



KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Title: COVID-19 Vaccine Program
Department: Employee Health
Effective Date: 03/2022 **Reviewed:**
Previous Version(s): 8/2021, 9/2021, 10/2021, 11/2021, 02/2022
Replaces:

Policy & Procedure

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Scope:

This policy applies to Hawai'i Pacific Health (HPH) and all of its affiliates and subsidiaries, including but not limited to Hawai'i Pacific Health Medical Group (HPHMG), Kapi'olani Medical Center for Women & Children (KMCWC), Kaua'i Medical Clinic (KMC), Pali Momi Medical Center (PMMC), Straub Medical Center (SMC), and Wilcox Medical Center (WMC).

Statement:

COVID-19 is a contagious viral illness caused by a coronavirus identified in 2019 as SARS-COV-2. This virus has caused a pandemic that has caused millions of deaths worldwide. The most *effective* way to prevent infection from COVID-19 is through vaccination.

HPH recognizes its responsibility to provide employees, medical providers and other health care personnel a workplace free of recognized hazards.

- It is the policy of HPH that all personnel are immunized against COVID-19.
- This policy is intended to maximize vaccination rates against COVID-19 among HPH personnel.
- The goal is to protect patients, employees, employees' family members, students, others affiliated with HPH, and the broader community from COVID-19 infection.

Definitions:

Health Care Personnel: All active personnel who provide services at an HPH facility or are Employees of HPH or an HPH affiliate. This includes the following regardless of clinical responsibility or patient contact: Employees, physicians, licensed practitioners (including independent practitioners), individuals credentialed by an HPH-affiliated medical staff, temporary workers, students, researchers, trainees, volunteers, clergy, contracted staff, agency personnel and Vendors.

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Definitions (cont.):

<i>Employee:</i>	All Health Care Personnel who are employees of HPH or an HPH affiliate. This includes interns and trainees. "Employee" also includes volunteers, strictly for purposes of this policy. This does not include Vendor Staff, Agency Staff, Travelers or Students.
<i>Independent Provider:</i>	All Providers, as that term is defined in the applicable medical staff COVID-19 Vaccination Program policy, who are not Employees.
<i>Vendor:</i>	All vendors, staff of vendors, and other individuals not included in the definition of Employee who provide care, treatment or other services under contract or other arrangement with HPH or an HPH affiliate. Provided that the term only applies to vendors, vendor staff, and other individuals who provide services within certified hospital space at a KMCWC, SCH, PMMC, or WMH location, as more fully described in Section VI below. The term does not include any vendor, vendor staff, or other individual who is an Independent Provider or who provides support services for HPH or the HPH affiliate exclusively outside of such hospital settings and who do not have any direct contact with patients or other staff who are included in the definition of Health Care Personnel.
<i>Vendor Staff:</i>	All individuals who, on behalf of a Vendor, provide care, treatment or other services to HPH or to an HPH affiliate or its patients.
<i>Staffing Agency:</i>	All organizations that provide contracted staff to HPH or an HPH affiliate on a temporary basis.
<i>Agency Staff:</i>	All locally-available contracted staff provided by a Staffing Agency to HPH or an HPH affiliate.
<i>Travelers:</i>	All relocated contracted staff provided by a Staffing Agency to HPH or an HPH affiliate.
<i>Academic Partner:</i>	All academic partners, schools or other organizations that provide students to HPH or an HPH affiliate.
<i>Students:</i>	All students provided by an Academic Partner to HPH or an HPH affiliate.
<i>Fully Vaccinated:</i>	An individual is regarded as "Fully Vaccinated" 14 days after all the required doses of a multi-dose vaccination series (i.e., Pfizer or Moderna) or after administration of a single dose vaccine (i.e., Janssen/Johnson & Johnson).

Policy / Procedure:

I. General Policy Statement

- A. HPH requires all Health Care Personnel to be Fully Vaccinated for COVID-19 unless an exemption is requested and approved in accordance with this policy or a policy exception is determined as set forth under Section III below. Specific provisions applicable to Vendors, Staffing Agencies and Academic Partners are in Section VI of this policy.
- B. COVID-19 vaccination is provided free of charge through HPH Employee Health ("EH") to all Health Care Personnel except for Vendors, Agency Staff and Students who may obtain the COVID-19 vaccine by making an appointment at any HPH vaccine clinic.

