



Origination:	08/2021
Effective:	01/2022
Last Approved:	01/2022
Last Revised:	01/2022
Next Review:	01/2025
Owner:	XXXX XXXX

Area:

References:

Applicability: *All Phoebe Entities*

COVID-19 Vaccination Policy

Scope:

This policy, applies to Phoebe Putney Health System, Inc., Phoebe Putney Memorial Hospital, Inc., Phoebe Sumter Medical Center, Inc., Phoebe Worth Medical Center, Inc., and Phoebe Physician Group, Inc.

Purpose:

In accordance with Phoebe Putney Health System, Inc.'s ("Phoebe") duty and desire to provide and maintain a safe and healthy workplace in the midst of the COVID-19 pandemic, Phoebe is adopting the following Vaccination Policy (the "Policy") with the intent to safeguard its employees and their families, its clients, patients, and visitors, as well as other members of our community at large.

This Policy is intended to comply with all applicable federal, state, and local rules and regulations, including without limitation the CMS Conditions of Participation for regulated facilities, and is supported by guidance from the Centers of Disease Control and Prevention (CDC), OSHA's Emergency Temporary Standard on Vaccination and Testing (29 CFR 1910.501), the Equal Employment Opportunity Commission, as well as that of local health authorities, as applicable, as of its Effective Date.

Definitions:

Covered Individuals: All employees, licensed practitioners, students, trainees, volunteers, and individuals who provide care, treatment, or other services for PPHS or patients, under contract or by other arrangement.

This policy does not apply to staff who:

- Provide exclusively telehealth or telemedicine services outside the hospital setting and who do not have any direct contact with patients and other staff.
- Staff who provide support services which are performed exclusively outside the hospital setting, and do not have any direct contact with patients and staff.

Policy:

Consistent with the CDC's guidance, as well as that of other Georgia public health agencies, to prevent the infection and spread of the COVID-19 virus and as an integral measure towards the general public's health and safety, Phoebe is, as of the date of this Policy (the "Effective Date"), mandating that all Covered Individuals are in full compliance with vaccination requirements.

Procedure:

Consistent with the CDC's guidance, as well as that of other Georgia public health agencies, to prevent the infection and spread of the COVID-19 virus and as an integral measure towards the general public's health and safety, Phoebe is, as of the date of this Policy (the "Effective Date"), implementing the following practices:

- A. All prospective, newly hired, and/or onboarding Covered Individuals must receive the COVID-19 vaccination (plus boosters), in full, within four (4) weeks of their date of hire as a condition of new employment, unless otherwise exempted from this Policy by an approved accommodation pursuant to the interactive process. As applicable, new employees are required to, at the latest, begin compliance with this Policy during the pre-employment onboarding process.
- B. All Covered Individuals are must receive the first shot of the COVID-19 vaccination by February 14, 2022, and the final shot by March 15, 2022, unless otherwise exempted from this Policy by an approved accommodation pursuant to the interactive process.

Fully and properly vaccinated under this Policy includes all individuals who have received:

- 1.) Two (2) doses in a 2-dose vaccine series, such as the Pfizer or Moderna vaccines; or
- 2.) One (1) dose in a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.
- 3.) A booster shot with the designated timeframes as recommended by the manufacturer or the CDC.

If a Covered Individual does not meet these requirements, that Covered Individual is NOT fully and properly vaccinated in accordance with this Policy.

Any **fully vaccinated** employee under this Policy who:

- 1.) experiences side effects in the day(s) following receipt of the COVID-19 vaccine(s), or
- 2.) subsequently contracts the COVID-19 virus, or
- 3.) has an unvaccinated child under 12 years old who contracts the COVID-19 virus,

will be provided in compliance with applicable regulations and Phoebe's PTO and leave policies, any accrued or otherwise available PTO.

Phoebe will require proof of vaccination documentation from its employees and will treat any such record or documentation as confidential for purposes of retaining the same.

