSFH deems appropriate.

Print Name: _____ Signature: _____ Date: _____

Print Phone Number: _____ Print Email Address: _____

SECTION 3: INDIVIDUAL WORKFORCE MEMBERS STARTING/RETURNING AFTER OCTOBER 1 - an individual may attest personally – ex. medical staff, volunteers; students; contract workers who contract individually with RSFH, volunteers, etc.

Initial Below:

___ I have read the RSFH COVID-19 Mandatory Vaccination Policy and agree to abide by all provisions.

___ I attest I am fully vaccinated for COVID-19; **OR**

___ I attest that I have had the first dose of the vaccination prior to providing any service at a RSFH location or facility and will get the second dose within 30 days of starting at a RSFH location or facility. I agree to wear a mask at any RSFH location or facility as dictated by RSFH guidelines for those not fully vaccinated and agree to abide by all other rules and directives of RSFH from time to time regarding COVID-19 risk mitigation practices. I understand that failure to obtain the second dose in a timely manner may lead to corrective action, up to and including termination of services at a RSFH location or facility. **OR**

___ I attest that I qualify for a medical or religious exemption to the COVID-19 Vaccination requirement and will wear a mask at any RSFH location or facility as dictated by RSFH guidelines. I further agree to abide by all other rules and directives of RSFH from time to time regarding COVID-19 risk mitigation practices.

___ I understand that I may be required to produce proof of the underlying vaccination or exemption status as is required by regulatory bodies or RSFH business needs. I further agree that I will produce such documentation within 24 hours of the request. Failure to produce the requested documentation in 24 hours may result in removal from service or other consequences as RSFH deems appropriate.

Print Name: _____ Signature: _____ Date: _____

Print Phone Number: _____ Print Email Address: _____

Initial one

Initial one