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- C. If Health Care Personnel obtain the COVID-19 vaccine from their physician, another health care facility or a community source that is not provided by HPH, they must provide evidence of immunization in accordance with this policy or as otherwise determined by HPH or required by law.
 - 1. Acceptable proof of immunization must include name, date of vaccination, manufacturer, lot number and health care site and can be provided via the following mechanisms:
 - a. CDC Vaccination Card;
 - b. CDC approved certification;
 - c. CDC VAMS certification;
 - d. Physician certification;
 - e. Signed and dated documentation of vaccine administration from another health care facility;
 - f. Signed and dated documentation of vaccine administration pharmacy or community clinic.
 - 2. All Health Care Personnel are required to comply with this policy and provide required documentation to HPH prior to providing services at an HPH facility.
- D. HPH will inform Health Care Personnel about the following:
 - 1. Education about the importance of receiving vaccinations.
 - 2. Requirement(s) for vaccination and access to vaccine education.
 - 3. Availability of COVID vaccinations.
 - 4. Procedure for receiving vaccination.
 - 5. Procedure for submitting written documentation of vaccine obtained outside EH.
 - 6. PPE requirements.
 - 7. Communication of information will be provided through normal information distribution methods including employee e-mails, E-bulletins, E-Connect, staff meetings, medical staff meetings, bulletins, and/or flyers/posters.
- E. EH will use strategies to provide for convenient vaccine access, including vaccination clinics.
- F. Deadlines:
 - 1. As of January 27, 2022, Health Care Personnel must have received their primary dose for one dose vaccination series or the first dose for two dose vaccination series for COVID-19, or have an exemption request pending or approved in accordance with this policy;
 - 2. As of February 28, 2022 and upon hire or engagement thereafter, Health Care Personnel must either (i) have received their primary dose for one dose vaccination series or second dose for two dose vaccination series for COVID-19, or (ii) have received an approved exemption.
- G. Health Care Personnel who have not received their primary dose for one dose vaccination series or all required doses of a multi- dose vaccination series for COVID-19 or who do not have an approved exemption by the deadlines set forth in Section I.G will be regarded as non-compliant and will be subject to appropriate action as described in Section IV.

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II. Exemption / Accommodation

- A. HPH will review requests for an exemption in accordance this and other applicable HPH policies and as required by law.
- B. Employees
 1. Employees may request an exemption from the HPH Exemption Committee in accordance with the process described in this Section II.B.
 2. In order to request an exemption, Employees must complete and submit the COVID Vaccination Acknowledgement and Exemption Request Form, which is attached hereto as Appendix and all of the supporting documentation described therein. Specifically:
 - a. Requests for Medical Exemption. Employees requesting an exemption based on medical contraindication and/or disability must complete and submit the Acknowledgement and Exemption Request Form and attach documentation from his/her personal health care provider (using the Medical Exemption form) attesting to the medical contraindication and/or disability, and the need for exemption.
 - b. Request for Religious Exemption. Employees requesting an exemption based on sincere religious belief must complete and submit the Acknowledgement and Exemption Request Form, the Religious Exemption Request, and the Personal Statement and may, at their option, submit a signed statement by a religious leader and/or other individual supporting the individual's need for exemption. Depending on the circumstances and after review of the submitted information, HPH may also require a statement from a 3rd party(ies) such as a religious leader (if not already submitted).
 3. Requests for an exemption, including all required information and supporting documentation, must be submitted to EH (covidexemptions@hawaiipacifichealth.org).
 4. EH will maintain all information submitted by an Employee in support of a request for exemption.
- C. All Health Care Personnel who are credentialed by an HPH-affiliated medical staff shall request an exemption in accordance with the applicable medical staff's policies and procedures.
- D. All other Health Care Personnel shall request an exemption from the organization providing services to HPH, an HPH affiliate or its patients under contract or other arrangement with HPH or an HPH affiliate. These individuals shall comply with the exemption procedures discussed in Section VI below.
- E. Employees with an approved exemption must:
 1. Wear appropriate PPE at all times in accordance with current HPH PPE guidelines, which are available on the HPH Intranet;
 2. Comply with regular COVID-19 testing and other preventative requirements as specified in the exemption approval letter; and
 3. Re-certify their need for exemption on a periodic basis to be determined by HPH.

III. Limited Policy Exception For Virtual Employees

The following Employees may be granted an exception from this policy if, in HPH's sole discretion, HPH determines that they:

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- A. Exclusively provide telehealth or telemedicine services in a solely virtual capacity, meaning that the services are provided from a location that is not on HPH premises and the individual does not have any direct contact with patients and other Health Care Personnel; or
- B. Provide support services that are performed in a solely virtual capacity, meaning that the services are provided from a location that is not on HPH premises and the individual does not have any direct contact with patients or other Health Care Personnel.

