

Policy Name: Non-Discretionary Vaccine Administration

Applies to:			
<input checked="" type="checkbox"/> OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services]	<input checked="" type="checkbox"/> Ambulatory Surgery Centers [New Albany]	<input checked="" type="checkbox"/> Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites	<input checked="" type="checkbox"/> College of Medicine

### This To the Policy Objective

The Ohio State University Wexner Medical Center (OSUWMC) and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) will provide and require vaccines for all new and current medical staff and employees. Immunizations will be necessary to obtain and/or retain employment within the organization and must be received no later than the deadline established. This policy supports OSUWMC/The James mission and vision to provide the safest delivery of healthcare to those seeking health care services. OSUWMC/The James is complying with recommendations from expert panels and professional organizations, who advise that healthcare providers be vaccinated against measles, mumps, rubella, varicella, and pertussis (post-offer, pre-placement), influenza (seasonally) and SARS-CoV2 (COVID-19 vaccine) (at a frequency to be established). The intent is to protect patients, employees, visitors and the community from vaccine preventable infections while personalizing healthcare to meet the needs of each individual.

Medical reasons for exempting from vaccine requirements will be reviewed and approved whenever feasible. Personal reasons for exempting from varicella, measles, mumps and rubella vaccine will not be accepted. Consideration of personal reason(s) for exemption from Tdap will be reviewed on a case by case basis, (exception: staff assigned in patient facing environments to pregnant women and infant units will not be granted any exemption from Tdap vaccination requirements).

This policy allows for consideration of medical, personal, religious and/or spiritual reasons for declining Influenza and COVID-19 vaccines.

Work-related vaccines and titers are provided free of charge to faculty and staff.

This policy applies to all personnel, irrespective of direct patient contact.

### Definitions

Term	Definition
Post-Offer/Pre-Placement	Employment and placement in the position is contingent upon special completion of health screenings and requirement.

### Policy Details

#### A. Vaccine Administration

1. Safety of personnel and visitors/patients is a priority
  - a. Protection from infectious diseases is provided for all faculty and staff
  - b. Workers must meet minimum immunizations requirements or demonstrate proof of immunity
2. Employee Health Services (EHS) will review all faculty and staff's immunization history and administer vaccines or titers as needed to assure immunity to measles, mumps, rubella, varicella and pertussis during the post-offer health screening. MMR and Varicella vaccinations and/or immunity are required

- a. Vaccine series should be completed prior to the first day of employment. All immunizations must be completed within 45 days of the worker's hire date to retain employment. Departments must allow employees the ability to complete vaccination requirements. Any request for exemptions will be reviewed in collaboration with Human Resources.
- b. Job offer is contingent on successfully passing all health requirements
- c. Immunization necessary to obtain/retain employment no later than deadline established.
3. Immunity is required of all staff unless there is a documented medical reason for exemption.
  - a. Requests for exemption due to medical, religious or personal reasons will be reviewed by EHS in consultation with Office of Human Resources and Americans with Disabilities Act coordinator, where appropriate.
  - b. Inability/contraindication to be vaccinated or provide immunity per definition may require accommodations
  - c. Workers without required vaccinations beyond the deadline may be subject to termination.
4. The influenza and COVID-19 vaccine will be offered to faculty, staff, and volunteers upon receipt of the vaccine supply. Unless a recognized exemption applies, all faculty and staff are required to receive the influenza and COVID-19 vaccines by the established deadlines. Personnel who receive the influenza or COVID-19 vaccine at a site other than EHS will be required to provide documentation to EHS, so that this information may be entered into the EHS database.

