

MONROE COMMUNITY HOSPITAL COVID-19 VACCINE POLICY

Summary

Pursuant to the emergency regulations issued by the New York State Public Health and Health Planning Council and the New York State Commissioner of Health, codified at 10 NYCRR Section 2.61, and effective as of August 26, 2021 (the “Regulations”), Monroe Community Hospital (“MCH”) is adopting a COVID-19 vaccination policy for all MCH employees, contractors, vendors, volunteers, and other individuals, as required by the Regulations. Effective as of September 27, 2021, MCH will require proof of COVID-19 vaccination from all individuals covered by the Regulations and this policy, subject to reasonable accommodation for medical and religious reasons. The Regulations do not permit any other type of exemption from the COVID-19 vaccination requirement.

Policy

- I. **Scope.** This Policy applies to all Covered Individuals, which shall include all persons employed by or affiliated with MCH, whether paid or unpaid, who engage in activities such that if they were infected with COVID-19, they could potentially expose patients, residents, or personnel to COVID-19. A “Covered Individual” includes but is not limited to the following:
 - Employees (including County employees accessing MCH facilities);
 - Members of the medical and nursing staff;
 - Contract staff and vendors;
 - Tenants;
 - Students; and
 - Volunteers.
- II. **Vaccination Requirement.** MCH requires that all Covered Individuals be fully vaccinated against COVID-19.
 1. **Current Personnel.** Covered Individuals currently employed by or affiliated with MCH must receive their first dose of COVID-19 vaccine by September 27, 2021.
 2. **New Personnel.** Covered Individuals who become employed by or affiliated with MCH on or after September 27, 2021, must be fully vaccinated before commencing such employment or affiliation (*e.g.*, before entering MCH facilities for work or to provide services).
- III. **Fully Vaccinated.** Covered Individuals are considered fully vaccinated for COVID-19 beginning two (2) weeks after receiving either (1) the second dose in a two-dose series (*e.g.*, Moderna or Pfizer-BioNTech, also referred to as COMIRNATY), or (2) a single-dose vaccine (*e.g.*, Johnson & Johnson [J&J]/Janssen), authorized for emergency use or approved by the U.S. Food and Drug Administration, and holds an emergency use listing by the World Health Organization.

- IV. Documentation of COVID-19 Vaccination.** Covered Individuals must provide MCH with proof of COVID-19 vaccination, if MCH has not previously received such documentation for the individual. Acceptable proof of vaccination includes the following:
1. A record prepared and signed by the licensed health practitioner who administered the vaccine, which may include a CDC COVID-19 vaccine card;
 2. An official record from one of the following, which MCH may accept as documentation of immunization without a health practitioner's signature:
 - a. A foreign nation (for COVID-19 vaccines that fall under Section III above);
 - b. NYS Countermeasure Data Management System (CDMS);
 - c. The NYS Immunization Information System (NYSIIS);
 - d. The Citywide (NYC) Immunization Registry (CIR);
 - e. A New York State Department of Health ("NYSDOH")-recognized immunization registry of another state, or an electronic health record system;
or
 3. Any other documentation determined acceptable by the NYSDOH.

Any such documentation must include the following elements, unless otherwise specified by the NYSDOH: vaccine manufacturer, vaccine lot number(s), date(s) of vaccination; and vaccinator or vaccine clinic site.

COVID-19 vaccination documents must be submitted to the MCH Employee Health Office no later than September 20, 2021.

MCH will maintain the confidentiality of all submitted documentation of vaccination and such documentation will be kept in the Covered Individual's confidential medical file other appropriate file for non-employees, in accordance with applicable laws.

- V. Limited Exemptions to Vaccination.** Limited exemptions to the vaccination requirement are available as follows.

