

Sample COVID-19 Vaccination Policy and Procedures

Effective Date:

The template and information in this document is intended to support Rural Health Clinics in developing Policy and Procedure in response to the Medicare and Medicaid Programs; Omnibus COVID–19 Health Care Staff Vaccination Interim Final Rule (November 5, 2021). This P&P section should be incorporated into each RHC’s existing P&P in the Staffing and Staff Responsibilities section at 42 CFR 491.8(d) utilizing the existing numerical system. This template does not constitute legal advice.

With any questions please contact Nathan Baugh, NARHC Director of Government Affairs at Nathan.Baugh@narhc.org or Sarah Hohman, NARHC Deputy Director of Government Affairs at Sarah.Hohman@narhc.org.

The information in text boxes is intended to provide context and further explanation and is not a component of your P&P.

I. Purpose

{RHC/Organization Name} seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations.

This COVID-19 Vaccination Policy and Procedure establishes how {RHC/Organization Name} will comply with the “Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination,” [CMS Interim Final Rule with Comment Period](#) (IFC) published on November 5, 2021 as well as other applicable federal, state, and local guidelines.

II. Policy

a. Applicability to Rural Health Clinic Staff

This COVID-19 Vaccination Policy and Procedure applies to the following current and future facility staff, regardless of clinical responsibility or patient contact, who provide any care, treatment, or other services for the facility and/or its patients:

- facility employees;
- licensed practitioners;

- students, trainees, and volunteers;
- and individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or other arrangement.

These requirements **do not apply** to individuals who provide services 100% remotely, including fully remote telehealth or payroll services.

Hereafter, individuals identified in this section as those subject to this P&P will be referred to as “staff.”

RHCs should also include a policy statement here as to how other staff or contracted workers (e.g. repair services, delivery workers, etc.) who do not fall into the previously outlined categories will be subject to the mandate.

CMS encourages organization to consider frequency of presence, services provided, and proximity to patients and staff, writing “we strongly encourage facilities, when the opportunity exists and resources allow, to facilitate the vaccination of all individuals who provide services infrequently and are not otherwise subject to the requirements of this IFC.”

Regardless, these individuals may be subject to the additional precautions designed to protect patients and staff outlined later in this P&P.

b. General COVID-19 Vaccination Requirements

*Dates of enforcement vary by state. Enforcement will begin on January 28, February 14, and February 20 to determine if policies and procedures are in place and that the facility is making progress towards compliance (additional details can be found in the CMS Memorandums). Full compliance must be demonstrated by February 28, March 14, and March 20, respectively. For a list of the states included in each set of requirements see the links below:

<https://www.cms.gov/files/document/qso-22-07-all.pdf>

<https://www.cms.gov/files/document/qso-22-09-all-injunction-lifted.pdf>

https://www.cms.gov/files/document/qso-22-11-all-injunction-lifted.pdf?fbclid=IwAR0N55C_1eQbec0WxVSjDQ3w9RYHYnfhkBivpjQbd0pVGiCYC7Y8KD3tWOg

Subject to the temporary and permanent exemptions outlined below:

- A. Staff must have received, at a minimum, the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine by:
 - [Date dependent on your state] if they are employed by {RHC/Organization Name} prior to [date dependent on your state], or
 - Prior to providing care, treatment, or other services if employed by {RHC/Organization Name} after [date dependent on your state].
- B. Staff who received the first dose of a two-dose COVID-19 vaccine must receive the second dose of that vaccine by:
 - [Date dependent on your state] if they are employed by {RHC/Organization Name} prior to [date dependent on your state], or
 - Thirty days after receiving the first dose if employed by {RHC/Organization Name} after [date dependent on your state].
- C. Staff are not required to receive booster shots to be in compliance with this IFC, but must inform {RHC/Organization Name} if they receive a booster shot, and this will be documented, per Section III Procedures, outlined below.
- D. {RHC/Organization Name} will provide appropriate time off for staff to receive vaccinations and for recovery from any side effects.
- E. Staff must provide accurate information regarding their vaccination status and provide supporting documentation, e.g. official vaccine card.

c. COVID-19 Vaccination Exemption Information

1. Per Federal law, staff may request:
 - i. Temporary delay of vaccination requirement due to medical reasons.
 - ii. Exemption from vaccination requirement due to medical reasons.
 - iii. Exemption from vaccination requirements for religious reasons, per [Title VII of the Civil Rights Act of 1964](#).
2. As outlined in Section III, {RHC Name} has established processes for staff requesting delays and exemptions, {RHC Name} evaluation and response of exemption requests, and the tracking and documentation of requests and granted exemptions.
 - For staff who receive exemptions from, or delays of, the COVID-19 vaccine, {RHC/Organization Name} will implement additional precautions/accommodations to mitigate the transmission and spread of COVID-19, as outlined in Section III.
 - {RHC/Organization Name} will follow [CDC recommendations](#) when evaluating medical exemption requests and [EEOC guidance](#) when evaluating religious exemption requests.

