

ENTERPRISE DOCUMENT



UnityPoint Health

Policy Section/ Number: 2.HR.81 EWPOL

Effective Date: 09/2023

Supersedes: 10/2022

Responsible Party: Chief Human Resources Officer

Final Approving Body:

UPH Compliance Committee

UPH Clinical Leadership Group

UPH Operational Leadership

UPH Core Council

Policy

Procedure

Protocol

Guideline

Form

Other

DOCUMENT TITLE: COVID-19 Vaccination

DOCUMENT SCOPE: Enterprise-wide

PURPOSE:

UnityPoint Health, Inc. (“UPH”), is committed to providing a safe environment that protects the health of patients, healthcare workers, visitors, and the communities we serve. Recognizing the serious consequences that COVID-19 can have and to meet the requirements of applicable laws and regulations, compliance with the COVID-19 vaccination program is required of all UPH Employed Team Members

DEFINITIONS:

Terms not otherwise defined within this document include the following terms. Standard definitions may be found in [Policy 2.AD.01, Systemwide Policy Development](#).

UP-TO-DATE: COVID-19 vaccination recommendations as defined by the CDC.

PROOF OF VACCINATION: Vaccination administration records must be provided as formal documentation and proof of receipt of vaccination. Vaccination administration records may include state immunization records or registries, documentation of vaccination from a healthcare provider or electronic health record, or formal vaccination record cards or documents. International records will be reviewed and validated. Informal vaccination documents, such as baby books or handwritten notes, are not acceptable as proof of vaccination.

APPLICATION:

This policy applies to all Employed Team Members. Where Affiliate precedence and this Policy conflicts the UPH President and CEO shall have sole discretion to resolve such conflict. To the extent the terms of this Policy are contrary to the express terms of a collective bargaining agreement, the express terms of the collective bargaining agreement shall govern.

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POLICY:

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31 UPH highly recommends that all Employed Team Members be up-to-date with COVID-19
32 vaccinations as defined by current CDC guidelines.

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34 A. Vaccination.

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36 1. New Employed Team Members must complete one of the following before their
37 start date of employment with UPH:

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39 a. Provide Proof of Vaccination they are current with COVID-19 vaccinations

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41 b. Receive up-to-date COVID-19 vaccination(s) provide by UPH to Employed
42 Team Members at no cost during the pre-employment appointment with
43 Employee Health or Occupational Health

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45 c. Complete the COVID-19 vaccination declination form

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47 2. Current Employed Team Members that are not up-to-date with COVID-19
48 vaccination(s) may request to receive the applicable COVID-19 vaccination(s) by
49 contacting Employee Health at the UPH market where they are employed.

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51 3. COVID-19 vaccination(s) will be provided by UPH to the Employed Team
52 Members at no charge.

53

54 4. Employed Team Members may choose to get vaccinated external to UPH at their
55 own expense.

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57 a. Proof of Vaccination should be provided to Employee Health at the UPH
58 market where they are employed or providing services, as applicable.

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60 B. Masking and Other Precautions.

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62 1. Masking and other precautions may be required, regardless of vaccination status,
63 during times of localized outbreaks or increased levels of community transmission
64 as determined in UPH's sole discretion and/or as recommended by the CDC or state
65 or local health departments.

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67 2. Additional or different PPE may be required according to patient care activities,
68 isolation precautions, and current PPE guidelines.

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70 C. Non-compliance.

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72 1. Failure to comply with Section A (Vaccination) or Section B (Masking), as
73 applicable, shall result in a review utilizing the Just Culture algorithm and discipline

74 consistent with such findings up to, and including, termination for Employed Team
75 Members.

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78 */s/ Jessica Meisner*

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80 _____
Jessica Meisner

81 UPH Human Resources Executive

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84 Date: September 18, 2023

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86 References:

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89 Addenda:

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91 Addendum A, "Legal Entity Operating Hospital"

92 Addendum B, "Summary of Changes"

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Addendum A: Legal Entity Operating Hospital

The below are entities for which the Document has been adopted, except if noted as an exception on the first page under “Scope” and except if the hospital does not provide the service which is the topic of the Document. **The entities listed below are accurate as of April 1, 2023. A current listing of legal named entities can be found at:**

[https://uphealth.sharepoint.com/sites/intranet/Department%20Documents/Addendum%20A%20\(2023-04\).pdf](https://uphealth.sharepoint.com/sites/intranet/Department%20Documents/Addendum%20A%20(2023-04).pdf)

<u>Region</u>	<u>Legal Entity Operating Hospital</u>
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CEDAR RAPIDS	ST. LUKE’S METHODIST HOSPITAL
CEDAR RAPIDS	ST. LUKE’S/JONES REGIONAL MEDICAL CENTER
DES MOINES	CENTRAL IOWA HOSPITAL CORPORATION D/B/A UNITYPOINT HEALTH – DES MOINES
DES MOINES	GRINNELL REGIONAL MEDICAL CENTER
DUBUQUE	THE FINLEY HOSPITAL
FORT DODGE	TRINITY REGIONAL MEDICAL CENTER
QC – MUSCATINE	UNITY HEALTHCARE
QUAD CITIES	TRINITY MEDICAL CENTER
SIOUX CITY	NORTHWEST IOWA HOSPITAL CORPORATION
WATERLOO	ALLEN MEMORIAL HOSPITAL CORPORATION
WATERLOO	UNITYPOINT HEALTH – MARSHALLTOWN
MADISON	MERITER HOSPITAL, INC.

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Addendum B: Summary of Changes

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112 **A. Document Change Details** The information below corresponds to the initial adoption of
 113 the document or, if the document has been amended, the most recent amendment. The
 114 Compliance Department shall retain Summary of Changes Addenda which document a
 115 document's initial adoption and any subsequent document amendments.

Standard Approving Bodies:	Action/Date:
Chief Medical Officer Group	
Chief Nurse Executive Group	
Clinical Policy Review Committee	
Clinical Leadership Group	
Core Council	
UPH Compliance Committee	
Specific Stakeholder Groups:	Action/Date:
Team Member Health & Safety	06/02/2023
Infection Control	06/05/2023
Human Resources Policy Committee	09/2023

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B. Summary of Updates:

Reviewed/ Revised Date:	Summary of Changes:
9/20/21	Carved out Illinois application. See 2.AD.06 applicable to Illinois Facilities.
10/29/21	Updated policy reflecting Iowa law change.
1/27/22	Policy updated to reflect CMS requirements.
3/15/22	Updated masking requirements.
10/2022	Broadened language regarding state law requirements to allow flexibility to update from time to time; done in conjunction with retirement of 2.AD.06.
11/2022	Removed mention of excluding Illinois within Scope.
02/2023	Policy was updated to new template, no other revisions were made.
09/2023	Policy was updated to reflect CDC guidance and CMS regulation changes and changed required vaccination to highly recommended.

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NOTE: Contact the UPH Compliance Department for prior versions.



U.S. Department of Veterans Affairs

Office of the Chief Human Capital Officer

VA Central Office
Washington, DC

August 13, 2024

OFFICE OF THE CHIEF HUMAN CAPITAL OFFICER (OCHCO) BULLETIN

SUBJ: Rescission of Guidance on Post-Exposure and Isolation Protocols, and Available Leave Options During COVID-19

This OCHCO Bulletin notifies Human Resources (HR) offices of changes made by the Office of Personnel Management (OPM) to guidance on post-exposure and isolation protocols, as well as available leave for testing and isolation. This guidance should be shared with supervisors, managers, and the employee population. Previously issued guidance is rescinded effective the date of this Bulletin.

On April 12, 2024, OPM published the [Memorandum Leave Policies Related to COVID-19 Vaccinations and Boosters for Federal Employees](#). This guidance updates available leave options for employees who have been exposed, are awaiting test results, or have tested positive for COVID-19. Specifically, OPM has issued the following updates:

- Administrative leave is not appropriate when an employee has COVID-19 symptoms and is isolating per the Centers for Disease Control and Prevention (CDC) guidance.
- Consistent with past guidance, neither weather and safety leave nor administrative leave should be used when an employee has suspected or confirmed COVID-19.
- For the above circumstances, and upon an employee's request, supervisors may approve use of sick leave, use of accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), request to be a recipient in the voluntary leave program, or use unpaid leave, as appropriate. Employees may also request to use various work scheduling flexibilities, as appropriate.

NOTE: Employees who work in health care settings¹ must continue to follow

¹ A health care setting is defined as a VHA location, which include, but are not limited to, VA medical facilities (hospitals) and associated clinics, community living centers, community-based outpatient clinics, domiciliary units, Vet centers, and VA-leased medical facilities.

guidance published by the Veterans Health Administration for quarantine, isolation, mask wearing, and any other safety protocols that exceed CDC recommendations and requirements.

Employees should contact their HR office with questions. HR offices with questions regarding this bulletin may contact the Worklife and Benefits Service at vaco058worklife@va.gov.

Issued by: VA/OCHCO/Worklife and Benefits Service

Date: June 1, 2023

From: Under Secretary for Health (10)

Subj: Interim COVID-19 Vaccination Guidance for Veterans Health Administration (VHA) Directive 1193.01(1)

To: Veterans Integrated Service Network Directors (10N1-23)
Medical Center Directors

1. On April 18, 2023, the U.S. Food and Drug Administration (FDA) announced that the monovalent (original) mRNA COVID-19 vaccines from Pfizer and Moderna are no longer authorized for use in the United States. Subsequently, the Centers for Disease Control and Prevention (CDC) updated its COVID-19 vaccination guidance to simplify the COVID-19 vaccination recommendations ([CDC Online Newsroom](#)).