1. **Medical Exemptions to Vaccination.** A Covered Individual may be granted a medical exemption to the vaccination requirement of this Policy as set forth in this section.
 - a. If any licensed physician or certified nurse practitioner certifies that immunization with COVID-19 vaccine is detrimental to a specific Covered Individual, based upon a specific pre-existing health condition, MCH will provide a reasonable accommodation of such health condition, in accordance with the County's ADA Policy, only until such immunization is found no longer to be detrimental to the health of such Covered Individual.
 - b. A Covered Individual seeking a medical exemption must provide MCH with a completed Monroe County COVID-19 Vaccine Medical Exemption Form, attached to this policy as Appendix 1. This form must be completed and signed by the Covered Individual and by a physician (M.D. or D.O.) licensed to practice medicine in a jurisdiction of the United States or a certified nurse practitioner licensed in a jurisdiction of the United States, and setting forth the nature and duration of the medical exemption. Any such medical exemption

must be a medical contraindication and/or precaution for immunizations based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC, available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html> or <https://www.cdc.gov/vaccines/covid-19/index.html>, and consistent with established national standards for vaccination practices.

- c. The completed form must be submitted to the MCH Employee Health Office. MCH will maintain the confidentiality of all submitted documentation in support of a medical exemption and reasonable accommodation request and such documentation will be kept in the Covered Individual's confidential medical file or other appropriate file for non-employees, in accordance with applicable laws.

2. Religious Exemptions to Vaccination. A Covered Individual may be granted a religious exemption to the vaccination requirement of this Policy. *In accordance with the Regulations, a Covered Individual who receives a religious exemption will not be permitted to work in a position covered by the New York State vaccination mandate, including any position at MCH, all of which are covered by the Regulations. In compliance with the Regulations, reasonable accommodation would not include transfer into another position at MCH.*

- a. MCH will consider a religious exemption for COVID-19 vaccination for a Covered Individual on a case-by-case basis if the Covered Individual holds a genuine and sincere religious belief contrary to the practice of immunization, subject to a reasonable accommodation.
- b. A Covered Individual seeking a religious exemption must provide MCH with a completed Monroe County COVID-19 Vaccine Religious Exemption Form, attached to this policy as Appendix 2. This form must be completed and signed by the Covered Individual.
- c. MCH will maintain documentation of any religious exemption in the Covered Individual's personnel file.

3. Testing of Covered Individuals who Receive Exemptions. Any Covered Individual who is granted an exemption is required to receive a COVID-19 test weekly, or at a frequency consistent with state and federal regulation, whichever is greater. The County shall make COVID-19 testing available at MCH at no cost to the Covered Individual, during the Covered Individual's working hours. If a Covered Individual opts not to be tested at MCH, it is the Covered Individual's obligation to obtain a COVID-19 test to satisfy this requirement at their own expense and outside working hours.

Effective Date

This Policy is effective as of September 13, 2021.

Questions or Concerns

If you have any questions regarding this policy, you should contact your supervisor, or the MCH Employee Health Office.

Appendix 1

COUNTY OF MONROE
 COVID-19 VACCINE MEDICAL EXEMPTION FORM

I am a MCH (or County): Employee Volunteer Contractor Other: _____

Name: _____	
Name of Employer or School (if applicable): _____	Primary Phone: _____
Signature: _____	Date: _____
Confidentiality of Information Provided: Requests for medical exemptions and any documents provided will be kept confidential and shared only with those employees who have a need to know.	

The following section is to be completed by a licensed medical provider:

Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC, available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html> or <https://www.cdc.gov/vaccines/covid-19/index.html>. Please check the website to ensure you are reviewing the latest CDC/ACIP contraindication and precaution information when completing this form.

ACIP Contraindications and Precautions to COVID-19 Vaccination	
Exemption Length	ACIP Contraindications and Precautions
<input type="checkbox"/> Temporary until: _____ (mm/yy)	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. Please explain reaction and suitability for alternative vaccine: _____ _____
<input type="checkbox"/> Permanent	<input type="checkbox"/> Other (explain): _____ _____ (attach supporting documentation as necessary)

Attestation	
I am a physician (M.D. or D.O.) licensed to practice medicine in a jurisdiction of the United States or a certified nurse practitioner licensed in a jurisdiction of the United States.	
By signing below, I affirm that I have reviewed the current CDC/ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the CDC/ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation.	
Healthcare Provider Name (please print): _____ Specialty: _____	
NPI Number: _____ License Number: _____ State of Licensure: _____	
Phone: _____ Fax: _____ Email: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Signature: _____ Date: _____	

For Office Use Only

Date Request Received: _____

Request Received By: _____

Appendix 2