All employees and contractors must continue to abide by additional precautions intended to mitigate the spread of Covid-19 such as masking and social distancing requirements. This includes, but is not limited to, wearing a mask over the nose and mouth at all times while on duty regardless of the workplace setting (except while eating), ensuring 6-foot distance between non-household family members, regularly cleaning and disinfecting workplace surfaces, as well as monitoring and reporting daily health symptoms (e.g., fever, cough, shortness of breath, irregular temperature, etc.). Double masking (a surgical or procedural mask covered by a cloth mask to create a well fitting cover or a KN95 or N95 must be worn at all times except while in the act of eating or in a private office alone. In clinical areas additional or more stringent PPE requirements may be in place and must be followed.

Any employee found to be in violation of the masking requirements will be subject to Phoebe's established progressive corrective action plan, with the first level of corrective action being a Step 2.

Exemption and Accommodation Requests:

In accordance with all federal, state, and local rules and regulations, Phoebe recognizes that there may be certain circumstances exempting an employee from receiving the COVID-19 vaccine consistent with this Policy.

Covered Individuals in need of an exemption from this Policy due to a medical reason, or in consideration of a sincerely held religious belief, must submit a completed Request for Accommodation form to their supervisor to begin the interactive accommodation process. (See attached forms for medical and religious accommodation requests). Accommodations may be granted where they are required by law and do not cause Phoebe undue hardship or pose a direct threat to the health and safety of others, including Phoebe's patients.

Please note that Phoebe's receipt of an accommodation request does not automatically excuse an employee from the requirements of this Policy. Rather, consistent with federal and state law, Phoebe will consider accommodation requests on a case-by-case basis and will engage in further dialogue with an employee, and, where applicable, medical providers, upon receipt of any accommodation form.

References:

Attachment A: Request for Vaccination Accommodation - Medical Exemption

Attachment B: Request for Vaccination Accommodation - Religious Exemption

Attachments

[Attachment A - Request for Vaccination Accommodation Medical Exemption](#)

[Attachment B - Religious Request for Vaccination Exemption](#)

Approval Signatures

Step Description	Approver	Date
Final Approval	xxxx: xxxx	01/2022
Legal Review	xxxx: xxxx	01/2022
SVP/CHRO	xxxx: xxxx	01/2022

Applicability

Phoebe Physician Group, Phoebe Putney Health System (site), Phoebe Putney Memorial Hospital, Phoebe Sumter Medical Center, Phoebe Worth Medical Center

REQUEST FOR VACCINATION ACCOMMODATION
MEDICAL EXEMPTION

To request an exemption from Phoebe Putney Health System Inc.'s COVID Vaccination Policy, employees/contractors/vendor representative are required to fill out Section One below as well as have a health care provider fill out Section Two. This Exemption Form (the "Form") must be emailed to procurement@phoebehealth.com. Section Three shall be reserved for Phoebe Putney Health System Inc.'s use solely.

Section One (Completed by Employee/Contractor/Vendor Representative)

Name (Print):	Date:
DOB:	Employee ID:
Dept.:	Position:
Email Address:	Manager:
Work/Cell Phone:	Manager's Email Address

Employee/Contractor/Vendor Representative Category (Circle One):

Existing Employee	New Employee	Current Permanent Employee	New Permanent Contract
Current Temporary Contract	New Temporary Contract	Independent Provider	Employed Provider
Exempt Management Staff	Volunteer	Vendor Representative	

I am requesting a medical exemption from Phoebe Putney Health System Inc.'s COVID Vaccination Policy for the following vaccination: COVID-19 Vaccination

By signing this Form, I hereby verify that the foregoing information is truthful and accurate to the best of my knowledge and that I am submitting this Form to substantiate my request for an exemption from the COVID Vaccination Policy. I understand and acknowledge that any falsified information in this Form, or otherwise, may lead to corrective action, up to and including termination of employment.