2. VHA is updating its existing COVID-19 vaccination policies and guidance accordingly. VHA Directive 1193.01, Coronavirus Disease 2019 Vaccination Program for Veterans Health Administration Health Care Personnel (HCP), requires that all VHA HCP be fully vaccinated against COVID-19 or obtain an approved accommodation. To meet the requirement, HCP who have not already submitted proof of vaccination are compliant if they submit the following proof of the requisite number of doses of a COVID-19 vaccine:

- 1) A two-dose primary series of a monovalent mRNA vaccine (Pfizer-BioNTech or Moderna)
- 2) A two-dose primary series of the Novavax vaccine
- 3) A single-dose primary series of the Janssen vaccine
- 4) A single dose of a bivalent mRNA vaccine (Pfizer-BioNTech or Moderna)

3. Applicants must meet the vaccination requirement or obtain an approved accommodation before onboarding unless an exception outlined in VHA Directive 1193.01(1) applies.

4. Additional information on currently authorized or approved COVID-19 vaccines can be found here: [Clinical Guidance for COVID-19 Vaccination | CDC](#). For questions about any type of COVID-19 vaccine, please reach out to local Employee Occupational Health/ Infection Control.

5. Questions can be submitted to VHACOVIDOperations@va.gov.

Shereef Elnahal, M.D., MBA

CORONAVIRUS DISEASE 2019 VACCINATION PROGRAM FOR VETERANS HEALTH ADMINISTRATION HEALTH CARE PERSONNEL

1. REASON FOR ISSUE: To establish policy and provide guidance for mandatory coronavirus disease 2019 (COVID-19) vaccination for health care personnel (HCP) in the Veterans Health Administration (VHA), hereafter referred to as VHA HCP. VHA Directive 1193 was the controlling policy for VHA HCP from August 13, 2021, until October 3, 2021. From October 4, 2021, until January 26, 2022, the controlling policy for vaccination for VHA HCP was VA Notice 22-01, which updated VA Handbook 5019. On January 27, 2022, this policy, VHA Directive 1193.01, reinstated and updated VHA Directive 1193 that was published on August 13, 2021. This amendment to VHA Directive 1193.01(1) updates information regarding safety protocols for VHA HCP.

2. SUMMARY OF MAJOR CHANGES:

Amendment dated November 30, 2022:

a. Updates the safety protocols required for VHA HCP that are not fully vaccinated to state that requirements for masking, distancing, screening testing, and Government-wide travel restrictions are no longer informed by vaccination status.

b. Clarifies that masking, in addition to other safety protocols, as outlined in local and national VHA policy, may still be required as deemed necessary and appropriate for the risk of transmission of SARS-CoV-2.

c. Updates acceptable source control options that meet the Directive definition of a facemask for HCP.

d. Updates the form title for Undue Hardship in VHA from "VA Form 10230a" to "VA Form 10-10230a (VHA)".

As of the initial date of publication (January 27, 2022) the policy was updated to include information for applicants and vaccination information.

3. RELATED ISSUES: VA Notice 22-01, VHA Directive 1131(5), Management of Infectious Diseases and Infection Prevention and Control Programs, dated November 7, 2017, and VHA Directive 1192.01, Seasonal Influenza Vaccination Program for VHA Health Care Personnel, dated August 10, 2020.

4. RESPONSIBLE OFFICE: The Office of Occupational Safety and Health (19HEFB) is responsible for the contents of this VHA directive. Questions may be referred to the COVID-19 Resource Room at <https://dvagov.sharepoint.com/sites/VHAOHT/SP->

January 27, 2022

AMENDED
December 1, 2022

VHA DIRECTIVE 1193.01(1)

[Directory/COVID-19%20Response%20Team/Lists/RR/Item/newifs.aspx](#). **NOTE:** This is an internal VA website that is not available to the public.

5. RESCISSIONS: VHA Notice 2021-18, Supersession and Replacement of VHA Directive 1193, Coronavirus Disease 2019 Vaccination Program for Veterans Health Administration Health Care Personnel is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH**

/s/ RimaAnn O. Nelson
Assistant Under Secretary for Health
for Operations

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on January 27, 2022.
NOTE: Amendment dated November 30, 2022 was distributed on December 5, 2022.

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APPENDIX A

PROCEDURES FOR IMPLEMENTING THE COVID-19 VACCINATION PROGRAM AT
VHA LOCATIONS A-1

CORONAVIRUS DISEASE 2019 VACCINATION PROGRAM FOR VETERANS HEALTH ADMINISTRATION HEALTH CARE PERSONNEL

1. PURPOSE. This Veterans Health Administration (VHA) directive establishes policy and provides guidance for the prevention of coronavirus disease 2019 (COVID-19) in VA medical facilities through the vaccination of VHA HCP. It provides procedures for VHA HCP to submit proof of a complete COVID-19 primary vaccination series and request accommodation to the vaccination requirement. It includes workplace safety protocols VHA HCP are expected to follow and describes procedures for noncompliance with this policy. **NOTE:** *This policy, VHA Directive 1193.01, reissues and revises the August 13, 2021, publication of VHA Directive 1193, which was superseded on October 4, 2021. VHA Notice 2021-18 which published the superseding of VHA Directive 1193 is rescinded by this directive.* **AUTHORITIES:**

- a. 38 U.S.C. § 7301(b).
- b. 38 U.S.C. § 7318(b).
- c. 38 U.S.C. § 7421, Personnel Administration: in general.
- d. 5 C.F.R. § 339.205, Medical Evaluation Programs.
- e. Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing.

2. BACKGROUND

a. The emergence of SARS-CoV-2, the virus that causes COVID-19, has led to a global pandemic with dramatic societal and economic impact on individuals and communities since late 2019. To combat this ongoing global health threat, and to reduce the risk of symptomatic laboratory-confirmed COVID-19, hospitalization due to COVID-19, and associated deaths, the Centers for Disease Control and Prevention (CDC) and its Advisory Committee on Immunization Practices (ACIP) recommends everyone ages 6 months and older in the United States receive a COVID-19 vaccine.

b. Recognized modes of SARS-CoV-2 transmission are via inhalation of very small droplets and aerosol particles that contain infectious virus, deposition of virus carried in exhaled droplets and particles onto exposed mucous membranes, and touching mucous membranes with hands soiled by exhaled respiratory fluids containing virus or from touching inanimate surfaces contaminated with virus. Some of these modes are similar to other respiratory pathogens that cause severe acute viral respiratory syndromes. Very small droplets and aerosol particles can land in the mouths or noses of people who are within approximately 3 to 6 feet from an infected person or possibly be inhaled into the lungs.

c. Changes in SARS-CoV-2 can lead to emergence of new variants. Such variants, such as the Delta variant and the Omicron variant, have different characteristics. New variants can produce changes in viral transmission and changes in the risks of severe

illness, hospitalization, and death. Vaccination remains a safe and effective strategy for protecting against contracting SARS-CoV-2 and is effective at protecting those that contract SARS-CoV-2 from getting seriously ill, being hospitalized, and dying.

d. The advent of vaccines does not eliminate the grave danger from exposure to SARS-CoV-2 in workplaces where some members of the workforce are not fully vaccinated and patients may not be vaccinated. In fact, VHA community living centers (CLCs), without fully vaccinated staff introduce a potentially significant source of SARS-CoV-2 infections leading to ongoing viral transmission among vulnerable populations in the CLCs. In addition, transmission of circulating viral variants raises public health concerns that hospitalization rates will rise, along with serious or fatal outcomes for those who contract COVID-19. As of October 24, 2022, there were 781,941 Veteran and employee cases of COVID-19 in VA, and 23,224 known deaths. Greater than 87,000 of these COVID-19 cases have occurred among VA staff. To date, over 320,936 employees and other health care personnel in VHA have been fully vaccinated against COVID-19. **NOTE:** VA COVID-19 National Summary is available at: <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.

e. Society and professional norms set the expectation that HCP “do no harm” to the patients they treat and serve. Employees of VA work to serve Veterans as part of the health care system and have a duty to protect their colleagues and the HCP with whom they may interact. This expectation can reasonably be applied to all health care staff in interactions with their colleagues such that employees of VA who work to serve Veterans as part of the health care system also have a duty to protect their colleagues. Accordingly, employees must take every reasonable step to prevent transmission of SARS-CoV-2 in VA medical facilities. Among other prevention efforts, which may include masking, physical distancing, respiratory etiquette, and hand hygiene, vaccination against COVID-19 is fundamental to the prevention of COVID-19 for both patients and staff, and to the mitigation of transmission of this virus among susceptible populations in the workplace.

f. More than 627 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through October 12, 2022, under the most intense safety monitoring in US history. COVID-19 vaccines have been administered since receiving emergency use authorization by the Food and Drug Administration (FDA) with rare serious adverse reactions reported after vaccination. All FDA-authorized or approved COVID-19 vaccines are safe and effective and reduce the risk of severe disease, hospitalization, and death due to COVID-19.

g. In addition to CDC and ACIP, other preeminent health care organizations, such as the American Medical Association, American Nurses Association, American Hospital Association, the Association of American Medical Colleges, among others, urge the public to get vaccinated against COVID-19. Additional information about supporting organizations can be found here: [Supporting OSHA COVID-19 vaccine mandates | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org). Moreover, the American College of Physicians strongly encourages vaccination of physicians, other health care professionals, and patients when available. On July 13, 2021, a Multisociety Statement

from the leading Infectious Diseases Societies was issued in the Infection Control & Hospital Epidemiology journal recommending that the COVID-19 vaccination should be a condition of employment for all health care personnel. Additional information about supporting organizations can be found here: Supporting OSHA COVID-19 vaccine mandates | American Medical Association (ama-assn.org). **NOTE:** *The Multisociety Statement is available at: <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-statement-on-covid19-vaccination-as-a-condition-of-employment-for-healthcare-personnel/690D1804B72FFF89C5FC0AED0043AD62#>. This website is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

3. DEFINITIONS

a. **Face Mask.** For the purposes of this directive, a face mask is a disposable surgical, medical procedure, dental, or isolation mask, provided by VHA, that covers the nose and mouth and fits snugly against the sides of face without gaps. Masks and respirators are effective at reducing transmission of SARS-CoV-2, the virus that causes COVID-19, when worn consistently and correctly. Face masks should be worn as outlined in local and national policies.