IV. Non-Compliance / Corrective Action Procedures

- A. All Health Care Personnel are required to be Fully Vaccinated unless granted an exemption.
- B. Any Health Care Personnel who is not in compliance with this policy by the dates specified in Section I.G will be subject to appropriate action as follows:
 - 1. Employees (excluding volunteers) will not be permitted to work, will be placed on leave pending investigation, and will be subject to appropriate action, including corrective action up to and including suspension and termination of employment.
 - 2. Health Care Personnel who are credentialed by the medical staff of an HPH affiliate will be subject to appropriate action in accordance with applicable medical staff policy.
 - 3. All other Health Care Personnel will be handled in accordance with section VI below.
- C. It is the responsibility of Department Managers and all Leadership team members to monitor and enforce this policy and infection control procedures, including PPE requirements, as set forth in Section V.

V. Infection Control Procedures

- A. All Health Care Personnel are responsible for monitoring their health status and must not report to work if they may put patients and/or co-workers at risk of contracting a transmissible infection.
- B. All Health Care Personnel are responsible for adhering to appropriate infection control standards to prevent risk to others and themselves including frequent hand hygiene, masking, gowning as required, covering coughs and sneezes, disinfecting equipment and workstations, and not reporting to work when ill.
- C. Return to work clearance is required per EH policy.

VI. Vendor, Staffing Agency and Academic Partner Compliance

- A. This section only applies to Vendor Staff, Travelers, Agency Staff and Students (hereinafter collectively "Non-HPH Staff") that provide services to HPH, an HPH affiliate or its patients within certified hospital space at a KMCWC, SMC, PMMC, or WMC location. In addition to the main hospital buildings, the following locations are part of certified hospital space:
 - 1. The following SMC clinics:
 - a. Kaneohe
 - b. Kailua
 - c. Hawai'i Kai
 - d. Pearlridge

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- e. Mililani at Mililani Town Center
 - f. All King Street clinics
 - g. Geriatrics
 - h. Psychiatry
 - i. Straub King Street Rehab Center
 2. The following KMCWC clinics:
 - a. Artesian
 - b. Women's Cancer Center
 - c. Fetal Diagnostic Center
 3. The following PMMC clinics:
 - a. PMMC Outpatient Infusion Center
 - b. Pali Momi Outpatient Center
 - i. Outpatient MRI
 - ii. Women's Center
- B. Each Vendor, Staffing Agency and Academic Partner is responsible for:
 1. Ensuring that all its Non-HPH Staff are in compliance with the requirements of this policy by the dates specified in Section I.G and, thereafter, prior to providing services on its behalf;
 2. Evaluating Non-HPH Staff exemption requests consistent with applicable law, including 42 C.F.R. 482.42(g) and related guidance from the Centers for Medicare and Medicaid Services;
 3. Maintaining proof of vaccination as required under Section I.C or documentation of exemptions evidencing that each Non-HPH Staff who enters an HPH facility or building is Fully Vaccinated or has been granted an exemption;
 4. Providing the HPH department responsible for administering its contract or other arrangement with HPH or an HPH affiliate ("Responsible HPH Department") with written assurances that it will ensure that Non-HPH Staff are compliant with the requirements of this policy;
 5. Requiring Non-HPH Staff who have been granted an exemption consistent with applicable law to meet all requirements in Section II.E. of this policy at all times they are providing services to HPH, an HPH affiliate or its patients;
 6. Cooperating with HPH's efforts to ensure compliance with this policy and applicable law;
 7. Promptly removing any Non-HPH Staff from providing services to HPH, an HPH affiliate, or its patients upon request of HPH based on non-compliance with this policy or applicable law; and

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8. Providing to HPH upon request all documentation evidencing its compliance with the requirements established in this policy, including proof that each of its Non-HPH Staff is Fully Vaccinated or has been granted an exemption pursuant to applicable law.

C. Each Responsible HPH Department shall:

1. Identify all of its Vendors, Staffing Agencies, Academic Partners and Non-HPH Staff that are subject to this policy;
2. Provide to a designated HPH Department a list of its Vendors, Staffing Agencies, Academic Partners and any Non-HPH Staff managed through the Reprax system that are subject to this policy and supplement such list with any new Vendors, Staffing Agencies, Academic Partners and any Non-HPH Staff managed through the Reprax system that become subject to this policy;
3. Communicate the requirements of this policy to its Vendors, Staffing Agencies and Academic Partners and manage their compliance with this policy, including the requirements in Sections II.E. and V.