RHCs should update this section to appropriately reflect their clinic documentation procedures within the following guidance from the IFC:

- *“Examples of appropriate places for vaccine documentation include a facilities immunization record, health information files, or other relevant documents.”*
- *“All medical records, including vaccine documentation, must be kept confidential and stored separately from an employer’s personnel files, pursuant to ADA and the Rehabilitation Act.”*
- *Forms of proof include: CDC COVID-19 vaccination record card (or a legible photo of the card), Documentation of vaccination from a health care provider or electronic health record, or State immunization information system record.*
- *Note: boosters are not required for staff to be “fully vaccinated” but must be documented if received*
- *CDC staff vaccination tool: <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>*

III. Rural Health Clinic Procedures

d. Documenting and Tracking Staff Vaccinations

1. All employees will provide {RHC/Organization Name} with truthful and accurate documentation of their vaccination status by [date dependent on your state].
2. Proof of vaccination (insert accepted options), or approved medical exemption form, or approved religious exemption form will be included in employee’s health file. All requests for exemptions and related documentation will also be kept in employee’s health file, separate from employee’s personnel file.

e. Temporary Delays and Exemption Procedures

1. If applicable, staff must submit, in writing, a completed medical or religious exemption form with all required documentation to (insert individual responsible for receiving/reviewing requests) by [date dependent on your state] (or prior to providing care, treatment, or other services if employed by {RHC/Organization Name} after [date dependent on your state]).
2. In reviewing each request {RHC/Organization Name} will consider whether the request meets the standards for the applicable exemption type, as well as the level of hardship necessary accommodations would impose upon provide {RHC/Organization Name} including but not limited to: threat to patients and staff and direct and indirect costs upon the organization.

3. {RHC/Organization Name} will provide a response to each exemption request by [date dependent on your state] for requests received by [date dependent on your state] or within 30 days for exemption requests submitted by new employees.
4. While awaiting responses to exemption requests, all employees must adhere to additional precautions established for unvaccinated staff, as outlined below.

f. Medical Delay and/or Exemption Requests

1. CDC guidelines indicate that there are certain clinical precautions and considerations that may delay an individual in becoming fully vaccinated, including but not limited to:
 - Receiving monoclonal antibodies for the treatment of COVID-19
 - Other illness secondary to COVID-19
2. CDC guidelines also indicate that there are certain clinical precautions and considerations that may permanently exempt an individual in becoming fully vaccinated, including but not limited to:
 - Certain allergies or recognized medical conditions
 - Certain ADA disabilities
3. Employees seeking a vaccination delay for medical reasons must do the following:
 - Submit medical exemption form by [date dependent on your state] to include:
 - i. The medical reason for the delay consistent with CDC recommendations
 - ii. Signed and dated letter by a licensed practitioner, operating within their scope of practice, other than the individual requesting the exemption
 - (Insert individual responsible for receiving/reviewing requests) will review delay request according to [CDC recommendations](#)
 - The qualified employee must take steps towards becoming fully vaccinated after the period of delay or seek other exemption
4. Employees seeking a vaccination exemption for medical reasons must do the following:
 - Submit medical exemption form by [date dependent on your state] to include:
 - i. The medical reason for the exemption including which COVID-19 vaccine(s) are clinically contraindicated for the employee;
 - ii. The specific clinical reasons for the contraindications; and
 - iii. A signed and dated letter by a licensed practitioner, other than the individual requesting the exemption, operating within their scope of practice

- (Insert individual responsible for receiving/reviewing requests) will review exemption request according to [CDC recommendations](#) and approve if the previously outlined requirements are met

g. Religious Exemptions

1. Employees may submit a written religious exemption request using the [attached form](#), including any additional documentation that may be useful in evaluating their request
2. The (insert individual responsible for receiving/reviewing requests) will evaluate the exemption request according to the guidelines established by the U.S. Equal Employment Opportunity Commission (EEOC) in Section L of <https://www.eeoc.gov/wysk/what-you->

RHCs should update the following two sections to appropriately demonstrate how they will reduce the risk of transmission for those staff who are less-than-fully-vaccinated. This section lists broad examples that should be further specified based on RHC situation.

[should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#L](#)

3. Per the EEOC, “objections to the vaccine that are based on social, political or personal preferences or on nonreligious concerns about the possible effects of the vaccine” do not qualify for this exemption.”

h. Additional Precautions/Accommodations for Staff Who Are Not Fully Vaccinated for COVID-19

1. If a medical delay or exemption, or a religious exemption is approved, or while individuals are awaiting exemption responses, these employees will be subject to additional

RHCs may want to provide additional procedure regarding the review of these exemption requests (who, etc.)

RHCs can either use the linked sample religious exemption form, or create their own, following EEOC guidelines.

precautions to mitigate the transmission and spread of COVID-19 to patients and other staff.

2. These additional precautions will include the following (update to reflect RHC determined policy):

This required section of your P&P, per the IFC must address the following:

- *“contingency plans in consideration of staff that are not fully vaccinated to ensure that they will soon be vaccinated and will not provide care, treatment, or other services for the provider or its patients until” they have received at least one vaccine shot.*
- *How your RHC will “address the safe provision of services by individuals who have requested an exemption” and are waiting on a response, and those who have requested or received approval for a temporary delay.*

You may also consider:

- *“address topics such as staffing agencies that can supply vaccinated staff if some of the facility’s staff are unable to work.”*
- *“address special precautions to be taken when, for example, there is a regional or local emergency declaration, such as for a hurricane or flooding, which necessitates the temporary utilization of unvaccinated staff, in order to assure the safety of patients.”*

- Permitting staff member to fully (100%) telework if feasible
- Undergo weekly and as otherwise necessary COVID-19 testing
- Utilize additional PPE
- Wear a N95 mask at all times
- Maintain adequate physical distancing, when appropriate, from other staff and patients
- Undergo daily temperature checks and leave facility if temperature is 100.4 degrees Fahrenheit or higher

i. Contingency Plans for Staff Who Are Not Fully Vaccinated for COVID-19

j. Enforcement

Violations of this policy or associated procedures may result in appropriate disciplinary measures up to and including termination.

Signature _____ Date _____
Medical Director

Signature _____ Date _____
Other Applicable Representative