NOTE: *Fitted N95 respirators or other respirators are not required by this policy, but they should be used when appropriate to the task (e.g., when caring for a patient on airborne infection isolation precautions). If N95 or higher respirators are used, they also serve the purpose of being considered a face mask for this directive. VHA guidance further expands the use of voluntary N95 masks (filtering facepieces). Such alternative source control options for HCP other than a facemask may also include: a NIOSH-approved particulate respirator with N95 filters or higher; a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated), or a barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks. For more information on barrier-face coverings, see: <https://wwwn.cdc.gov/PPEInfo/RG/FaceCoverings>.*

b. **Health Care Personnel.** Health care personnel (HCP) refers to all paid and unpaid persons who work in or travel to VHA locations who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, health professions trainees (HPTs), and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted from HCP and patients. HCP include all VA licensed and unlicensed, clinical and administrative, paid and without compensation, full- and part-time, intermittent, fee basis employees who are

expected to perform any or all of their work at these locations. HCP also includes VHA personnel providing home-based care to Veterans and drivers and other personnel whose duties put them in contact with patients outside VA medical facilities.

NOTE: VHA HCPs do not include remote workers who only infrequently enter VHA locations.

NOTE: VA employees who work in VHA locations but are not part of VHA are not covered by the contents of this directive.

c. **Fully Vaccinated.** The definition of fully vaccinated will be in accordance with current CDC definitions. At the time of publication, the CDC considers an individual “fully vaccinated” for COVID-19 two weeks after receipt of the requisite number of doses of a COVID-19 vaccine either approved or authorized for emergency use by the FDA or that has been listed for emergency use by the World Health Organization (WHO). For Pfizer-BioNTech, Moderna, or AstraZeneca/Oxford, that is two weeks after an employee has received the second dose of a two-dose series. For Johnson and Johnson (J&J)/Janssen, that is two weeks after receipt of a single-dose. Clinical trial participants from a United States site who are documented to have received the full series of an “active” (not placebo) COVID-19 vaccine candidate, for which vaccine efficacy has been independently confirmed, are considered fully vaccinated two weeks after they complete the vaccine series. Currently, the Novavax COVID-19 vaccine meets these criteria. There is currently no post-vaccination time limit to retain fully vaccinated status. **NOTE:** For more information, CDC guidelines are available at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#people-vaccinated-outside-us>.

d. **VHA Locations.** VHA locations include, but are not limited to, VA medical facilities and associated clinics, community living centers (CLCs), community-based outpatient clinics (CBOCs), domiciliary units, Vet centers and VA-leased medical facilities.

e. **COVID-19 Vaccine.** For purposes of the requirements in this policy, the COVID-19 vaccine is defined as an FDA-approved or -authorized commercially available product recommended by the CDC for the prevention of COVID-19.

f. **Accommodation Request.** A request for an accommodation, for the purpose of this directive, is a request to change, modify, or remove the workplace requirement to be fully vaccinated against COVID-19, on the basis of pregnancy or religion under Title VII or on the basis of disability under the Rehabilitation Act/Americans with Disabilities Act, as amended.

g. **Remote employee.** An employee approved for a special type of arrangement as defined in VA Handbook 5011, Part II, Chapter 4 under which an employee is scheduled to perform work within or outside the local commuting area of an agency worksite and is not expected to report to the agency worksite on a regular and recurring basis. Employees on approved full-time telework that are not expected to report to the office

due to a temporary accommodation granted during the COVID-19 pandemic are not considered remote employees. Remote employees are not covered by this directive.

h. **Telework employee.** An employee that is approved for a flexible work arrangement as defined in VA Handbook 5011, Part II, Chapter 4 under which an employee performs the duties and responsibilities of their position and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work. Teleworking employees are required to report to the agency worksite on a regular, recurring basis unless a temporary accommodation applies. Telework employees are covered by this directive.

i. **Virtual employee.** An employee who performs “virtual work” as defined in VA Handbook 5011, Part II, Chapter 4. Virtual work is defined as work performed on a full-time basis using a VA-leased space or at a VA facility other than the facility that hired the employee. Virtual employees must adhere to all local safety measures in place for COVID-19 at the VA-leased space or VA facility where they perform work. Virtual employees are only covered by this directive when the space in which work is performed is a VHA location in which the employee has the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

4. POLICY

a. It is VHA policy that all VHA Health Care Personnel (HCP) are required to be fully vaccinated against COVID-19 or obtain an approved accommodation for medical, pregnancy, or religious reasons, when required by law. All VHA entities will implement a mandatory COVID-19 vaccination program by requiring all VHA HCP to be fully vaccinated with a COVID-19 vaccine, as defined in this policy, or obtain an accommodation. Compliance with this directive is a requirement. VHA HCP who have already been vaccinated with or, in the event there is limited supply, elect to be vaccinated with any CDC recommended vaccine series under emergency use authorization by the FDA or listed for emergency use by the WHO, will be considered as having met the requirements under this Directive. CDC guidelines should be followed to determine whether individuals who received COVID-19 vaccines that are not approved or authorized by FDA may be considered fully vaccinated. VHA HCP in violation of this directive may face disciplinary action up to and including removal from Federal service.

b. VHA HCP are required to provide acceptable proof of vaccination status (as defined in this directive) and certify under penalty of perjury that the documentation submitted is true and correct, even if an employee has previously attested to their vaccination status. Employees who have provided acceptable proof of vaccination under VA Notice 22-01 are compliant with this requirement.

c. Information provided by the employee will be protected as required by the Privacy Act, and any other relevant statute, regulation, or VA policy.

d. When there is an urgent mission-critical hiring need to onboard new employees in HCP positions prior to those individuals being fully vaccinated, an extension to the vaccination requirement may be approved by the field facility head. When such extensions are approved, the newly hired employee(s) must be fully vaccinated or request an accommodation within 60 calendar days of their start date and follow safety protocols for not fully vaccinated individuals until they are fully vaccinated. This cannot be used for positions designated as high-risk on VA Form 10-10230a (VHA).

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for the overall administration and compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Service Network (VISN).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of the VISNs to ensure compliance with this directive and its effectiveness.

(4) Collaborating with the Assistant Under Secretary for Health for Support Services and the Assistant Under Secretary for Health for Quality and Patient Safety to support monitoring, reporting and evaluation of the impact of this directive.

(5) Designating management officials outside of immediate supervisors, if applicable, to decide requests for accommodation to the vaccination workplace requirement and any associated requests for accommodations for mitigating measures in VHA medical facilities.

c. **The Director of VHA Analytics, Performance and Integration** shall aggregate, analyze, and report to the facility leadership all metrics for the purposes of evaluating the COVID-19 vaccination program. Personally Identifiable Information (PII) and Personal Health Information (PHI) are subject to the Privacy Act, and the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA Rules). The information may not be used or disclosed unless an individual has a legitimate need to know the information in the performance of their duties or as otherwise permitted by law.

d. **Medical Advisor, Office of Occupational Safety and Health.** The Medical Advisor, VHA Office of Occupational Safety and Health is responsible for collaborating with the National Center for Health Promotion and Disease Prevention to provide further guidance on policies, procedures, education and training resources for COVID-19 vaccination.

e. **Veterans Integrated Service Network Director**. Each VISN Director is responsible for:

(1) Ensuring that necessary resources are available to implement and oversee the COVID-19 vaccination program for VHA HCP in the VISN.

(2) Ensuring that all facilities within the VISN participate in oversight activities for the purposes of evaluating the COVID-19 vaccination program for VHA HCP.

f. **Field facility director, field facility head, and program office heads**. Each VHA medical facility Director is responsible for:

(1) Ensuring that all aspects of this directive are implemented at their facility.

(2) Ensuring VHA HCP have access to available training or education pertaining to proper use of face masks and other mitigation strategies that reduce the spread of SARS-CoV-2, the virus that causes COVID-19, including how to access face masks, when to wear a mask, the appropriate type of mask to wear, when to replace a mask, and proper disposal of masks, according to local conditions.

(3) Ensuring all VHA HCP are notified of the requirement to participate in the COVID-19 vaccination program, as described in Appendix A.

(4) Ensuring VHA HCP have access to information on: the current CDC Vaccine Information Statement (VIS) or Emergency Use Authorization Fact Sheet for Recipients and Caregivers; the package inserts for COVID-19 vaccines used by the VA medical facility; and COVID-19 vaccine including vaccinator and handler training.

(5) Addressing non-compliant VHA HCP, in conjunction with the supervisor and Chief Human Resources Officer, as necessary.

g. **Chief Human Resources Officer**. The Chief of Human Resources Officer for each servicing human resource office is responsible for:

(1) Notifying prospective employees, of the mandatory COVID-19 vaccination program in job opportunity announcements and tentative and final offers.

(2) Providing advice and guidance on addressing non-compliant employees, in conjunction with the supervisor and the Office of General Counsel as necessary.

(3) Ensuring all administrative actions taken in response to this directive are recorded in accordance with VA Notice 22-02, Use of the Automated Labor and Employee Relations Tracker (ALERT-HR).

(4) Facilitate the reassignment process for employees who cannot have accommodations granted in their position of record in accordance with VA Notice 22-04, Processing Reassignments as a Reasonable Accommodation Regarding the COVID-19 Vaccination Mandate.

(5) Ensuring appropriate record retention for all files related to accommodation requests.

h. **Chief, Voluntary Service.** The Chief, Voluntary Service or other designated official at each VA medical facility is responsible for:

(1) Notifying all current and prospective volunteers in HCP positions about the COVID-19 vaccination program's vaccination requirement and providing them with information about how to comply with this directive.