D. Vendor Access to Facilities

1. HPH will require Vendors, Staffing Agencies and Academic Partners to provide written assurances that they will ensure Non-HPH Staff are compliant with the requirements of this policy before Non-HPH Staff are permitted to access HPH hospital locations.
2. Compliance with the written assurance requirement in Section VI.D.1 may be managed through the systems designated and approved by HPH (including, e.g., the automated RepTrax system) (collectively, "HPH Access System"). Any Non-HPH Staff who present to an HPH facility and are not approved for entry through the HPH Access System will not be permitted to enter the facility unless HPH obtains adequate documentation that the Vendor, Traveler, Agency Staff or Student with which they are associated meets the requirements of this policy or the Non-HPH Staff provides proof that they are Fully Vaccinated as required by this policy.
3. Vendor Staff, Travelers, Agency Staff, Students and volunteers that are not in compliance with this policy will not be permitted to provide services at an HPH facility.
4. HPH will provide training to appropriate staff, including security staff and front desk staff at locations without dedicated security, to carry out the requirements of this policy when interacting with Non-HPH Staff.

Standard / Reference & Year:	2021
Action:	<input type="checkbox"/> New <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Consolidated:
Author(s) (Department(s)/Title(s)):	Employee Health, Infection Prevention, HPH Leadership
Required Reviewer(s) (Department(s)/Title(s)):	Chief Operating Officers, Infection Prevention, Employee Health, Human Resources, Legal

COVID Vaccination Acknowledgement and Exemption Request Form

Policy Review

It is the policy of HPH that all Health Care Personnel, as that term is defined and used in the COVID-19 Vaccination Program policy, are immunized against COVID-19. A copy of the full policy is available on the hospital intranet or available on request.

To consider a request for exemption, HPH requires you to complete and submit the Acknowledgement and Exemption Request Form to Employee Health (covidexemptions@hawaiiipacifichealth.org) along with any required documentation by the deadlines set forth in the COVID-19 Vaccination Program policy or as otherwise required by HPH. While HPH will carefully review all requests for exemptions, approval is not guaranteed. If the exemption is granted, the exemption will contain an expiration and you will be required to renew your exemption based on the time indicated. Decisions are final and are not subject to appeal. Individuals whose exemptions are denied are permitted to reapply if new information should become available. Please select the exemption for which you are applying.

Medical Exemption - An individual requesting a medical exemption because of a medical contraindication or disability must complete and submit this Acknowledgement and Exemption Request Form and attach documentation from his/her personal health care provider (using the Medical Exemption Form) that attests to the medical contraindication and/or disability, and the need for medical exemption.

Religious Exemption – An individual requesting a religious exemption must attest that they follow religious beliefs that would qualify for an exemption and complete and submit this Acknowledgment and Exemption Request Form, the Religious Exemption Request, and the Personal Statement and may, at their option, submit a signed statement by a religious leader and/or other individual supporting the individual’s need for exemption. Depending on the circumstances and after review of the submitted information, HPH may also require a statement from a 3rd party(ies) such as by a religious leader (if not already submitted).

Requirements for Individuals with Approved Exemptions - HPH policy requires Health Care Personnel who do not receive the COVID-19 vaccination due to an exemption to wear appropriate PPE in accordance with HPH PPE guidelines. In addition, Health Care Personnel with an approved exemption will be required to comply with COVID-19 testing and other preventative requirements as specified in the exemption approval letter.

Please Note: The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Acknowledgement

I understand that it is the policy of HPH that all Health Care Personnel working at an HPH facility are immunized against COVID-19, in order to protect patients, staff and the community.

Printed Name: _____ Employee Number: _____

Signature _____ Date: _____

Department: _____ Position: _____

Best Contact Phone #: _____ Manager: _____

Medical Exemption – to be completed by an Individual’s Provider:

HPH requires COVID-19 vaccinations for all Health Care Personnel/Employees, as those terms are used and defined in the COVID-19 Vaccination Program policy, similar to other vaccinations that health care organizations require as a condition of employment.

Medical exemption from the COVID vaccination is available to Employees with recognized contraindications or those with a disability who can reasonably be accommodated by an exemption. Please complete the applicable option(s) in the form below to request a medical exemption for your patient. If you have any questions, please contact Employee Health.

Date: _____

Patient Name: _____

My patient should not be vaccinated against COVID-19. The medical reason indicated is (please check all applicable):

Option 1 - Allergy

A documented history of severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the vaccines are contraindicated and name the components.

