

UAMS ADMINISTRATIVE GUIDE

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SECTION: ADMINISTRATION

AREA: PUBLIC HEALTH EMERGENCIES SUBJECT: COVID-19 VACCINATION POLICY

# **PURPOSE**

To safeguard the health of University of Arkansas for Medical Sciences ("UAMS") employees and their families, non-employees, students, patients, visitors and the community at large from infectious diseases, such as COVID-19, that may be reduced by vaccinations.

# **SCOPE**

All UAMS Health Care Personnel ("HCP") and Special Program Participants.

# **DEFINITIONS**

**Booster** means a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.

Fully Vaccinated means being two weeks or more from completion of the primary vaccination series for COVID-19.

**Health Care Personnel** means all UAMS clinical and non-clinical employees and non-employees, paid or unpaid, including volunteers, students, trainees, and contractual staff not employed by UAMS.

Special Program Participants mean individuals participating in official UAMS special programs, such as summer camps.

Temporarily Delayed Vaccination means a vaccination that must be temporarily postponed, as recommended by CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days. <a href="https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf">https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf</a>

# **POLICY**

In accordance with the UAMS duty to provide and maintain a workplace that is free of known hazards, UAMS will comply with all applicable laws and guidance from the Centers for Disease Control and Prevention ("CDC"), the Centers for Medicare and Medicaid Services, and local health authorities regarding vaccinations. As such, all UAMS HCP and Special Program Participants will be vaccinated for COVID-19 in compliance with the CMS Interim Final Rule.

# **PROCEDURES**

All UAMS HCP and Special Program Participants are required to be Fully Vaccinated for the COVID-19 virus as set forth in this policy by March 15, 2022, unless they have an approved medical or religious exemption or an approved Temporary Delayed Vaccination in compliance with CDC guidelines.

If this policy applies to you, and you are not Fully Vaccinated against COVID-19, you must do **ONE** of the following:

- 1. Get the first dose of the Pfizer-BioNTech COVID-19 vaccine no later than February 14, 2022, and get the second dose no later than March 15, 2022; OR
- 2. Get the first dose of the Moderna COVID-19 vaccine no later than February 14, 2022, and get the second dose no later than March 15, 2022; OR
- 3. Get one dose of the Johnson & Johnson COVID-19 vaccine no later than February 14, 2022; OR
- 4. Apply for a medical or religious exemption from vaccination, in writing, using the process outlined below, no later than February 14, 2022.

If you do not take one of these actions by February 14, 2022, you will be subject to discipline including possible termination.

You must provide written proof of your vaccination if you do not apply for an exemption.

If you wish to apply for a medical or religious exemption from vaccination, you must complete the appropriate form and submit it to Student and Employee Health Services (SEHS) no later than February 14, 2022. You may receive a religious exemption if you have a sincerely held religious observance, practice, or belief against COVID-19 vaccination. You may receive a medical exemption if you present documentation from your medical provider as described in this policy.

SEHS will maintain records of compliance and provide notification to the UAMS Office of Human Resources ("OHR") and the colleges as set forth in this policy. Supervisors are required to allow "released, paid time" from work for any HCP to fulfill this requirement. It is the responsibility of the department head to notify HCP that they are required to adhere to this policy.

UAMS will provide free vaccinations for all active HCP. For offsite vaccinations, HCP are required to work with their managers to schedule appropriate time to comply with this policy.

Before the stated deadline to be vaccinated has expired, HCP will be required to provide proof of vaccination, an approved exemption from the requirement, or a pending request for an exemption.

HCP should also obtain any recommended Booster doses of the vaccine, as recommended by the CDC or local health authorities, and in accordance with the recommended timing of such doses.

HCP who are 100% telehealth or remote and will not come onto campus for work or school related projects or events are exempt from these requirements.