(2) Counselling those volunteers who are not compliant with the requirements set by this directive and implementing actions determined by the VA medical facility Director or designee for volunteers found to be in violation of this directive.

(3) Entering volunteer information into the electronic tracking system as necessary.

i. **VA Medical Facility Designated Education Officer (DEO) or Designee.** The DEO or his/her designee at each VA medical facility is responsible for all facility HPTs and:

(1) Ensuring through the Trainee Qualifications and Credentials Verification Letter (TQCVL) process that each academic affiliate, appropriate training program official and HPT is aware of the VHA COVID-19 vaccination program requirements stated below.

NOTE: The TQCVL guide is available at: <https://www.va.gov/oa/deo.asp>. For information on local implementation of the TQCVL process, contact the VA medical facility DEO.

(2) Receiving and maintaining trainee compliance certification via the TQCVL for all HPTs including paid and without compensation.

(3) Communicating with the academic affiliate and appropriate individuals at the VA medical facility about the necessity of HPT compliance with this policy.

(4) Monitoring trainee compliance and documentation is the responsibility of the DEO.

j. **VHA Health Care Personnel.** VHA HCP are required to comply with this directive by:

(1) Receiving a complete COVID-19 vaccine series by applicable deadlines or, if an accommodation is requested and approved, complying with any requisite safety protocols and mitigation requirements in accordance with VA/VHA policy (e.g., masking), absent additional accommodations.

(2) Submitting the required information in the designated VA system for electronic submission or a completed COVID-19 Vaccination Form, VA Form 10230c (or VA Form 10230 prior to publication of this Directive) and attaching proof of vaccination or

completing a voluntary release of information form (VA 10-5345) to disclose the VA vaccination record (if vaccinated through Employee Occupational Health). The documentation must include information about the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s). Acceptable forms of documentation include a copy of the signed record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020), a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation containing the required information.

(3) VHA HCPs who previously submitted VA Form 10230 or in the VA system for electronic submission, with complete documentation as defined in this directive, are considered compliant.

(4) If a VHA HCP is seeking an accommodation to being fully vaccinated for medical, pregnancy, or religious reasons, the VHA HCP must complete the required information using the designated VA system for electronic submission, or should submit a completed COVID-19 Vaccination Form, VA Form 10230c, requesting an accommodation, acknowledging the requirement to follow the safety protocol requirements and guidelines of this directive and/or any other mitigation strategies required as part of the accommodation, absent additional accommodations. The form must be submitted to the employee's supervisor.

(a) To request an accommodation for a medical condition, the VHA HCP should indicate they are requesting an accommodation using the designated system for electronic submission, VA Form 10230c, or by providing documentation identified in national collective bargaining agreement(s). Prior to the publication of this directive, VA Form 10230 was acceptable for submission and these requests will not require resubmission. If a VHA HCP requests a medical accommodation, the Management Official/supervisor is required to engage in the reasonable accommodation process in accordance with VA Directive 5975, Diversity and Inclusion, VA Handbook 5975.1, Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities, VA Notice 22-04, Processing Requests as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate, and processing guidance found on VA Form 10-10230a (VHA).

(b) To request an accommodation under Title VII for religious or pregnancy related reasons, the VHA HCP should indicate they are requesting an accommodation using the designated system for electronic submission, VA Form 10230c, or by providing documentation identified in national collective bargaining agreement(s). Prior to the publication of this directive, VA Form 10230 was acceptable for submission and these requests will not require resubmission. If a VHA HCP requests an accommodation for religion or pregnancy, the Management Official/supervisor is required to engage in the reasonable accommodation process in accordance with VA Directive 5975, Diversity and Inclusion, VA Notice 22-04, Processing Reassignments as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate, and processing guidance

found on VA Form 10-10230a (VHA), VA Form 10230b, Title VII Accommodation Request Determination: Religious or Pregnancy, and the COVID-19 Vaccination Mandate and Religious Accommodations job aid for supervisors. The Management Official/supervisor may consult with religious accommodation advisors, human resources, Local Reasonable Accommodation Coordinators, or the Office of General Counsel for guidance on the request.

(c) While a request for accommodation for medical, pregnancy or religious reasons is being reviewed, the employee will comply with any required safety protocols and mitigation requirements prescribed in VA/VHA policy in effect at the time for the employee/work location (e.g., masking, testing, etc.) or prescribed by an interim accommodation, absent additional accommodations. Official travel may also be restricted in accordance with any applicable VA travel guidance.

(d) Face masks must be worn as outlined in local and national VA policies and in accordance with collective bargaining agreements and memoranda of understanding with labor unions.

k. **Applicants.** Applicants, internal and external must be fully vaccinated prior to entrance on duty and provide proof of vaccination in the manner outlined in this directive. Circumstances in which applicants are not required to be fully vaccinated prior to entrance on duty include:

(1) Applicants for whom a reasonable accommodation is legally required.

(2) When there is an emergent mission-critical hiring need allowing a 60-day extension to being fully vaccinated prior to beginning VA employment.

(3) When the Deputy Under Secretary for Health has approved a timeframe during which applicants, internal and external, with accommodation requests may be brought onboard prior to adjudication of their requests, outside of positions designated as high risk on the VA Form 10-10230a (VHA).

l. **Supervisors.** Supervisors will:

(1) Document and track issues of non-compliance with the COVID-19 vaccination policy, including adherence to any safety protocols and mitigation requirements in effect at the time, such as masking, absent additional accommodations.

(2) Consult with CHROs, LRACs, and the Office of General Counsel to address employees that are non-compliant with this directive.

(3) Engage in the reasonable accommodation process in accordance with VA Directive 5975: Diversity and Inclusion, VA Handbook 5975.1: Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities, processing guidance found on VA Form 10-10230a (VHA), the COVID-19 Vaccination Mandate and Religious Accommodations job aid for supervisors for religious accommodation requests, and VA Notice 22-04, Processing Requests as a Reasonable

Accommodation Regarding the COVID-19 Vaccine Mandate, unless another authority is designated by the Under Secretary for Health. Supervisors may consult with the religious accommodation advisor(s), Local Reasonable Accommodation Coordinators, servicing Human Resources, and the Office of General Counsel for guidance on such accommodation requests. Ensure that accommodation decisions are documented in the designated VA system for electronic submission and a copy of the accommodation documents are provided to the Local Reasonable Accommodation Coordinators (LRAC).

(4) Ensure the required information is submitted for all HCP in the designated VA system for electronic submission. Ensure that the information entered through electronic submission or submission of a physical copy of VA Form 10230c, proof of vaccination is kept secure and confidential under the system of records notice OPM/GOVT-10 or 08VA05, as applicable.

m. Management Officials/Supervisor on Accommodation Requests.

Management Officials/supervisors will, as applicable:

(1) Assess employee requests for accommodation utilizing VA Form 10-10230a (VHA).

(2) Engage in the interactive process before making decisions on requests.

(3) Adjudicate requests for accommodation and finalize the required forms to document the decision.

(4) Notify human resources to initiate the reassignment process when an employee cannot be accommodated in their position of record.

n. **Local Reasonable Accommodation Coordinators (LRAC)**. LRACs shall process requests for reasonable accommodations based on medical conditions in accordance with VA Handbook 5975.1, Processing Requests for Reasonable Accommodations for Applicants and Employees, and VA Notice 22-04, Processing Requests as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate. They will consult on requests for accommodation for pregnancy or religious reasons, when assigned by Chief Human Resource Officers, and will maintain documentation for all requests for accommodation to the COVID-19 vaccination requirement.

6. REFERENCES

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d. VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017.

e. VA Form 10-10230a, Undue Hardship Review (VHA)

f. VA Form 10230b, Title VII Accommodation Request Determination: Religious or Pregnancy

g. VA Form 10230c, COVID-19 Vaccination Form for VHA HCPs is available at: <https://vaww.va.gov/vaforms/> and <https://www.va.gov/find-forms/>. **NOTE:** *The first link is an internal VA website that is not available to the public. To access the form, type VA Form 10230c into the search bar.*

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PROCEDURES FOR IMPLEMENTING THE COVID-19 VACCINATION PROGRAM AT VHA LOCATIONS

1. NOTIFICATION OF MANDATORY COVID-19 VACCINATION AMONG HEALTH CARE PERSONNEL IN THE VETERANS HEALTH ADMINISTRATION

a. Chief Human Resources Officers (CHRO)/Human Capital Management (HCM) will notify all VHA HCPs that they are required to participate in the COVID-19 vaccination program. Employees will be notified through their respective servicing human resource offices.

b. Each VHA facility or program office will provide no less than two such notifications under this directive within two weeks after original publication of this directive. Notifications are considered complete when previously issued under former VHA Directive 1193 or VA Notice 22-01. VHA HCP covered under VHA Directive 1193 and/or VA Notice 22-01 were required to receive a complete an FDA-approved COVID-19 primary vaccine series by October 8, 2021.

c. Human Resources will notify prospective employees who will be HCPs who begin work after publication of the mandatory COVID-19 vaccination program in job opportunity announcements and tentative and final offer letters. New employees who will be HCPs who are scheduled to begin VHA employment or change positions within VHA on or after the date of publication, will be required to provide proof they are fully vaccinated prior to onboarding or will be advised they may request an accommodation for disability, pregnancy, or religious reasons prior to the individual's entrance on duty. If a new employee does not provide the required proof of vaccination status or have an approved accommodation, the new employee may not be extended a final offer of employment. Circumstances in which applicants are not required to be fully vaccinated prior to entrance on duty include:

(1) Applicants for whom a reasonable accommodation is legally required and approved;

(2) When there is an emergent mission-critical hiring need allowing a 60-day extension to being fully vaccinated prior to beginning VA employment as approved by the field facility head (see Paragraph 4. Policy, subparagraph(d) above); or

(3) When the Deputy Under Secretary for Health has approved a timeframe during which applicants, internal and external, with accommodation requests may be brought onboard prior to adjudication of their requests.

