



**Hackensack
Meridian Health**

Origination Date: 07/2021
Effective: 07/2021
Last Approved: 07/2021
Last Revised: 07/2021
Next Review: 07/2024
Owner: Marwah Durum: Mgr Regional
 TM Relations
Policy Area: Human Resources-
 ENTERPRISE
Applies To:
Applicability: Hackensack Meridian Health
 Network

COVID-19 Vaccination

Purpose:

Hackensack Meridian Health (HMH) recognizes its responsibility to protect patients and provide team members, physicians, vendors and volunteers with a safe workplace. This policy is intended to comply with guidelines and recommendations from state regulations, the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), Food and Drug Administration (FDA) and the Equal Employment Opportunity Commission (EEOC) for COVID-19 vaccinations. This policy is developed due to the severity and scope of the COVID-19 pandemic and requires vaccination among the HMH workforce and encourages vaccination for the extended community, thereby minimizing transmission of COVID-19.

Scope:

This policy applies to any facility owned, leased, managed and/or operated by HMH, and all active employed team members and active non-employed staff of HMH as defined below:

Active Employed Team Members – includes full-time, part-time, per diem, or temporary team members, working on-site or remotely. This definition includes both clinical and non-clinical staff.

Active Non-Employed/Third-Party Staff – Active non-employed staff are generally defined as individuals who have been issued an HMH permanent or temporary ID badge. Individuals included are those authorized to work and/or observe work within and on behalf of HMH, whether paid or unpaid, but not employed by HMH. This definition includes both clinical and non-clinical workers, physicians, licensed independent practitioners, members of the professional staff (as defined by the MEC), leased providers and leased practice TM's, temporary workers, consultants, contracted and subcontracted workers, students, researchers, adult volunteers, clergy, representatives from pharmaceutical or other organizations (that would be identified through the Vendormate or other vendor management system) and agency personnel.

Policy:

As a condition of employment and/or for access to HMH facilities, all Active Employed Team Members and all Active Non-Employed/Third-Party Staff, as defined in the Scope section, must receive completed initial and future COVID-19 vaccinations based on CDC guidelines or possess an approved exemption (see Exemptions below).

- A. For Active Non-Employed/Third-Party Staff exemptions will ONLY be granted to Quest employees, Regional Cancer Care Association (RCCA) members and/ or credentialed providers. Exemptions for nursing students will be allowed and managed by their respective schools. All other Active Non-Employed/Third-Party Staff will not be eligible for an exemption. To be compliant with this requirement, members of the workforce and extended community must do one of the following (a, b. or c.), no later than October 1, 2021. Receive at least one dose of either Pfizer, Moderna, or Johnson & Johnson by October 1, and the second dose of Pfizer or Moderna by November 15, 2021. Vaccines will be provided free of charge through HMH to Active Employed Team Members, volunteers, and Licensed Independent Practitioners (MD, DO, NP, PA) credentialed at HMH hospitals.
- B. Provide proof of vaccination outside of HMH. Active Employed Team Members who are vaccinated outside HMH must provide proof of immunization completion:
- C. Active Non-Employed/Third-Party Staff who are vaccinated outside HMH must provide proof of immunization as follows: LIPs provide the proof to their Medical Staff Office, Volunteers provide the proof to their Volunteer Office and Third-Party Staff provide the proof through Vendormate, through the above link if the Third-Party Staff has an HMH issued PeopleSoft ID, or by visual demonstration of vaccination card to the leader/designee. Proof of immunization must include the following: name of the team member/ LIP, Volunteer/Third Party Staff, Date of Birth, Location where vaccinated, Peoplesoft ID or equivalent (when applicable), manufacturer, date(s)of vaccination, expiration date (if known) and lot number.

OR

- A. Comply with the designated procedure for obtaining an approved exemption, as described in this policy under EXEMPTIONS.