# \*\*For New HCP after February 14, 2022:

- 1. All applicants for hire as an HCP will be asked to identify their COVID vaccination status. Students will be asked to identify their COVID vaccination status prior to enrollment.
- 2. Any offer to hire or enroll an individual as an HCP after February 14, 2022, will be contingent on the individual's compliance with this policy.
- 3. Any new HCP after February 14, 2022, must provide one of the following:
  - a. Acceptable proof that the individual received either (1) the first dose of a Multi-Dose Vaccine or (2) the only dose of a Single-Dose Vaccine. If the individual received a Multi-Dose Vaccine, the second dose must be received within thirty (30) days of hire or enrollment; or
  - b. Acceptable proof that the individual submitted a request for Medical Exemption or Religious Exemption to SEHS upon hire. The submission to SEHS must be made within thirty (30) days of hire or enrollment.
- 4. Any new HCP after March 15, 2022, must provide one of the following:
  - a. Acceptable proof that the individual received either (1) both doses of a Multi-Dose Vaccine or (2) the only dose of a Single-Dose Vaccine; or
  - b. Acceptable proof that the individual submitted a request for Medical Exemption or Religious Exemption to SEHS upon hire. The submission to SEHS must be made within thirty (30) days of hire or enrollment.
- 5. Acceptable forms of proof include (1) a vaccination record card (or a legible photo of the card), (2) documentation of vaccination from a health care provider or electronic health record, (3) a state immunization information system record, or (3) a copy of the Medical Exemption or Religious Exemption form submitted to SEHS.

# Reasonable Accommodation

HCP in need of an exemption from this policy due to a medical reason, or because of a sincerely held religious belief, must submit a completed Request for Accommodation form located on the SEHS website to begin the interactive process as soon as possible after vaccination deadlines have been announced. Accommodations will be granted where they do not cause undue hardship or pose a direct threat to the health and safety of others.

Individuals receiving an approved exemption from vaccination will be tested according to the current CDC recommendations for testing unvaccinated persons to ensure the continued safety of our employees, non-employees, students, patients, visitors, and community at large.

# **Medical Exemption**

- 1. A medical exemption from any mandated vaccination is allowed for recognized contraindications only.
- The HCP must present the medical exemption form and documentation from a licensed medical practitioner. The medical exemption form is located on the SEHS website.
  - a. An HCP who presents documentation from a licensed medical practitioner of having received passive antibody therapy as treatment for COVID-19 is exempt from Vaccine Compliance for ninety (90) days after the last administration of the passive antibody therapy.
  - b. An HCP with COVID-19, with or without symptoms, and who presents documentation from a licensed medical practitioner of a positive PCR diagnostic test, is exempt from Vaccine Compliance until the HCP has met the most current CDC criteria for discontinuing isolation. This exemption also applies to an HCP with COVID-19 who has received the first dose of a Multi-Dose Vaccine but not the second dose.

# **Religious Exemption**

- 1. An HCP is exempt from COVID-19 vaccination if receiving any COVID-19 vaccine would violate the HCP's sincerely held religious beliefs, observances, or practices. The religious belief, observance, or practice identified by the HCP shall be assumed to be of a religious nature and sincere.
- 2. An HCP who wants to request a religious exemption from vaccination must complete the religious exemption form located on the SEHS website.

#### Review Process

SEHS will review the exemption requests received from HCP. If the request is denied, the requesting HCP may initiate an appeal by submitting a written appeal request within five (5) business days of the determination.

#### **Appeal Process**

Employees who wish to appeal their accommodation determination must submit a written statement to the Sr. Director of Employee Relations in the Office of Human Resources located at 4301 W. Markham, Slot # 564, Little Rock, Arkansas, 72205, (501) 686–7000, specifying the

reason the HCP is appealing the determination. This written statement must be received within five (5) working days following the determination made by SEHS.

Students who wish to appeal may contact the Title IX/ADA Coordinator, Academic Affairs Administration Office at (501) 526-5641.

Should the appeal require additional review, it will be sent to the Vice Chancellor of Human Resources and Chief Executive Officer for UAMS Health, then if necessary, the Chancellor. The Chancellor may decide to accept the recommendation, amend it, reverse it, or refer the appeal back to the appropriate department for further deliberations and reconsideration.