2. VACCINE PROGRAM COMPLIANCE

a. VHA HCP. All VHA HCP must comply by submitting the required information in the identified VA electronic system (or a completed VA Form 10230c) to the supervisor. Applicants provide the required information to the supervisor through Human Resources.

(1) Current VHA HCP hired on or before publication of this policy are considered compliant when the required information is submitted in the identified VA electronic system (or a completed VA Form 10230) furnished to the supervisor no later than October 18, 2021, or within 14 days of the date onboarded at VA.

(2) Applicants and newly hired HCP onboarding on or after the date of publication of this directive must be in compliance with documentation requirements within 14 days from the entrance on duty date.

b. The completed information submitted electronically (or on VA Form 10230c) must include:

- (1) Documentation showing receipt of a complete COVID-19 vaccine series; or
- (2) Documentation requesting an accommodation to being fully vaccinated.

The VA Form 10230c is available at: <https://vaww.va.gov/vaforms/>.

c. Proof of Vaccination.

(1) If a VHA HCP is vaccinated by VA, in lieu of submitting proof of vaccination, an employee may voluntarily elect to sign a release of information form (VA Form 10-5345) for the VA to release the information to the supervisor. The information released to the supervisor is limited to the information required to verify receipt of the required COVID-19 vaccine doses (type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s)).

(2) If a VHA HCP is vaccinated outside of VA, the employee must complete the required information in the designated VA electronic system (or VA Form 10230c). The employee must attach acceptable documentation verifying vaccination in the designated electronic system or with the accompanying VA Form 10230c delivered to the supervisor.

NOTE: Acceptable documentation includes a signed record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020), a copy of immunization records from a public health or state immunization information systems, a copy of medical records documenting the vaccination, or a copy of any other official documentation containing all data points required.

d. Compliance When an Accommodation Applies. If a VHA HCP is requesting an accommodation to being fully vaccinated for medical, religious, or pregnancy related reasons, the employee should complete the required information in the designated VA system for electronic submission (or VA Form 10230c) or make the request through another appropriate mechanism as outlined above. Requesting an accommodation requires acknowledging the requirement to follow the safety protocol requirements and guidelines of this directive and/or any other mitigation strategies required as part of the accommodation, absent additional accommodations.

e. VA Applicants and New Employees. New VHA HCP employees (both internal employees changing positions and external applicants) are required to participate in the mandatory COVID-19 vaccination program. New VHA HCP employees must complete a COVID-19 vaccination series prior to onboarding or have an approved accommodation unless onboarding during a timeframe this requirement is waived by the Deputy Under Secretary for Health.

(1) Announcements and Job Offers:

(a) Announcements and Job Offers will be conducted in accordance with applicable OCHCO guidance.

(b) Final job offers will not be made unless employees meet vaccination requirements, have an approved accommodation, meet the critical hiring guidelines of section 1, c (2) above, or are covered by a determination made by the Deputy Under Secretary for Health on onboarding applicants with pending accommodations outside of designated positions on the VA Form 10-10230a (VHA).

(c) Final job offers will contain the required language for both internal and external hires.

(2) USA Staffing System Reporting. USA Staffing system tags for applicants who decline a position due to the COVID-19 Vaccination Requirement or fail to provide the required documentation will be used.

(3) COVID-19 Vaccination Documentation. All new hires (internal and external) will be required to complete tasks in USA Staffing and submit their COVID-19 vaccination documentation and, if applicable, their intent to submit requests for accommodation to the workplace requirement via VA Form 10230c, verbally, or in writing to Human Resources. **NOTE:** *Documentation submitted by applicants will be required to conform to the documentation requirements outlined in this directive.*

(4) Accommodations for Applicants

(a) If an applicant requests an accommodation to the workplace requirement for full COVID-19 vaccination, this request will be referred by Human Resources to the appropriate Management Official/Supervisor and timely processing will be ensured.

(b) The Management Official/Supervisor will analyze the request for accommodation utilizing VA Form 10-10230a (VHA) and any additional information obtained through the interactive process.

(c) The Management Official/supervisor will make a determination on the request from the applicant, complete the appropriate paperwork, and notify Human Resources.

(d) Religious Accommodation Advisors, Local Reasonable Accommodation Coordinators, Servicing Human Resources, and the Office of General Counsel are available to assist Management Officials/supervisors with this analysis.

f. **Health Professions Trainee (HPT) Compliance.** Monitoring compliance and documentation of HPT compliance with this directive is the responsibility of the Designated Education Officer via the Trainee Qualifications and Credentials Verification Letter (TQCVL) process. However, VHA may choose to offer vaccine to HPTs, and must document vaccinations of HPTs using the same process used for other VHA HCPs. HPT seeking an accommodation for medical, pregnancy, or religious reasons must be evaluated using the processes set forth in this directive. The denial of an accommodation request must be supported by the relevant facts and meet the applicable legal standard. When an accommodation is denied, the HPT must receive their first (or, if a one-dose series, only) dose within two weeks of the final determination to deny the accommodation. If receiving a two-dose series, the HPT should receive the second dose within six weeks of receiving the first dose. If an HPT received a first dose of a two-dose series prior to seeking an accommodation, and the request for accommodation is denied, the HPT must receive their second dose within two weeks of the final determination to deny the accommodation (or within a week of the earliest day by which they can receive their second dose), whichever is later.

g. **Extended Leave of Absence.** HCPs on an extended leave of absence (utilizing annual leave, sick leave, donated annual leave, military leave, leave without pay, paid parental leave, unpaid leave under the Family and Medical Leave Act, or leave of absence due to receiving workers' compensation) are required to submit documentation establishing they are fully vaccinated (or request an accommodation) prior to returning to VA duty. Documentation showing the volunteer, student, or intern in an HCP position is fully vaccinated will be required prior to return to duty.

h. **Detailed Employees.** Employees on detail with VHA to HCP positions must comply with this directive. Those employees should follow the procedures of this directive to demonstrate compliance with the workplace requirement. VHA employees in HCP positions on detail to positions not covered by this directive must provide documentation establishing they are fully vaccinated (or request an accommodation) prior to returning to VA duty in an HCP position and complete the electronic submission process or VA Form 10230c within 14 days of entrance on duty. VHA HCPs on detail at VA from non-Federal entities via assignment through Intergovernmental Personnel Act (IPA) agreements will be required to follow the VHA procedures outlined in this directive to comply with the vaccination requirement.

i. **COVID-19 Vaccination Form.** The VA Form 10230c is available at: <https://vaww.va.gov/vaforms/>. **NOTE:** *The first link is an internal VA website that is not available to the public. To access the form, type VA Form 10230 into the search bar.*

3. ACCOMMODATIONS. VHA HCP may request an accommodation to being fully vaccinated only for medical, religious, or pregnancy related reasons as prescribed in this directive. In such cases, VHA HCPs should make the request in accordance with the options above. The confidential nature of Personally Identifiable Information (PII) and Protected Health Information (PHI) must be protected as required by statute, regulation, and VA and VHA policies.

a. Types of Accommodations:

(1) Medical Accommodation. VHA HCP who decline to receive the COVID-19 vaccine because of a medical condition should complete the required information in the designated VA system for electronic submission (or submit a completed VA Form 10230c), requesting an accommodation. The submission will be used to notify the employee's supervisor to initiate the reasonable accommodation process. If the request for reasonable accommodation is denied, the employee is required to be fully vaccinated as outlined below.

(2) Title VII Accommodations (Religious or Pregnancy). VHA HCPs who decline to receive the COVID-19 vaccine because of a sincerely held religious belief, practice, or observance or for pregnancy related reasons should complete the required information in the designated VA system for electronic submission (or submit a completed VA Form 10230c), requesting an accommodation. The submission will be used to notify the employee's supervisor to initiate the reasonable accommodation process. If the request for reasonable accommodation is denied, the employee is required to be fully vaccinated as outlined below.

b. Process

(1) Requests will be analysed utilizing VA Form 10-10230a (VHA).

(2) Reassignment processes are in accordance with VA Notice 22-04, Processing Reassignments as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate.

(3) Decisions will be documented using the appropriate VA Form 0857(f) or VA Form 0857 (g) for medical accommodations or VA Form 10230b for Title VII Accommodations (Religious or Pregnancy).

c. Denial of an Accommodation. The denial of a reasonable accommodation must be supported by the relevant facts and meet the applicable legal standards. When an accommodation is denied, the employee must receive their first (or, if a one-dose series, only) dose within 14 calendar days of the final determination to deny the accommodation. If receiving a two-dose series, the employee should receive the second dose within six weeks of receiving the first dose. If an employee received a first dose of a two-dose series prior to seeking an accommodation, and the request for accommodation is denied, the employee must receive their second dose within 14 days of the final determination to deny the accommodation (or within a week of the earliest day by which they can receive their second dose), whichever is later.

4. DOCUMENTATION

a. Vaccination Performed by VHA. When the VHA HCP is vaccinated in VHA Employee Occupational Health (EOH), the person administering the vaccine, EOH staff or designee, must document the vaccination in accordance with VA Handbook 5019, Employee Occupational Health Service, or as directed by VHA's Office of Employee Occupational Health, Office of Occupational Safety and Health. The VHA HCP must complete the required information in the designated VA system for electronic submission (or VA Form 10230c). Acceptable and complete documentation verifying vaccination (with information on the type of vaccine administered, date(s) of administration, and name of health care professional(s) or clinic site(s) administering the vaccine(s)) must also be delivered to the supervisor in the designated electronic system or on the accompanying VA Form 10230c as applicable in the requirements. In lieu of submitting proof of vaccination, an employee may voluntarily elect to sign a release of information form (VA Form 10-5345) for VHA EOH to release the information to the supervisor, including electronically using LEAF or other VA information system, insofar as the vaccination information is available from VHA EOH. The information released to the supervisor is limited to the information required to verify receipt of the required COVID-19 vaccine doses.

b. Vaccination Performed by Other Providers. When the VHA HCP is vaccinated outside of VHA EOH, the employee must complete required information in the designated VA system for electronic submission (or VA Form 10230c). Acceptable and complete documentation verifying vaccination (with information on type of vaccine administered, number of doses received, date of administration, and name of health care professional(s) or clinic site(s) administering vaccine) must also be delivered to the supervisor in the designated electronic system or with the accompanying VA Form 10230c. Veteran employees vaccinated through primary care or other providers may also authorize the release of vaccination information or provide a copy of the vaccination documentation from their own records.