Procedure:

Go to the [COVID-19 Vaccine Education Center](#) on MyHMH for schedules, education, and relevant forms.

Failure to obtain COVID-19 vaccination or an approved exemption by October 1, 2021, will result in the following:

- A. Active Employed Team Members – will be placed on an unpaid, administrative leave for up to one week (7 days). During or no later than the end of this 7-day period, the Active Employed Team Member must be vaccinated or have provided proof of immunization to be returned to work. Failure to meet this requirement will be considered a separation from employment and documented as a voluntary resignation due to non-compliance with HMH policy and CDC recommendations.
- B. Employed Team Members returning from leave – Any Employed Team Member who returns from an approved leave during the vaccination period or COVID-19 season, whichever applies, will be given seven (7) days to comply with this policy. Failure to comply will result in a separation of employment as described in paragraph a. above.
- C. Non-compliant voluntary medical staff will be reported to their department chairman. If the medical staff member is making a good faith effort to comply with the policy, meaning they have applied for an exemption, and following all protocols and/or safety precautions they will be permitted to wear a mask until their exemption request is fully evaluated. If the medical staff member is refusing to comply with policy, meaning that they are not vaccinated, the medical staff member has not requested an exemption or not following the protocols and/or team precautions waiting for a determination regarding exemption, the medical staff member will have seven (7) days to comply or will be subject to suspension in accordance with Article IX Section 3 of the HMH Medical and Dental Staff Bylaws.

NEW STAFF:

New Active Employed Team Members and Active Non-Employed/Third Party Staff are required to comply with HMH's vaccination requirements and as recommended by the regulating bodies thereafter. As a condition of appointment or employment, new staff must receive the COVID-19 vaccine during the appointment or pre-employment process or provide proof of immunization.

EXEMPTIONS:

Medical Exemption Request Forms (see attached) and Religious/Strongly Held Belief Request Forms (see attached) must be completed and submitted by August 16, 2021 to covidvaccine@hmn.org.

Requests for exemptions will be evaluated individually.

A Team Member requesting a Medical Exemption will be notified of the decision by Occupational Health within thirty calendar (30) days of receiving all required documentation.

A Team Member requesting a Religious/Strongly Held Belief Exemption will be notified of the decision by Human Resources within thirty calendar (30) days of receiving all required documentation.

If the exemption is not granted, the team member must receive their first vaccine dose within 15 calendar days of receiving notice of denial.

All persons receiving an exemption will need to visit their local Occupational Health or Surveillance office to get a badge marker.

Exemption categories are:

- Medical – Exemptions to required COVID -19 immunization may be granted for certain medical contraindications.
- Religious/Strongly Held Belief – Exemptions to required immunization may be granted if receiving vaccination is contrary to the doctrines of an individual's religious or sincerely held belief.

REQUIREMENTS UPON RECEIVING EXEMPTION:

If an exemption is granted, the team member will be expected to comply with all masking requirements, screening and testing protocols, safety precautions, maintaining 6 feet of social distance during lunch, breaks, and where applicable, based upon CDC guidance and local governance.

EXEMPTION DENIED/APPEAL PROCESS:

If a medical or religious/strongly held belief exemption is denied, the individual will be notified and must comply with this policy. The individual will have seven (7) days from the date of notification of the denial to submit a written request for an appeal via the COVID-19 Vaccination Exemption Appeal email address:

covidappeals@hmn.org.

Requests for medical appeals must include additional documentation (not previously submitted) to support consideration for an appeal. Medical appeal requests (and supporting medical documentation) will be reviewed by the Appeals Committee and a final decision as to the individual's medical exemption status (approved temporary/permanent or denial upheld) will be made. The individual and the appropriate Occupational Health office will be notified within seven (7) days of the appeal decision. The appeal decision is final and binding.

CONSIDERATIONS:

If any side effects are experienced following the vaccination (applicable for both doses of the vaccine, if

appropriate), paid time off will follow the ESL policy, as first day immediate access to ESL time (Earned Sick Leave (ESL) policy stat 6900718).

