

POLICY TITLE: COVID-19 Vaccination Policy	
ENTITY: <input checked="" type="checkbox"/> T.J. Regional Health	
<input checked="" type="checkbox"/> T.J. Samson <input checked="" type="checkbox"/> T.J. Health Pavilion <input checked="" type="checkbox"/> T.J. Health Columbia	
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APPROVED BY: LaDonna Rogers, Brandon Dickey, Neil Thornbury	EFFECTIVE DATE: 02/23/2022

<p>PURPOSE:</p> <p>The purpose of this policy is to comply with the interim final rule issued by the Centers for Medicare and Medicaid Services on November 5, 2021 amending the conditions of participation for hospitals as it pertains to COVID-19 vaccination of staff. Failure to meet the conditions of participation may result in fines or exclusion from Medicare/Medicaid.</p> <p>This policy applies to T.J. Regional Health and any entity or facility owned by T.J. Regional Health. All “Staff” as defined below are covered by this policy.</p>
<p>DEFINITIONS:</p> <p>“Hospital” as used in this policy means any facility or property rented, owned or operated by T.J. Regional Health whether on or off the main hospital campus.</p> <p>“Staff” as used in this policy includes all hospital employees, licensed practitioners with privileges, students, interns, volunteers and individuals who provide care, treatment or other services for the hospital and/or its patients under contract.</p> <p>An individual is “fully vaccinated” 14 days after administration of the single dose COVID-19 vaccine or after administration of the second dose of a multi-dose COVID-19 vaccine. In order to be considered “fully vaccinated” an individual must meet any ongoing requirements, as the same may be issued by the CDC, and/or mandated by any regulatory agency having jurisdiction over the hospital, from time to time, whether on or after the effective date of this policy.</p>
<p>POLICY:</p> <ol style="list-style-type: none"> 1. All staff, including all hospital employees, licensed practitioners with privileges, students, interns, volunteers, board members and individuals who provide care, treatment or other services for the hospital and/or its patients under contract, collectively hereafter “Staff” (except for those that have been granted an exemption per the further terms of this policy), shall be fully vaccinated against Covid-19 prior to providing services or treatment to patients at the hospital or at any hospital controlled facility. <ol style="list-style-type: none"> a. To facilitate vaccination, vaccination shall be made available at the hospital free of charge to all Staff.

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- b. Existing Staff shall have received a single dose vaccine or the first dose of multi-dose vaccine by February 14, 2022, and both doses of a multi-dose vaccine by March 15, 2022. An individual is considered “fully vaccinated” 14 days after administration of the single dose vaccine or after administration of the second dose of a multi-dose vaccine; provided however, for existing Staff as of the effective date of this policy, they shall be considered in compliance even if the 14-day period post-vaccination has not been completed by March 15, 2022.
 - c. Newly hired or contracted Staff shall be fully vaccinated prior to beginning employment or performing any services at the hospital or any hospital facility. Vaccination shall be made available to such newly hired or contracted Staff, but such newly hired or contracted Staff shall not be compensated for time spent getting vaccinated. On and after the effective date of this policy, being fully vaccinated against Covid-19 shall be a condition precedent to employment or contract services at or for the hospital.
 - d. The only exceptions to this section 1 are for Staff who have been granted an exemption per the further terms of this policy, or those for whom vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.
 - e. Staff who perform services 100% remotely and do not access hospital property for any purposes may be exempted from the requirements of this section 1.
 - f. Failure to timely meet the requirements of this policy shall result in disciplinary action up to and including termination.

2. Staff described in section 1.d. who are exempt or for whom vaccination must be temporarily delayed shall adhere to the following precautions to mitigate the spread of Covid-19 at all times while on hospital property or in any hospital facility including:
 - a. Wearing a properly fitting NIOSH-approved N95 mask regardless of whether you are providing direct care to or otherwise interacting with patients;
 - b. Social distancing where reasonably practicable; and
 - c. Such other mitigation procedures as may be deemed reasonably necessary by hospital and/or recommended or required by public health authorities

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from time to time, including without limitation, CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.

In addition to the foregoing, management may re-assign staff who are not fully vaccinated, including those who have been granted an exemption, or those who’s vaccination is temporarily delayed, to duties which limit exposure to those most at risk (for example, re-assigning to non-patient care areas, or re-assigning to patients who are not immunocompromised or otherwise at higher risk for complications from COVID 19).

Failure to follow applicable mitigation protocols shall subject non-compliant Staff to disciplinary action up to and including termination.

3. Records of vaccination status shall be maintained by the hospital for all Staff. Such records shall confirm vaccination status, booster status, shall track dates administered, or for un-vaccinated staff, shall state the basis of applicable exemption or other reason for delayed vaccination. Records shall be securely stored by the following departments or in the following systems:
 - a. For all Staff employed directly by the hospital, including employed physicians, all Staff contracted directly with the hospital (expressly not including third party vendor employees), and all board members and volunteers, all non-employed medical staff, including physicians and non-physician practitioners, students and interns, records shall be maintained by Employee Health.
 - b. For all employees of third-party vendors, proof of the vaccination or exemption must be furnished to T.J. Regional Health within 24-hours of request by T.J. Regional Health, or such shorter period of time as may be required by surveyors, regulators, or other government entities. Evidence of vaccination or exemption will be maintained in the IntelliCentrics software platform or by the purchasing department.
 - c. In all cases, status of any booster shots received by Staff shall likewise be tracked and maintained by the above-referenced departments as

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applicable. If there is any question about a Staff member’s vaccination status, the same should be confirmed with the applicable department prior to such Staff member accessing any hospital property or facility. All Staff agree that as a condition of employment or other access to hospital property that the applicable department may release information as needed, whether to supervisors, other departments, state surveyors, Joint Commission, or CMS, as necessary to confirm compliance with this policy. Records of vaccination status shall otherwise be confidential and securely stored by the applicable department.

4. Staff may request an exemption from the requirements of section 1 of this policy. Applicable exemptions may be granted for medical reasons related to recognized clinical contraindications with vaccination or on the basis of sincerely held religious beliefs pursuant to the following processes and procedures:
 - a. Medical Exemptions:
 - i. A Staff member may request a medical exemption by completing the following:
 - a. Completion of an approved medical exemption form which may be obtained on Policy Tech or from Human Resources. Completed forms shall be returned to Human Resources.
 - b. The form must include or be accompanied by a description of an applicable recognized clinical contraindication to Covid-19 vaccines and must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable state and local laws.
 - c. Documentation requesting a medical exemption should include which of the authorized Covid-19 vaccines are

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clinically contraindicated and the recognized reasons for the contraindications; and a statement by the authenticating practitioner recommending that the Staff member be exempted from these Covid-19 vaccination requirements based on the recognized clinical contraindications.

b. Religious Exemptions:

i. A Staff member may request a religious exemption by completing the following:

1. Completion of an approved religious exemption form which may be obtained on Policy Tech or from Human Resources. Completed forms shall be returned to Human Resources.
2. The form must expressly and completely describe the Staff member’s sincerely held religious belief and must state why such belief conflicts with the vaccination requirement set forth in section 1. Staff should provide as much information as possible regarding the basis for religious exemption, including (i) how long the particular religious’ belief has been held; (ii) whether the religious objection is to all vaccines or just the Covid-19 vaccine; and (iii) whether the Staff member has received any other vaccination as an adult.
3. The completed form must be signed, dated, and attested to by the Staff member. The form may, but need not be, signed and attested to by a third-party representative of the religion identified in the request (including for example, by a priest or minister).

c. Exemption Review Committee:

- i. The hospital shall establish an Exemption Review Committee.

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The Exemption Review Committee shall review and approve or deny requests for exemption in accordance with this policy. The Exemption Review Committee shall be made up of not less than three members appointed by the President and CEO. A member of the committee shall recuse himself or herself from review of any exemption request from a direct report of such committee member. Requests for exemption shall be promptly reviewed and a decision regarding approval or denial shall be communicated in writing to the affected Staff member. Notwithstanding anything contained herein, in the event that the committee is deadlocked or otherwise unable to make a determination on any request for exemption, the determination shall be made by the President and CEO.

ii. Medical exemptions signed by a licensed practitioner and otherwise strictly meeting the requirements of section 5.a. above will be approved and maintained in accordance with the record keeping requirements described in this policy. If there is any ambiguity or question regarding the sufficiency of any medical exemption documentation provided by a Staff member, such documentation shall be referred to the Exemption Review Committee for further decision as contemplated below. Requests not strictly meeting the requirements of section 5.a. above shall be denied. If the documentation is deemed insufficient for any reason, the Staff member will be advised as to the insufficiencies and shall remedy such insufficiencies and timely re-submit properly completed and sufficient documentation. In the event that documentation is not timely submitted and approved by February 14, 2022, or during all periods thereafter, while an exemption request is pending, Staff may be placed on unpaid leave pending a determination of their exemption request.

iii. All requests for religious exemptions shall be referred to the Exemption Review Committee. Religious exemptions must evidence a sincerely held religious belief that conflicts with the requirements of section 1 of this policy. A request for religious

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exemption must be approved by a majority of the members of the Exemption Review Committee. In reviewing a request, committee members may take into consideration (i) whether an employee has acted in a manner inconsistent with the professed religious belief in the exemption request (although employees need not be scrupulous in their religious observance); (ii) whether the accommodation sought is likely sought for non-religious reasons; (iii) whether the timing of the request renders it suspect (e.g., the request follows an earlier request for the same accommodation for secular reasons); and (iv) whether there is reason to believe the accommodation is not sought for religious reasons. It should not be assumed that a Staff member is insincere simply because some of the Staff member’s practices deviate from the commonly followed tenets of the Staff member’s religion or because he or she adheres to some common practices but not others. In the event that documentation is not timely submitted and approved by February 14, 2022, or during all periods thereafter, while an exemption request is pending, Staff may be placed on unpaid leave pending a determination of their exemption request.

PROCEDURES:
Any questions regarding the processes and procedures set forth in this policy should be directed to the Human Resources Department.

REFERENCES:
VII. REFERENCES:
42 CFR §482.42
EEOC Technical Assistance Questions and Answers dated October 28, 2021 CMS QSO-22-07-ALL (Attachment D)