NOTE: VA medical facility EOH staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization to EOH permitting the disclosure on VA Form 10-5345, Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.

5. SAFETY PROTOCOLS FOR VHA HCPs.

a. Requirements for masking, distancing, screening testing, and Government-wide travel restrictions are no longer informed by vaccination status. All VHA HCP should comply with the requisite safety protocols for their position/work location, as required by VA/VHA policy and instructions in effect.

b. Face masks should be worn as outlined in local and national policies, collective bargaining agreements and memoranda of understanding with labor unions. Face masks will be made available and distributed per local policies. A face mask must be

replaced when it becomes wet, visibly soiled, torn, or damaged. Alternatives to face masks may be considered in limited situations, such as when an employee is unable to wear a face mask and is approved for a reasonable accommodation due to a qualifying disability or for pregnancy or religious reasons. Fitted N95 respirators or other respirators are not required by this policy, but they should be used when appropriate to task (e.g., when caring for a patient on airborne infection isolation precautions); if N95 or higher respirators are used, they also serve the purpose of being considered a face mask for this notice. Employees that require mask alternatives based on a medical condition can request a reasonable accommodation through their supervisor or contact their RA Coordinator.

c. COVID-19 testing will be performed as determined necessary to maintain safe work environment, such as in facilities and situations where community transmission risk is high and the population served is at high risk of severe outcomes from COVID-19 or there is limited access to health care. **NOTE:** Local policy and memoranda of understanding with labor unions may require different or more stringent guidelines, for example, that all individuals wear a face mask, independent of vaccination status, if a risk of transmission of SARS-CoV-2 exists.

6. VHA HEALTH CARE PERSONNEL IN VIOLATION OF THIS DIRECTIVE

a. VHA HCP will be in violation of this directive if they are not fully vaccinated by applicable deadlines or have not submitted the required information.

(1) Prior to the publication of this directive, information must have been submitted in the designated VA system for electronic submission or via VA Form 10230.

(2) After the publication date of this directive, information must be submitted in the designated VA system for electronic submission or via VA Form 10230c.

b. VHA HCP are required to provide the required documentation in a. which must include:

(1) Documentation showing receipt of a complete COVID-19 vaccine series; or

(2) Documentation requesting an accommodation to being fully vaccinated.

c. At the time a request for accommodation from an HCP is denied, an employee is considered non-compliant if vaccination is not started within 14 days from notification of the denial.

NOTE: *Acceptable documentation includes a signed record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020), a copy of immunization records from a public health or state immunization information systems, a copy of medical records documenting the vaccination, or a copy of any other official documentation containing all data points.*

d. Accommodations. If a request for accommodation is denied and an employee does not become vaccinated in accordance with this directive, they will be considered non-compliant.

e. Safety protocols. VHA HCPs who refuse or fail to adhere to safety protocols for COVID-19 as prescribed by this directive and by VHA policy will be considered non-compliant with this directive.

f. Compliance with Requirement. Compliance with this directive is a requirement. VHA HCPs in violation of this directive may face disciplinary action up to and including removal from Federal service.

**SEASONAL INFLUENZA VACCINATION PROGRAM FOR VHA HEALTH CARE
PERSONNEL**

- 1. REASON FOR ISSUE:** To establish policy and provide guidance for mandatory seasonal influenza vaccination among health care personnel (HCP) in the Veterans Health Administration (VHA).
- 2. SUMMARY OF CONTENT:** This VHA directive requires all HCP covered by the policy to receive annual seasonal influenza vaccination.
- 3. RELATED ISSUES:** VHA Directive 1013(3) Prevention and Control of Seasonal Influenza with Vaccines. Wherever this directive conflicts, it supersedes any prior local or national VHA policy related to influenza vaccination and influenza prevention in HCP.
- 4. RESPONSIBLE OFFICE:** The Office of Occupational Safety and Health (10NA5B) is responsible for the contents of this VHA directive. Questions may be referred to the Clinical Occupational Health Program at VHAEOHProgram@va.gov.
- 5. RESCISSIONS:** VHA Directive 1192, dated September 26, 2017, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of August 31, 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Assistant Under Secretary for Health
for Operations

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on August 10, 2020.

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APPENDIX B

HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM.....B-1

SEASONAL INFLUENZA VACCINATION PROGRAM FOR VHA HEALTH CARE PERSONNEL

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy and provides guidance for the prevention of seasonal influenza in VHA facilities through the vaccination of health care personnel (HCP). **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 7301(b), 7318(b).

2. BACKGROUND

a. The Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP) and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommends that all United States health care workers are vaccinated annually against influenza (also known as “flu”).

b. Influenza viruses are transmitted mainly by droplets made when people with flu cough, sneeze or talk, in a manner similar to other respiratory pathogens that cause severe acute viral respiratory syndromes. These droplets can land in the mouths or noses of people who are approximately six feet away from an infected person or possibly be inhaled into the lungs. Influenza viruses have contributed to several prior pandemics.

c. CDC reported 81.1% of HCP in the U.S. received an influenza vaccination during the 2018–19 season, similar to reported coverage in the previous four seasons. The percentage of VHA HCP immunized against influenza has been lower than the national percentage, nearing 65-75%, despite efforts to increase vaccination compliance over the past five years.

d. Influenza is particularly severe in certain populations, especially the elderly, frail and immunosuppressed, and its transmission is an underrecognized yet substantial safety concern, accounting for millions of influenza-related medical illnesses and visits, hundreds of thousands of hospitalizations and several thousand deaths annually across the United States. CDC estimated the national burden of flu related illnesses from October 1, 2019 to April 4, 2020 as 39,000,000 – 56,000,000 flu illnesses, 18,000,000 – 26,000,000 flu medical visits, 410,000 – 740,000 flu hospitalizations and 24,000 – 62,000 flu deaths. Within VHA, there were 4,610 influenza-coded hospitalizations, 617 ICU stays and 107 deaths in the 2019 – 2020 flu season. The overall VHA flu hospitalization rate for the 2019 – 2020 season was 67.8 per 100,000 Veterans in care.

e. Society and professional norms set the expectation that HCP “do no harm” to the patients they treat and serve. Accordingly, every reasonable step should be taken to prevent transmission of influenza in VHA facilities. This prevention effort is multipronged. It includes annual vaccination of patients and HCP, proper hand hygiene, respiratory hygiene, cough etiquette and HCP self-exclusion from work during illness.

f. Annual vaccination is widely recognized as the best method for preventing disease and death related to influenza. Vaccination of both patients and HCP is the cornerstone of efforts to prevent healthcare-associated influenza transmission. Vaccination of HCP reduces the risk that HCP will become infected with influenza, thereby reducing the risk of transmission to susceptible patients and co-workers and contributing to maintaining a healthy workforce to care for patients.

g. In 2010 the Department of Health and Human Services (HHS) established a goal of 90 percent for HCP influenza vaccination in its *Healthy People 2020* and National Action Plan to Prevent Healthcare-Associated Infections. Despite a mandatory seasonal influenza participation program in VHA, VHA has failed to meet the vaccination goal of 90 percent of HCP.

h. The Centers for Medicare and Medicaid Services (CMS) has also endorsed a goal of 90 percent for HCP influenza vaccination compliance, and now expects all participating facilities to report HCP influenza vaccination rates to the National Healthcare Safety Network (NHSN) as required by the Hospital Inpatient Quality Reporting Program and Hospital Outpatient Quality Reporting Program.

i. Policies mandating influenza vaccination of HCP are supported or endorsed by many leading professional and health care consumer organizations, including the American Hospital Association, the American College of Physicians, the American Academy of Pediatrics, the American Nurses Association, the Society for Healthcare Epidemiology of America, the Infectious Disease Society of America, the Pediatric Infectious Disease Society, the Association of Professionals in Infection Control and Epidemiology and the National Patient Safety Foundation.

j. Members of the Council of Teaching Hospitals, including many leading academic medical institutions in the United States, have implemented policies for HCP influenza vaccination as have the Department of Defense, the Indian Health Service and the National Institutes of Health Clinical Center.

k. According to the Immunization Action Coalition, there are currently 1139 organizations and 291 Long-Term Care / Assisted Living organizations on the Influenza Vaccination Mandates Honor Roll, which recognizes stellar influenza vaccination mandates nationwide.

3. DEFINITIONS

a. **Face Mask.** For the purposes of this directive a face mask is a loose-fitting disposable mask, provided by VHA, that covers the nose and mouth. Face masks should be worn as outlined in local and national policies. Fitted N95 respirators or other respirators are not required by this policy, but they should be used when appropriate to the task (e.g., when caring for a patient on airborne infection isolation precautions); if N95 or higher respirators are used, they also serve the purpose of being considered a face mask for this directive.

b. **Health Care Personnel (HCP)**. HCP are individuals who, during the influenza season, work in VHA locations or who come into contact with VA patients or other HCP as part of their duties. VHA locations include, but are not limited to, VA hospitals and associated clinics, community living centers (CLCs), community-based outpatient clinics (CBOCs), domiciliary units, Vet centers and VA-leased medical facilities. HCP include all VA licensed and unlicensed, clinical and administrative, remote and onsite, paid and without compensation, full- and part-time employees, intermittent employees, fee basis employees, VA contractors, researchers, volunteers and health professions trainees (HPTs) who are expected to perform any or all of their work at these facilities. HPTs may be paid or unpaid and include residents, interns, fellows and students. HCP also includes VHA personnel providing home-based care to Veterans and drivers and other personnel whose duties put them in contact with patients outside VA medical facilities.