Moderna – List the component(s) to which your patient is known to have a severe allergic reaction:

Pfizer – List the component(s) to which your patient is known to have a severe allergic reaction:

Janssen/Johnson & Johnson – List the component(s) to which your patient is known to have a severe allergic reaction:

A documented history of severe allergic reaction after a previous dose of the COVID-19 vaccine. Please indicate to which vaccine the patient had a reaction and the date of the vaccine reaction.

Moderna – Date of vaccine and reaction details:

Pfizer – Date of vaccine and reaction details:

Option 2 – Disability/Serious Medical Condition or Circumstance

The physical condition of the patient or medical circumstances relating to the individual are such that the vaccine is not considered safe due to the patient’s disability or serious medical condition. Please state, with sufficient details for independent review, the specific nature and probable duration of the disability or serious medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine. Please provide a narrative of the disability or serious medical condition or circumstance in detail that you would opine would exempt this individual from HPH’s vaccination requirement.

Explanation:

In support of the above-named patient's request for an exemption to the HPH COVID-19 vaccination policy, I certify that my patient has contraindications to the COVID-19 vaccine or a disability or serious medical condition or circumstance that renders the patient's vaccination unsafe.

Name of Medical Provider (MD, DO, NP, PA): _____

Phone Number: _____

Provider License Number: _____

Provider Signature: _____

Signature stamps are not acceptable

Employee – Please initial each statement:

_____ I request exemption from the COVID-19 vaccination requirements due to my current medical condition or disability. I understand and assume the risks of non-vaccination.

_____ I understand that my failure to submit the required written and signed documentation from my medical provider will result in my request for exemption being denied.

_____ I understand that I may be required to submit additional information and/or documentation if deemed necessary by HPH to evaluate my eligibility for a medical exemption, and that failure to provide such requested information/documentation may result in my request for exemption being denied.

_____ I understand that my request(s) for exemption must be submitted by the deadlines set forth in the HPH COVID-19 Vaccination Program policy or as otherwise required by HPH.

_____ I understand that I will be required to wear appropriate PPE in accordance with current HPH PPE guidelines.

_____ I consent to the release of this information and any supportive documentation to representatives of HPH and its affiliates in order for those individuals to act on my request for an exemption.

_____ I understand that I may change my mind at any time and receive the COVID-19 vaccine at no charge.

_____ I have been provided CDC COVID-19 Vaccine Information located at www.cdc.gov/coronavirus

Employee Printed Name: _____ Employee ID # _____

Signature: _____ Date: _____

Department: _____ Position: _____

Best Contact Phone #: _____ Manager: _____

Religious Exemption Request:

HPH requires COVID-19 vaccinations for all Health Care Personnel/Employees similar to other vaccinations that health care organizations require as a condition of employment.

Religious exemptions are available to Employees who hold sincere religious beliefs that are contrary to the practice of vaccination. To request a religious exemption, you must complete and submit the Acknowledgment and Exemption Request Form, this Religious Exemption Request and the Personal Statement and any other information or documentation that might be requested by the Committee (e.g., written and signed statement by a 3rd party, such as a religious leader), to Employee Health (covidexemptions@hawaiipacifichealth.org).

Employee – Please initial each statement:

- _____ I request exemption from the COVID-19 vaccination requirements due to my religious beliefs. I understand and assume the risks of non-vaccination.
- _____ I understand that I may be required to submit additional information and/or documentation (e.g., a written and signed statement by a 3rd party such as a religious leader) if deemed necessary by HPH to evaluate my eligibility for a religious exemption, and that failure to provide such information / documentation may result in my request for exemption being denied.
- _____ I understand that my requests for exemption must be submitted by the deadlines set forth in the HPH COVID-19 Vaccination Program policy or as otherwise required by HPH.
- _____ I understand that I will be required to wear appropriate PPE in accordance with current HPH PPE guidelines.
- _____ I understand I may be required to comply with COVID-19 testing and other preventative requirements if my exemption is approved.
- _____ I consent to the release of this information and any supportive documentation to representatives of HPH and its affiliates in order for those individuals to act on my request for an exemption.
- _____ I understand that I may change my mind at any time and receive the COVID-19 vaccine at no charge.
- _____ I have been provided CDC COVID-19 Vaccine Information located at www.cdc.gov/coronavirus

Employee Printed Name: _____ Employee ID # _____

Signature: _____ Date: _____

Department: _____ Position: _____

Best Contact Phone #: _____ Manager: _____