## B. Exemptions

1. Requests for the Vaccine Exemption:
  - a. Staff members wishing to obtain an exemption and be considered compliant with this policy shall:
    - i. Download the [Request for Documentation/Exemption of Influenza Vaccination form](#) or the [COVID-19 Vaccine Exemption Form \(Appendix A\)](#) and have it completed by a licensed medical practitioner (if requesting medical exemption).
    - ii. Submit the completed form and any other associated documentation to Employee Health Services (EHS) by the deadline of 45 days for post-offer, pre-placement for new hires or of the year when the exemption is requested.
    - iii. Complete the eLearnings assigned when the exemption is approved.
  - b. Staff members without access to the Health System's intranet site, *MyTools*, may contact Employee Health Services at 614-293-8146 or e-mail [employeehealth@osumc.edu](mailto:employeehealth@osumc.edu) for assistance.
  - c. Requests for exemptions will be reviewed on a case-by case basis and there is no guarantee an exemption will be approved.
2. Limited exemptions from the influenza and COVID-19 vaccination requirements will be granted on a case-by-case basis for individuals who have any of the following:
  - a. Severe allergy to any component of the vaccine.
  - b. For the influenza vaccine, a history of Guillain- Barré syndrome within six weeks of a prior influenza vaccination.
  - c. Religious or spiritual beliefs that prohibits vaccination, if applicable.
  - d. Disability for which exemption status is a reasonable accommodation.
  - e. Elect to submit a written statement which explains any other exemption for consideration. EHS and HR will make a final decision on exemptions for personal reasons.
  - f. Medical-related exemptions with appropriate documentation from the individual's treating healthcare provider (e.g., MD, DO, advanced practice provider)
  - g. For the COVID-19 vaccine, severe allergy to any component of the COVID-19 vaccine with appropriate documentation from the individual's treating healthcare provider
  - h. For the COVID-19 vaccine, diagnosis of COVID-19 or infusion of COVID-19 monoclonal antibody within 90 days of the deadline to be vaccinated (temporary exemption until end of 90 day period)
3. If the exemption is granted for a temporary condition, the employee must resubmit a request for exemption each year. If the exemption is granted for a permanent medical condition (e.g., allergy or

history of Guillain-Barré) the exemption will not require a letter each year, unless vaccine technology changes to eliminate allergy issues.

- C. Compliance Tracking:** EHS will issue limitations/restrictions if the worker fails to comply with measles, mumps, rubella, varicella and Tdap vaccine requirements to the worker’s supervisor/HR, and/or Information Technology. Information Technology will provide management with reports on percent compliance with influenza and COVID-19 vaccination per cost center. EHS will be responsible for granting exemptions and documenting compliance for off-site vaccines and exemptions and will maintain the vaccination database.
- D. Infection Prevention Procedures:** Individuals receiving any vaccination exemption may be required to complete an eLearning module on appropriate workplace conduct to reduce transmission as an unvaccinated individual. For the influenza vaccine, employees who may have exemption, within the 45-day window with approved accommodations, or not yet fully vaccinated may be required to wear a surgical/procedure mask for all work activities, as determined by the Medical Director of Clinical Epidemiology. For the COVID-19 vaccine, if an exemption is granted, the individual will be required to complete testing on a routine basis and wear required Personal Protective Equipment (PPE). Refer to the [Appendix B](#) for additional information regarding fit testing.
- E. Vaccine Shortage:** In the event of vaccine shortage or a limited supply, the situation will be evaluated for the entire OSUWMC/The James. EHS, Epidemiology, HR, Pharmacy, Hospital Administration and the Emergency Management Committee will prioritize vaccine administration based on the health care workers’ job function and risk of exposure. Priority must be given to those who provide direct hands-on patient care with prolonged face to face contact with patients or have the greatest risk of exposure to patients.
- F. Compliance:** Failure to meet the requirements of this policy by the established deadline will result in issuance of limitations/restrictions and may result in progressive corrective action due to non-compliance. If an individual continues to remain non-compliant beyond the established deadline, the individual may be subject to removal of electronic resources and further corrective action up to and including termination. Steps in the corrective action process may be adjusted as determined by Human Resources in conjunction with Corrective Action policies.

## Contacts

Office	Telephone	E-mail/URL
Occupational Health and Medicine (Employee Health Services)	614-293-8146	<a href="mailto:Employeehealth@osumc.edu">Employeehealth@osumc.edu</a> <a href="https://www.wow.medctr.ohio-state.edu/Departments/emphealth/ehsfrm.htm">https://www.wow.medctr.ohio-state.edu/Departments/emphealth/ehsfrm.htm</a>

## Resources

[Annual Influenza Vaccination Documentation/Exemption Form](#)  
[Corrective Action](#)  
[Safe and Healthy Buckeyes](#)

## History

<i>The Ohio State University Wexner Medical Center</i>		
<i>Approved By (List All Committees):</i>	<i>Approval Date:</i>	<i>Issue Date:</i>
1. Policy Oversight Committee	1. 6/24/2021	8/12/2009
2. Health System Operations Team	2. 7/1/2021	<i>Effective Date:</i>
3. The Ohio State University President’s Cabinet	3. 8/3/2021	8/3/2021
4. UH Medical Staff Administrative Committee	4. 8/11/2021	

<i>Review Cycle:</i> <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<i>Prior Approval Date(s):</i> 11/8/2017
---	--

<i>Arthur G. James Cancer Hospital and Richard J. Solove Research Institute</i>		
<i>Approved By (List All Committees):</i>	<i>Approval Date:</i>	<i>Issue Date:</i>
1. Policy Oversight Committee	1. 6/24/2021	8/12/2009
2. Health System Operations Team	2. 7/1/2021	<i>Effective Date:</i>
3. The Ohio State University President's Cabinet	3. 8/3/2021	8/3/2021
4. The James Medical Staff Administrative Committee	4. 8/20/2021	
<i>Review Cycle:</i> <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<i>Prior Approval Date(s):</i> 11/8/2017	