Team members are required to complete a self-screening checklist prior to entry to any HMH facility and are encouraged to stay home if they exhibit COVID-19 symptoms, especially a fever. Team members should call the Occupational Health Covid-19 Hotline and remain out of work. Occupational Health will provide clinical guidance and determine when Team Members are cleared to return to work as per the HMH Covid-19 Travel/Community Risk Assessment and Post Exposure Policy. .

Any questions regarding this policy and procedure may be referred to Human Resources.

UNION DISCLAIMER:

We are required by law to deal with and negotiate mandatory subjects of bargaining with the unions that represent a small number of Hackensack Meridian Health team members, which we will continue to do, when necessary. We will only negotiate with the unions, not with individual union-represented team members. We are committed to negotiating in good faith as required by law, and we will not engage in any direct dealing with union-represented team members. Union-represented team members should contact their respective union about any questions they have.

Attachments

[RELIGIOUS OR SINCERELY HELD BELIEF EXEMPTION REQUEST FORM COVID19FINAL.pdf](#)
[Medical Exemption Form 7-14-21.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Mark Coleman: VP Team Membr Labor Relations [MD]	07/2021
	Gwen Zetterlund: VP HR Analytics Tech TM Srvc	07/2021
	Marwah Durum: Mgr Regional TM Relations	07/2021

Applicability

Alert Ambulance, Bayshore Medical Center, Carrier Clinic, HMH Nursing & Rehabilitation, Hackensack Meridian Health Inc., Hackensack University Medical Center, Home Health and Hospice, JFK Medical Center, Jersey Shore University Medical Center, Legacy Meridian Health, Ocean Medical Center, Palisades Medical Center, Physician Services Division, Raritan Bay Medical Center - Old Bridge Division, Raritan Bay Medical Center - Perth Amboy Division, Riverview Medical Center, Southern Ocean Medical Center, System Search Engine (All Sites)



MEDICAL EXEMPTION REQUEST FORM

COVID-19 VACCINATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Full Name:	Date of Request:
PS ID #:	Phone number:
Date of Birth:	Location/Department/Title:
Email address:	Manager:

INSTRUCTIONS: Hackensack Meridian Health (HMH) is committed to providing a safe environment for all active employed Team Members and active non-employed/third party staff (as defined in the COVID-19 policy) now requiring mandatory COVID-19 vaccination. A medical exemption may be granted upon receipt of a completed form (below) signed and certified by a physician or advanced practitioner, not related to the submitter, and whose specialty is appropriate to the associated condition. Exemptions will be accepted for all team members, Quest employees, and credentialed providers. Individuals with an approved exemption may be required to comply with additional screening, testing and other requirements aimed at preventing the spread of Covid-19. After your request has been reviewed, you will be notified, in writing, whether an exemption has been granted or denied.

Please email your completed form to covidvaccine@hmhn.org. Please include "Covid Medical Exemption" in the subject title.

If granted, your exemption will expire 1 year from the date of determination unless your provider clears you to receive the vaccine sooner.

I verify that the information I am submitting to substantiate my request for exemption from HMH's vaccination policy (policy stat#) is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

Appeals: In the event you would like to appeal the decision made by the Occupational Health provider, please include the following in an email to covidappeals@hmhn.org.

1. Copy of your original medical exemption request
2. Any communication that you received from Occupational Health regarding your request (and denial).
3. Any new or clarifying information. **Note: If you simply re-submit your original application (which was already denied) it is very likely that your appeal will also be denied.** Without additional information, it's unlikely that the appeals committee will come to a different conclusion.

By signing below, I authorize HMH Occupational Health to contact my healthcare provider to discuss my medical condition related to this request, if necessary.

Team Member's Signature: _____

Date: ____/____/____

By checking this box and typing my name above and completing the date, I am electronically signing this form.