#### Records

All medical records, including vaccination records, will be maintained by SEHS in the Student and Employee Health database. A copy of the record may be requested by HCP by contacting the SEHS office. These records are not considered a part of the personnel file. However, notice of non-compliance with this policy provided by SEHS will be maintained by HR.

# **Compliance**

- If an HCP has not completed or provided their proof of vaccination by the deadline required by this policy, does not have an approved exemption on file, or must have a Temporarily Delayed Vaccination in accordance with CDC vaccine guidelines, campus leadership and HR will be notified by SEHS and the HCP will not be allowed to continue work.
- 2. Adherence to this policy is a condition for employment at UAMS for new and continuing HCP.
- 3. HCP refusal to comply with the vaccination policy will be subject to disciplinary measures up to and including termination.
- 4. HCP who have an approved exemption or pending exemption request will be required to wear protective masks/PPE and will be tested according to the current CDC recommendations for testing unvaccinated persons.

# **Notification**

- 1. SEHS will send Reports to campus leadership and HR listing non-compliant HCP.
- 2. It is the supervisor's or manager's responsibility to notify the HCP of a report of non-compliance, and work with HR on next steps in the disciplinary process.

# **Legal Authority**

On January 14, 2022, CMS provided guidance for the Interim Final Rule (IFR) - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination. The Final Rule

requires all Medicaid-Certified Providers and Suppliers that are regulated under Conditions of Participation to ensure that all applicable staff are vaccinated for COVID-19. Every UAMS Facility is a Medicaid-Certified Provider. Congress has given CMS broad statutory authority to establish health and safety regulations, which includes authority to establish vaccination requirements.

This policy is created to comply with the IFR, with approved exemption from the Arkansas Legislative Council. Any ambiguity in the language of this policy should be resolved in a manner that complies with the IFR. Further, UAMS will amend or repeal this policy as necessary should the IFR be amended or repealed.

Date: February 3, 2022

Please direct any questions regarding this policy to SEHS.

# REFERENCES

CMS Ref: OSO-22-09-ALL

Student and Employee Health Services | UAMS Health

Signature:

# University of Arkansas for Medical Sciences Request for Medical or Religious Exemption from Vaccination

Employee Name	Date of Birth
SAP#	Department Name
including MMR, Tdap, Varicella <sup>1</sup> , influenza. Each request for exemplemployee Health Services, and if	edical Sciences mandates certain vaccinations for all of its employees, Hepatitis B (for those exposed to blood and body fluids), Covid-19, and ption, regardless of the reason, will be evaluated individually by Student needed, the Office of Human Resources. When requesting an exemption, cines for which you are seeking exemption in the documentation submitted in st.
Medical exemption	
by a licensed practitioner acting we exemption must be based on star Control and Prevention or Advisor Covid-19 vaccine, the documenta contraindicated and the recognized	medical exemption I am required to provide documentation signed and dated within their respective scope of practice. I also understand that the medical ndard criteria for medical exemptions recommended by the Centers for Disease bry Committees on Immunization Practices. If the exemption request is for the ation must specify which authorized or licensed Covid-19 vaccine is ed clinical reasons for the contraindication. It must also include a statement commending exemption from the vaccination requirement based on the medical
Religious exemption	
support my objection to the immu (1) a signed letter from my religio reasons and/or religious practices	n exemption due to religious beliefs, I am required to provide documentation to unization for sincerely held religious beliefs. This documentation may include us leader/pastor, on official letterhead, verifying my membership and the s that do not support immunization or (2) a statement under oath from me munization and the reasons and/or religious practices that preclude quest must be renewed annually.
I understand that I have 10 busine the religious exemption.	ess days to obtain the supporting documentation for either the medical or
	otion request is pending or if my exemption request is approved, I will be mandatory vaccination requirement. Further, I understand that my protected will be kept confidential.
communicated to me by my supe admitted/seen with communicable and influenza) and that I may be e as my job duties require. I will fol communicable illness. I understa	ed to follow the job duties outlined in my job description and orally rvisor. I must follow infection control guidelines and care for patients e illnesses (such as measles, mumps, rubella, Varicella, Hepatitis B, Covid-19, exposed to other serious illnesses (including tetanus, diphtheria, and pertussis) low transmission-based precautions for patients with symptoms of nd that if I develop symptoms of communicable illness, I must report to Student tential work exclusion until resolution of symptoms.
For any questions concerning the 6565, or you may call the Office of	ese exemptions, please contact, Student Employee Health Services at 686- f Human Resources at 686-5650 regarding policy compliance.
Employee Signature	Date