## Appendix A: COVID-19 Vaccination Exemption Form

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Med Center ID or  
Ohio State Employee  
ID

\_\_\_\_\_  
Date of Birth

### My employment status is best described as:

- An Ohio State Employee who receives a paycheck from The Ohio State University/The Ohio State University Wexner Medical Center (OSUWMC).
- A licensed independent practitioner (MD, APN, PA) who does not receive a paycheck from OSUWMC.
- A contracted worker who does not receive a paycheck *directly* from Ohio State/OSUWMC. *This category often includes traveling nurses, visiting scholars, and those doing government or third party funded research.*
- An employee of OSU Physicians, Inc.

### My primary affiliation with the University would fall under:

- The Ohio State University Wexner Medical Center
- The Ohio State University
- The Ohio State University College of Medicine
- OSU Physicians, Inc.
- Other: \_\_\_\_\_

### COVID-19 vaccination exemption request

- Documented health-related contraindication. Please attach documentation from your treating health care provider (physician, advanced practice provider, CNP) with this form for review by Employee Health Services.
- Documented allergic reaction to an ingredient in the COVID-19 vaccine. Please attach appropriate documentation of the allergic reaction from your treating health care provider (physician, advanced practice provider, CNP) for review by Employee Health Services.
- Documented history of allergic reactions to other vaccines or other medical injections. Please attach appropriate documentation of the allergic reaction provided by your treating health care provider (physician, advanced practice provider, CNP) with this form for review by Employee Health Services.
- Documented COVID-19 infection or a history of having received a COVID-19 monoclonal antibody infusion within 90 days prior to the November 15, 2021 deadline. **NOTE:** you will be eligible for a temporary exemption until after the end of the 90-day period and then required to receive a COVID-19 vaccination within 14 days of the end of the exemption.
- Religious (details required in next question). Requires notary.

Personal (details required in next question). Requires notary.

**Explanation for request** (Note: If you are seeking an exemption for a medical reason, please complete the university's medical exemption.)

**Religious Exemption**

***For the religious exemption, this form must be notarized at the time of submission.***

I, \_\_\_\_\_, am an employee of The Ohio State University or the OSUWMC and am seeking an exemption from the COVID-19 vaccine because of the following sincerely held religious belief: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In some cases, Ohio State may need additional information and/or documentation about your religious practices or beliefs. As such, please provide the name and contact information of your spiritual leader (if applicable): \_\_\_\_\_  
\_\_\_\_\_

**Personal Exemption**

***For the personal exemption, this form must be notarized at the time of submission.***

I, \_\_\_\_\_, am an employee of The Ohio State University or the OSUWMC and am seeking an exemption from the COVID-19 vaccine because of the following sincerely held personal belief: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[document continues on next page]*

**For personal and religious exemption requests, a notary public must complete the following.**

**REQUIRED FOR PERSONAL & RELIGIOUS  
EXEMPTIONACKNOWLEDGEMENT  
CERTIFICATE**

State of Ohio, County of \_\_\_\_\_ The foregoing instrument was  
acknowledged before me on this \_\_\_\_\_ (date) by \_\_\_\_\_ (name of  
person acknowledging).

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public – State of Ohio

My commission expires: \_\_\_\_\_ (date)

**By signing below, I verify that the information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to termination of employment. I understand that if I am granted an exemption, the fact that I have received an exemption may be shared with those at the university who have a need to know. I further understand that decisions made regarding exemption requests are final.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Submit documentation via the COVID-19 vaccine portal  
([go.osu.edu/employee-vax-info](https://go.osu.edu/employee-vax-info)) by the deadline of Friday, September  
17, 2021.**



## Appendix B: Respirator Fit Testing

[Department of Safety and Emergency Preparedness](#) administers respirator fit testing. An assessment of whether an individual requires a respirator is dependent on the following:

- Working in airborne isolation rooms, enhanced droplet and contact isolation rooms
- Obtaining test specimens for COVID-19 patients
- Performing high risk Aerosol Generating Procedures (AGP) on undifferentiated patients (select the link below to see a list of AGP's and associated guidance)
- Providing care or interact with potentially infectious patients (i.e. tuberculosis, chickenpox, shingles, measles, SARS-CoV-2, Ebola, smallpox, monkeypox, MERS-CoV)
- Requiring use of an N95 (or acceptable alternative) as part of the individual's routine job duties
- Having an approved exemption to the COVID-19 vaccine