***NOTE:** This definition does not include visitors to the medical facility, including individuals who enter to conduct occasional or sporadic services, surveyors, inspectors, political representatives, or media personnel. Also excluded are non-VA personnel providing home services through contracts with VA and private facilities providing care under contract with VA. However, the exclusion of contracted non-VA personnel and facilities from this policy does not preclude VA from requiring influenza vaccination of these personnel in their respective contracts; in fact, this practice should be strongly supported and encouraged.*

c. **Influenza Season**. For the purposes of this directive, the influenza season is generally considered to span the four-month period from December 1 through March 31; however, it can vary from one season or geographic location to another. Individual VHA facilities may expand (but not reduce) this time period based on local influenza activity and other epidemiological circumstances.

d. **Influenza Vaccine**. Influenza vaccine is any Food and Drug Administration approved, commercially available product recommended by the CDC for the prevention of influenza in a particular season.

4. POLICY

It is VHA policy that medical facilities will achieve a mandatory seasonal influenza vaccination program by requiring all HCP to receive annual seasonal influenza vaccination or obtain an exemption for medical or religious reasons. Compliance with this directive is a condition of employment. HCP in violation of this directive may face disciplinary action up to and including removal from federal service.

5. RESPONSIBILITIES

a. **Under Secretary for Health**. The Under Secretary for Health is responsible for the overall authority of this directive.

b. **Assistant Under Secretary for Health for Support Services**. The Assistant Under Secretary for Health for Support Services is responsible for:

(1) Providing oversight to the VHA Office of Occupational Safety and Health (10NA5B) and ensuring that it maintains the resources necessary to implement this directive.

(2) Collaborating with the Assistant Under Secretary for Health for Operations and the Assistant Under Secretary for Health for Quality and Patient Safety to support monitoring, reporting and evaluation of the impact of this directive as guided by the VHA Office of Occupational Safety and Health.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Facilitating consistent compliance across VISNs with the seasonal influenza vaccination program as prescribed in this directive.

(2) Distributing communications pertaining to implementation, interpretation and evaluation of this directive as developed by the VHA Office of Occupational Safety and Health.

(3) Collaborating with the Assistant Under Secretary for Health for Support Services and the Assistant Under Secretary for Health for Quality and Patient Safety to support monitoring, reporting and evaluation of the impact of this directive as guided by the VHA Office of Occupational Safety and Health.

d. **Assistant Under Secretary for Health for Quality and Patient Safety.** The Assistant Under Secretary for Health for Quality and Patient Safety is responsible for:

(1) Collaborating with the Assistant Under Secretary for Health for Support Services and the Assistant Under Secretary for Health for Operations to support monitoring, reporting and evaluation of the impact of this directive as guided by the VHA Office of Occupational Safety and Health.

e. **Director, VHA Office of Occupational Safety and Health.** The Director, VHA Office of Occupational Safety and Health is responsible for:

(1) Ensuring the appointment of Program Office personnel to implement the requirements of this directive.

(2) Ensuring that adequate resources are provided to implement the requirements of this directive.

f. **Medical Advisor, VHA Office of Occupational Safety and Health.** The Medical Advisor, VHA Office of Occupational Safety and Health is responsible for:

(1) Developing and administering a standardized program to measure HCP vaccination status and rates and compliance with this directive across all VA medical facilities.

(2) Working closely with the National Seasonal Influenza Program, within the VHA National Center for Health Promotion and Disease Prevention, to provide further guidance on policies, procedures, education and training resources.

(3) Working closely with the Office of Reporting, Analytics, Performance, Improvement and Deployment (RAPID) to provide performance measures; oversight and compliance findings; and HCP influenza vaccination data requests.

g. Clinical Occupational Health Program Manager for Policy Oversight, VHA Office of Occupational Safety and Health. The Clinical Occupational Health Program Manager for Policy Oversight is responsible for:

(1) Developing and consistently interpreting policies, procedures and guidance for implementation and operation of the seasonal influenza vaccination program for VHA HCP.

(2) Serving as a liaison between those listed in Section 5 of this directive to relay seasonal vaccination program compliance data as relevant to each individual stakeholder.

h. Clinical Occupational Health Program Manager for Operations, VHA Office of Occupational Safety and Health. The Clinical Occupational Health Program Manager for Operations is responsible for:

(1) Overseeing the implementation and operation of the seasonal influenza vaccination program for VHA HCP, including communicating with facility and leadership stakeholders about implementation of the program.

(2) Promoting VHA use of existing or improved systems, tools and technologies to manage the documentation and reporting of HCP seasonal influenza vaccination.

i. Veterans Integrated Service Network Director. Each Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Ensuring that necessary resources are available to implement and oversee the seasonal influenza vaccination program for VHA HCP in the VISN.

(2) Ensuring that all facilities within the VISN participate in oversight activities and measurements prescribed by the VHA Office of Occupational Safety and Health for the purposes of evaluating the seasonal influenza vaccination program for VHA HCP.

(3) Reporting to the Director, VHA Office of Occupational Safety and Health, or designee, all metrics prescribed by the VHA Office of Occupational Safety and Health for the purposes of evaluating the seasonal influenza vaccination program for VHA HCP.

j. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Ensuring that all aspects of this directive are implemented at the medical facility.

(2) Ensuring HCP have access to available training or education pertaining to proper use of face masks and other mitigation strategies that reduce the spread of flu. This includes clarification on how to access face masks, when to wear a mask, type of mask to wear, when to replace a mask, and proper disposal of masks, according to local and national policies.

(3) Designating personnel to respond to questions and address matters of local implementation related to HCP participation and guidance from the VHA Office of Occupational Safety and Health in the form of a VHA facility ad hoc work group.

(4) Ensuring VHA facility Employee Occupational Health personnel have the appropriate resources for implementation and operation of the seasonal influenza vaccination program for VHA HCP.

(5) Ensuring all HCP are notified of the requirement to participate in the seasonal influenza vaccination program, as described in Appendix A.

(6) Reporting to the VISN Director all metrics prescribed by the VHA Office of Occupational Safety and Health for the purposes of evaluating the seasonal influenza vaccination program.

(7) Ensuring HCP have access to information on: the existence, role, and procedures related to the VHA facility ad-hoc workgroup of subject matter experts; the current CDC Vaccination Information Sheet (VIS); the package inserts for flu vaccines used by the VHA facility that year; available training or education pertaining to flu, flu vaccine and flu prevention, including proper use of face masks and other mitigation strategies that reduce the spread of flu.

(8) Addressing non-compliant HCP, in conjunction with the HCP's supervisor and Chief Human Resources Officer, as necessary.

k. **VISN Chief Human Resources Officer.** The Chief of Human Resources at each VISN is responsible for:

(1) Notifying all applicants/prospective employees of the requirement to participate in the seasonal influenza vaccination program. (See Appendix B.)

(2) Aggregating and reporting all administrative actions resulting from violations of this directive to each VISN Director as prescribed by the VHA Office of Occupational Safety and Health for the purposes of evaluating the seasonal influenza vaccination program.

l. **Chief, Voluntary Service.** The Chief, Voluntary Service or other designated official at each VHA facility is responsible for:

(1) Notifying all current and prospective volunteers about the seasonal influenza vaccination program's vaccination requirement and providing them with information about how to comply with this directive.

(2) Providing and updating the roster of volunteers for VHA facility Employee Occupational Health.

(3) Counseling those volunteers who are not compliant with the requirements set by this directive and implementing actions determined by the VHA facility Director or designee for volunteers found to be in violation of this directive.

m. **Designated Education Officer (DEO) or Designee.** The DEO or his/her designee at each VA medical facility is responsible for all facility HPTs and:

(1) Ensuring through the Trainee Qualifications and Credentials Verification Letter (TQCVL) process that each HPT is aware of the VHA seasonal influenza vaccination program requirements.

(2) Receiving and maintaining trainee compliance certification via the TQCVL for all HPTs including paid and without compensation.

(3) Communicating with the academic affiliate and appropriate individuals at the VA medical facility about the necessity of HPT compliance with *VHA Directive 1192.01 on Seasonal Influenza Vaccination Program for VHA Health Care Personnel*.

(4) Monitoring trainee compliance and documentation is the responsibility of the Designated Education Officer.

n. **VHA Facility Employee Occupational Health Staff.** Employee Occupational Health staff at each facility is responsible for:

(1) Ensuring appropriate entry and maintenance of all documentation involving vaccination or exemption by HCP in accordance with VA Handbook 5019, Employee Occupational Health Service, August 3, 2017 or successor policy.

(2) Formulating and communicating the local process for secure receipt of documentation involving vaccination or exemption by HCP.

(3) Documenting and monitoring influenza vaccination compliance of all HCP and identifying to the VHA facility executive leadership those individuals who have not signed and submitted the Health Care Personnel Influenza Vaccination Form, VA Form 10-9050 (Appendix B) by November 30.

NOTE: *VHA Facility Employee Occupational Health staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization permitting the disclosure on VA Form 10-5345 Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.*

(4) Aggregating, analyzing and reporting to the VHA facility Director all metrics prescribed by the VHA Office of Occupational Safety and Health for the purposes of evaluating the VHA HCP seasonal influenza vaccination program.

o. **Health Care Personnel (HCP)**. HCP are required to comply with this directive by:

(1) Receiving the annual seasonal influenza immunization or obtaining an exemption for medical or religious reasons.

(2) Submitting the Health Care Personnel Influenza Vaccination Form, VA Form 10-9050 (Appendix B) by November 30 of each year to Employee Occupational Health.