I further understand and acknowledge that Phoebe Putney Health System Inc. is not required to provide this accommodation if doing so would pose an undue hardship or the same or would otherwise pose a direct threat to myself or others in the workplace, in accordance with state and federal law.

Employee/Contractor/Vendor Rep Signature: _____ Date: _____

Section Two (Completed by Provider)

Employee/Contractor/Vendor Rep Name (Print):
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Medical Provider:

In compliance with all applicable federal, state, and local rules and regulations, Phoebe Putney Health System, Inc. mandates that all employees/contractors/vendors receive the COVID-19 vaccination as a condition of employment/working at Phoebe.

A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications. See the following link. (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>).

Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons: (Please check all that apply):

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Vaccine Ingredients: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C>)

Which ingredient caused an allergic reaction? _____

What was the reaction? _____

Which brand of the COVID-19 vaccine is contraindicated and why? _____

How long will the medical contraindication last? _____

- Other Medical Reason – Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail.

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (Print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:
Medical License Number	State of Issue

Section Three (Completed by Phoebe Staff)

Date of initial request: ___/___/___

Date completed form received: ___/___/___

Accommodation request (Select one):

Approved: ___/___/___

Describe specific accommodation details:

Denied: ___/___/___

Describe why accommodation is denied:

REQUEST FOR VACCINATION ACCOMMODATION:
RELIGIOUS EXEMPTION

To request an exemption from Phoebe Putney Health System Inc.'s COVID Vaccination Policy, employees/contractors/vendors representative are required to fill out Section One. This Religious Exemption Form (the "Form") must be emailed to Procurement@phoebehealth.com Section Two shall be reserved for Phoebe Putney Health System Inc.'s use solely.

Section One

Name (Print):	Date:
DOB:	Employee ID:
Dept.:	Position:
Email Address:	Manager:
Work/Cell Phone:	Manager's Email Address:

Category (Circle One):

Existing Employee	New Employee	Current Permanent Contract	New Permanent Contract
Current Temporary Contract	New Temporary Contract	Independent Provider	Employed Provider
Exempt Management Staff	Volunteer	Vendor Rep	

I am requesting a religious exemption from Phoebe Putney Health System Inc.'s COVID Vaccination Policy because of religious beliefs and practices, for the following vaccination: COVID-19 Vaccination.

In your own words, please state the specific reasons for your religious exemption request:

By signing this Form, I hereby verify that the foregoing information is truthful and accurate to the best of my knowledge and that I am submitting this Form to substantiate my request for an exemption from the COVID

Vaccination policy. I understand and acknowledge that any falsified information in this Form, or otherwise, may lead to corrective action, up to and including termination of employment.

I further understand and acknowledge that Phoebe Putney Health System Inc., is not required to provide this accommodation if doing so would pose an undue hardship on the same or would otherwise pose a direct threat to myself or others in the workplace, in accordance with state and federal law.

Employee/Contractor/Vendor Rep Signature:	Date:
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Section Two

Employee/Contractor Name/ Vendor Rep (Print):

I have been provided the Vaccine Information Statement (VIS) on COVID-19 and have been given the opportunity to have any questions or concerns addressed by Employee Health personnel. I am declining the vaccination at this time based on a sincerely held faith-based objection. I understand that I may receive the vaccine at a later date, pending availability, if I choose.

I further understand that declining the vaccine may require that certain work restrictions be put in place as deemed appropriate by my supervisor.

Employee/Vendor Rep/Contractor Signature _____ Date _____

Section Three (Completed by Phoebe Putney Health System Staff)

Date of initial request: ____/____/____

Date completed form received: ____/____/____

Describe the requested accommodation:

Evaluation of impact/anticipated impact, if any:

Accommodation request (Select one):

Approved: ____/____/____

Describe specific accommodation details:

Denied: ____/____/____

Describe why accommodation is denied:

If denied, possible alternative accommodations to be considered:

Date discussed with employee/contractor/vendor rep: ____/____/____

Final accommodation agreed upon:
