



KAPI'OLANI  
PALI MOMI  
STRAUB  
WILCOX

**Title:** COVID-19 Vaccine Program  
**Department:** Employee Health  
**Effective Date:** 8/2021  
**Previous Version(s):**  
**Replaces:**

**Policy & Procedure**

*\*\*The reader is cautioned to refer to the Central Document Database for the most current version of this document and not rely on any printed version.\*\**

**Approval Signature:** \_\_\_\_\_

**Name:** Sunshine Topping **Title:** SVP, Human Resources

**Approval Signature:** \_\_\_\_\_

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**Name:** Amy Thomas **Title:** Director, Employee Health

**Scope:**

This policy applies to Hawai'i Pacific Health (HPH) and all of its affiliates and subsidiaries, including but not limited to Kapi'olani Medical Center for Women & Children (KMCWC), Pali Momi Medical Center (PMMC), Kapi'olani Medical Specialists (KMS), Kaua'i Medical Clinic (KMC), Hawai'i Pacific Health Medical Group (HPHMG), 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 and medical providers 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 are employed by HPH or an affiliate or who provide services at an HPH facility. This includes: hospital employees, clinical and non-clinical employees, physicians, licensed independent practitioners, members of the medical staff, temporary workers, students, researchers, volunteers, clergy, contracted staff, vendors and agency personnel.

## *Fully Vaccinated*

An individual is regarded as "Fully Vaccinated" 14 days after the individual's second dose of a mRNA vaccine (i.e., Pfizer or Moderna) or after a single dose of Janssen/Johnson & Johnson vaccine.

### **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 by the HPH Exemption Committee or a policy exception is determined.
- B. COVID-19 vaccination is provided free of charge through HPH Employee Health ("EH") to all Health care Personnel.
- 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 to EH by October 1, 2021 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. Students, contracted workers, medical staff including licensed independent practitioners ("LIPs") and agency staff are required to provide evidence of vaccination to EH prior to providing services at an HPH facility.
- D. Once Health Care Personnel have been Fully Vaccinated, they will receive a COVID-19 Vaccination sticker from EH or appropriate designee. The sticker must be visibly attached to the badge and not cover the individual's name on the badge.
  1. It is the responsibility of students, contracted workers, medical staff/including allied health professional (AHPs) and agency staff to obtain a sticker from EH or appropriate delegate prior to providing services at an HPH facility.
- E. 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 flyers/posters.
- F. EH will use strategies to provide for convenient vaccine access, including vaccination clinics.
- G. Health Care Personnel must be Fully Vaccinated for COVID-19 or receive an approved exemption by October 1, 2021.
- H. Health Care Personnel who are not Fully Vaccinated for COVID-19 will be required to comply with HPH's regular COVID-19 testing requirements.

## **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. In order to request an exemption, Health Care Personnel must complete and submit all of the required information and supporting documentation as outlined in the applicable section of the COVID Vaccination Acknowledgement and Exemption Request Form ("Exemption Form"), which is attached hereto as Appendix A.
1. Requests for Medical Exemption. Health Care Personnel requesting an exemption based on medical contraindication and/or disability must complete the applicable section of the Exemption Form and attach documentation from his/her personal health care provider attesting to the medical contraindication and need for exemption.
  2. Request for Religious Exemption. Health Care Personnel requesting an exemption based on sincere religious belief must complete the applicable section of the Exemption Form and provide a signed personal statement as well as a written and signed statement by a religious leader supporting the individual's need for exemption.
- C. Requests for an exemption, including all required information and supporting documentation, must be submitted to EH by September 16, 2021 or as otherwise determined by HPH or required by law. Future dates for exemption will be determined as indicated on an ongoing basis based on pandemic conditions.
- D. Health Care Personnel 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**

Employees of HPH who work from home and never have occasion to be physically present at an HPH facility, may be granted an exception from this policy provided that HPH determines that their role is solely virtual and they do not come into contact with co-workers or patients.

**IV. COVID-19 Vaccination Refusal**

A. Health Care Personnel who do not obtain the COVID-19 vaccination or receive an approved exemption as required under this policy will be required to comply with regular COVID-19 testing requirements.

**V. Record Keeping**

EH will maintain all information submitted by an individual in support of a request for exemption.

**VI. Corrective Action Procedures**

- A. All Health Care Personnel are required to be Fully Vaccinated unless granted an exemption.
- B. Non-compliance with the requirements of this policy will result in appropriate action, including required regular COVID-19 testing and/or corrective action up to and including suspension and termination of employment.
- C. It is the responsibility of Department Managers and all Leadership team members to monitor and enforce this policy and PPE requirements.

**VII. 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.

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

## Appendix A: COVID Vaccination Acknowledgement and Exemption Request Form

### Policy Review

It is the policy of HPH that all employees, students, medical staff, allied health providers, volunteers, contracted workers, vendors and agency staff working at HPH 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 along with any required documentation no later than September 16, 2021. 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 you are applying for.

**Medical Exemption** - An individual requesting a medical exemption because of a medical contraindication or disability must complete the Acknowledgement and Exemption Form Request and attach documentation from his/her personal health care provider that attests to the medical contraindication and/or 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 includes a personal statement and a written and signed statement by a religious leader.

**Requirements For Individuals with Approved Exemptions** - HPH policy requires 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, individuals 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 employees and individuals working at an HPH facility are immunized against COVID-19, in order to protect patients, staff and the community. This includes all employees, students, medical staff, AHPs, volunteers, contracted workers, vendors and agency staff.

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 similar to other vaccinations that health care organizations require as a condition of employment.

Medical exemption from the COVID vaccination is available to individuals 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 medical 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:

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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 acceptable medical documentation from my medical provider will result in my request for exemption being denied.

\_\_\_\_\_ I understand that my request(s) for exemption must be submitted by September 16, 2021.

\_\_\_\_\_ 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 the individual 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](http://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 may be granted if the individual holds sincere religious beliefs which are contrary to the practice of vaccination, completes the religious exemption personal statement attesting that they follow religious beliefs that would qualify for an exemption and submits the required religious organization statement completed and signed by a religious leader.

**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 my failure to submit acceptable appropriate documentation from my religious organization will result in my request for exemption being denied.

\_\_\_\_\_ I understand that my requests for exemption must be submitted by September 16, 2021.

\_\_\_\_\_ 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 the individual 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](http://www.cdc.gov/coronavirus)

Employee Printed Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Best Contact Phone #: \_\_\_\_\_ Manager: \_\_\_\_\_