<sup>&</sup>lt;sup>1</sup> Varicella vaccine may not be required if an employee has previous diagnosis or verification of a history of Varicella or Zoster by a healthcare provider or laboratory evidence of immunity.

# **UAMS Form for Medical Exemption from Covid-19 Vaccination**

	lame		Employee Date of Birth	
Dear License	ed Practitioner:	(Print)		(Print)
The Universi	ity of Arkansas for N	Medical Sciences mand	ates COVID-19 vaccinations fo	r all of its employees, similar to
other require	ed vaccinations suc	ch as MMR and Influenz	za. Your patient has requested	d a medical exemption from this
vaccination i	requirement. A me	edical exemption from a	any mandated vaccination is a	llowed for recognized
contraindica	itions only. With reg	gard to the COVID-19 v	accine, your documentation n	nust specify which authorized or
licensed CO\	VID-19 vaccine is co	ontraindicated and the	recognized clinical reasons for	the contraindication.
Please comp	lete the form below	w to request a medical	exemption for your patient. S	hould you have any questions,
please call U	AMS Student Empl	oyee Health Services at	501-686-6565. We may cont	act your office to confirm and
discuss reaso	ons for exemption.		mants work care has	act your office to commit and
UAMS Stude	ent and Employee H	Health provides mRNA	COVID vaccines; however, we	e can/will arrange to use an
alternate AC	IP-approved vaccir	ne if medical condition	s warrant this.	com, will divalige to use all
My patient s	hould not be vaccir	nated against COVID-19	for the following MEDICAL re	ason:
	History of previous	severe allergic reactio	n to COVID-19 vaccine or com	ponent of the vaccine
	Defined as develop	oing hives, swelling of th	ne lips or tongue, difficulty bre	eathing
	<ul> <li>Does n</li> </ul>	ot include sore arm, loc	cal reaction, subsequent upper	respiratory tract infection, or
	gastro-	-intestinal symptoms.		
	Other, please desc	ribe below:	tand couples of	
41		e13 h (o)pina a nama s		
THE FOLLOV	WING ARE NOT CON	NTRAINDICATIONS TO	COVID VACCINIATION AUGO	
	PPRESSION , CHROI	NIC MEDICAL CONDITIONS	COVID VACCINATION: ALLEROONS OR PREGNANCY)	GY TO EGGS or LATEX,
MMUNOSUI				et men ne en en et talle en
MINIONOSUI	my nationt has the			
MINIONOSOF	my patient has the	above contraindication	i, and request medical exempt	tion from the COVID-19 vaccination
certify that r				
certify that r			n, and request medical exempt Date Date	
certify that r	Signature(Signa Printed Name	ature stamps not acceptable)	Date	en an anna 1854 a taola de processor de lega es es a Kalinana Cherri e listá terrado
certify that representation of Practition of Practical Operation of Practic	Signature(Signa	ature stamps not acceptable)		en e
certify that representation of Practition of Practition of Physician pho-	Signature(Signa Printed Name one#_	ature stamps not acceptable)	Date ) License Number:	en an anna 1854 a taola de processor de lega es es a Kalinana Cherri e listá terrado
certify that representation of the control of the c	Signature(Signature)  Printed Name  Dine#  Considerations regal.cdc.gov/vaccines/c	ature stamps not acceptable)  arding COVID-19 Vaccir	Date ) License Number:	State:

Fax Completed Form to: UAMS Employee Health Services 501-296-1230 OR E-MAIL Studentandemployeehealth@uams.edu