Patient's Name: _____

DOB: _____

TO BE COMPLETED BY YOUR PROVIDER:

Attention Health Care Provider: Hackensack Meridian Health requires that all active employed Team Members and active non-employed/third party staff receive a COVID-19 vaccination.

_____ (insert patient's name) is requesting a medical exemption from this vaccination requirement. Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed by HMM Occupational Health in consideration of the exemption request. Please indicate the time-frame of this exemption if less than 1 year. CDC vaccine guidance can be found at the link below: [Interim Clinical Considerations for Use of COVID-19 Vaccines](#).

Option 1 - Allergy

___ A documented history of a 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 following vaccines are contraindicated and name the components, by vaccine. NOTE: since this is an egg-free vaccine,, history of egg allergy will not be accepted as a medical exemption.

- Moderna - List the component(s): _____
- Pfizer - List the component(s): _____
- Janssen/Johnson & Johnson - List the component(s): _____

___ A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine.

Please indicate to which vaccine the patient had a reaction, the date of the vaccine and type of reaction.

- Moderna - Date of Vaccine & Reaction: _____
- Pfizer - Date of Vaccine & Reaction: _____
- Janssen/Johnson & Johnson - Date of Vaccine & Reaction: _____

Option 2 – Physical Condition/Medical Circumstance

___ The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine:

Patient's Name: _____

DOB: _____



Option 3 - Other

___ Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability that you opine would exempt this individual from vaccination:

Explanation: _____

Health Care Provider Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Hackensack Meridian Health.

Provider Information

Medical Provider Name	
Medical Provider Specialty	
Medical Provider Signature	
Medical Provider License Number	
Date	
Email	
Phone Number	

TO BE COMPLETED BY HMH Occupational Health:

COVID-19 Vaccine Medical Exemption **Granted:** _____ **COVID-19 Vaccine Medical Exemption Denied:** _____

Occupational Health Provider Name: _____

Occupational Health Provider Signature: _____ Date _____



RELIGIOUS OR SINCERELY HELD BELIEF EXEMPTION REQUEST FORM COVID-19 VACCINATION

TEAM MEMBER – PLEASE COMPLETE THE FOLLOWING INFORMATION:

Table with 2 columns and 5 rows for team member information: Name, PS ID #, Department/Location, Email address, Date of Request, DOB, Phone number, Job title, Manager, Return by August 16, 2021 to Covidvaccine@hmn.org

Hackensack Meridian Health is committed to diversity and inclusiveness of all of our Team Members. If you have a religious or sincerely held belief which conflicts with Hackensack Meridian Health’s Covid-19 vaccination requirement and wish to request an exemption from this requirement, please provide details regarding your request for exemption in the space provided below.

Name of Religious Belief, Church or Religious Body: _____
Details regarding Request: _____

In some cases, Hackensack Meridian Health will need to obtain documentation regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practices and accommodation with you, your religion’s spiritual leader (if applicable), or religious scholars to address your request for an exemption.

If requested, can you obtain documentation to support the need for an exemption based on your religious practice or sincerely held belief?

- YES _____
• NO _____

If NO, please explain why: _____



VERIFICATION AND ACCURACY

I verify the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation in this request may result in disciplinary action.

I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on Hackensack Meridian Health.

Signature: _____

Date: _____

Appeals:

In the event you would like to appeal the decision to deny your request for exemption from the Covid 19 vaccine requirement, please include the following in an email to covidappeals@hmhn.org:

1. Copy of your original religious or sincerely held belief exemption request.
2. Any communication that you received from Occupational Health regarding your request (and denial).
3. Any new or clarifying information. Note: If you simply re-submit your original application (which was already denied) it is very likely that your appeal will also be denied. Without additional information, it will be unlikely that the appeals committee will come to a different conclusion.

**Please return the form by August 16, 2021 to the below email address:
covidvaccine@hmhn.org**