(3) Wearing a face mask as described in Appendix A of this directive when an exemption to the influenza vaccination has been granted.

Compliance with this directive is a condition of employment. HCP in violation of this directive may face disciplinary action up to and including removal from federal service.

p. **VA Contracting Officers**. Contracting Officers shall ensure the flu vaccination requirements outlined in this directive are expected in all HCP contracts. VA contracting officers responsible for on-site HCP contract will inform the contractors about this directive and its requirements.

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APPENDIX A

**PROCEDURES FOR IMPLEMENTING THE SEASONAL INFLUENZA
VACCINATION PROGRAM AT VHA FACILITIES**

**1. NOTIFICATION OF MANDATORY SEASONAL INFLUENZA VACCINATION
AMONG HEALTH CARE PERSONNEL IN THE VETERANS HEALTH
ADMINISTRATION**

a. VHA facility executive leadership or designee, Chief, Voluntary Service and the Designated Education Officer, will notify all health care personnel (HCP) that they are required to participate in the seasonal influenza vaccination program. HPTs will be notified through their respective programs.

b. Each VHA facility shall provide no less than two notifications by November 30, including that HCP in violation of this directive may face disciplinary action up to and including removal from federal service.

c. Human Resources will notify applicants or prospective employees who begin work after November 30 of the mandatory seasonal influenza vaccination program in their initial appointment/orientation documents.

d. HCP can contact the VHA facility ad-hoc workgroup of subject matter experts regarding matters of local implementation related to HCP vaccination, and application of procedures and guidelines of this directive.

2. VACCINATION

a. All HCP must:

(1) Be vaccinated for influenza or, if exempt from vaccination, wear a face mask as prescribed in this Appendix, and

(2) Sign and submit to the VHA Employee Occupational Health staff the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) acknowledging:

(a) vaccination against influenza as a HCP in a VHA location by a VA provider

(b) vaccination against influenza as a VHA enrolled Veteran patient;

(c) vaccination against influenza by a non-VA provider as a HCP in a VHA location;
or

(d) exemption of influenza vaccination for medical or religious reasons.

b. HCP vaccinated by non-VA providers or their personal VHA providers must provide documentation of their vaccination, in addition to the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B), to VHA Employee Occupational

Health staff by November 30 of each year or within two weeks of starting work/volunteering. Acceptable documentation includes a signed record of immunization from a health care provider or pharmacy, or a copy of medical records documenting the vaccination.

c. Vaccination of HCP for VHA begins when the vaccine becomes available. While vaccine may continue to be available through VHA, after November 30, any unvaccinated HCP must follow the procedures listed in paragraph 5 of this Appendix.

d. New HCP whose entry on duty date fall between the date the vaccine becomes available and the end of the influenza season (See Section 3.c) are required to participate in the seasonal influenza vaccination program. New HCP should wear a face mask until they are vaccinated during influenza season unless they have been given an exemption. New HCP shall be vaccinated within two weeks of beginning employment.

e. Monitoring compliance and documentation of HPT vaccinations is the responsibility of the DEO via the TQCVL process. However, VHA may choose to offer vaccine to trainees, and document vaccinations using the same process used for VA employees.

3. EXEMPTIONS

HCP may request exemption from receiving the seasonal influenza vaccine only for medical and/or religious reasons as prescribed in this directive. In such cases, HCP must complete the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B), declaring the exemption and acknowledging the requirement to wear a face mask throughout the influenza season when under conditions in the work environment described. (See Appendix A, paragraph 5.a and Appendix B.) If an exemption is not granted, HCP are required to receive annual seasonal influenza vaccination. The confidential nature of employee Personally Identifiable Information (PII) and Protected Health Information (PHI) will be recognized and respected in accordance with applicable laws and regulations.

a. Medical Exemption

If HCP decline to receive the seasonal influenza vaccine because of a medical contraindication, they must complete the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) declaring an exemption for medical contraindication, with a personal physician's signature and National Provider Identification number. The reasons for contraindication must be recognized contraindications and precautions by the Centers for Disease Control and Prevention, found here: <https://www.cdc.gov/flu/prevent/whoshouldvax.htm>. HCP must obtain their immediate supervisor's signature on the VA Form 10-9050, but HCP need not disclose the reason for medical contraindication to their supervisor. HCP must submit the completed VA Form 10-9050 to the facility Employee Occupational Health staff by November 30 each year, or within two weeks of beginning employment.

NOTE: VHA Facility Employee Occupational Health staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization permitting the disclosure on VA Form 10-5345 Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.

b. Religious Exemption

If HCP decline to receive the seasonal influenza vaccine because of a deeply held religious belief, they must complete the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) declaring an exemption for deeply held religious belief. HCP must obtain their immediate supervisor's signature on the VA Form 10-9050, but HCP need not disclose the religious reason to their supervisor. HCP must submit the completed VA Form 10-9050 to the facility Employee Occupational Health staff by November 30 each year, or within two weeks of beginning employment.

NOTE: VHA Facility Employee Occupational Health staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization permitting the disclosure on VA Form 10-5345 Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.

4. DOCUMENTATION

a. When the HCP is vaccinated at a VA medical facility, the HCP must complete the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) and Employee Occupational Health maintains Appendix B. The person administering the vaccine, Employee Occupational Health staff or designee, must document the vaccination in accordance with VA Handbook 5019, Employee Occupational Health Service, August 3, 2017, or successor policy, or as directed by VHA Employee Occupational Health.

b. When the HCP is vaccinated as an enrolled Veteran patient at a VA facility, the HCP must complete the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) including documentation verifying vaccination (with information on vaccine name, date of administration, and name of clinician administering vaccine) and deliver both to Employee Occupational Health staff to indicate the vaccine was administered outside of Employee Occupational Health. VHA Facility Employee Occupational Health staff will collect VA Form 10-9050 (Appendix B) from HCP and notify facility executive leadership of those individuals who have not signed and submitted the form by November 30.

NOTE: VHA Facility Employee Occupational Health staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization permitting the disclosure on VA Form 10-5345 Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.

c. When the HCP is vaccinated by a non-VA provider, the HCP must complete the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) including documentation verifying vaccination (with information on vaccine name, date of administration and name of clinician administering vaccine) and deliver them together to Employee Occupational Health staff, to indicate the vaccine was administered outside of Employee Occupational Health. VHA Facility Employee Occupational Health staff will collect VA Form 10-9050 (Appendix B) from HCP and notify facility executive leadership of those individuals who have not signed and submitted the form by November 30.

Monitoring trainee compliance and documentation is the responsibility of the Designated Education Officer.

5. MASKING FOR UNVACCINATED HEALTH CARE PERSONNEL

a. HCP who do not receive influenza vaccination due to medical or religious exemptions must designate this on the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) and wear a face mask while in any VHA location, including both clinical and non-clinical areas. In addition, HCP are required to wear a face mask during performance of their assigned duties and responsibilities, as outlined in local and national policies.

b. The face mask shall be worn throughout the influenza season (See Section 3.c) or until the individual HCP receives a flu vaccination and completes the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B).

c. HCP may remove the face mask only under the following circumstances:

(1) When eating or drinking.

(2) When working in an enclosed office alone.

(3) When there are physical barriers or at least six feet of distance between the unvaccinated HCP and any other HCP, patient; or other person; for example, when working in a cubicle with its open side at least six feet from anyone else.

(4) After exiting a VHA facility provided that at least six feet of distance between the unvaccinated HCP and any other HCP, patient; or other person can be maintained.

d. Face masks will be made available at VHA facilities and distributed per local policies. A face mask must be replaced when it becomes wet, visibly soiled, torn, or damaged. Alternatives to face masks, such as face coverings, may be considered under limited conditions with the guidance of infection control professionals (e.g. in non-clinical areas during a pandemic) as outlined in local and national policies.

6. HEALTH CARE PERSONNEL IN VIOLATION OF THIS DIRECTIVE

a. HCP will be in violation of this directive if they:

(1) Have not by November 30 of each year:

(a) Received the seasonal influenza vaccination: or;

(b) Requested an exemption from vaccination, and;

(c) Signed and submitted to the VHA facility a completed Employee Occupational Health staff the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) and accompanying required documentation as applicable.

(2) Are required to wear a mask pursuant to paragraph 5 but refuse or fail to wear it as prescribed within the policies and procedures of this directive.

b. Compliance with this directive is a condition of employment. HCP in violation of this directive may face disciplinary action up to and including removal from federal service.

7. VACCINE SHORTAGE CONTINGENCY

a. In the event of an influenza vaccine shortage, VHA will determine an appropriate distribution plan for the resources available, as outlined in Appendix B of VHA Directive 1013(3) (Prevention and Control of Seasonal Influenza with Vaccines, September 20, 2019) or successor policy.

HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM

I am a VA: ___ Employee ___ Volunteer ___ Other (ex: Trainee, Resident, Intern, Fee Basis, or Researcher) Please indicate: _____

CHECK ONE STATEMENT BELOW AND COMPLETE AND SIGN THE LAST SECTION OF THIS FORM PRIOR TO SUBMISSION TO EMPLOYEE OCCUPATIONAL HEALTH:

I received the seasonal influenza vaccine this flu season (any required documentation is attached).

I have been granted a medical exemption from receiving the seasonal influenza vaccine this flu season. I have a contraindication for flu vaccine as defined by CDC. The reasons for contraindication must be recognized contraindications and precautions by the Centers for Disease Control and Prevention, found here: <https://www.cdc.gov/flu/prevent/whoshouldvax.htm>. This has been discussed and acknowledged by my personal physician. I understand that by declining to receive the vaccine by November 30 or within two weeks of beginning employment, I must wear a face mask according to requirements and guidelines within VHA Directive 1192.01, Seasonal Influenza Vaccination Program for VHA Health Care Personnel.

Printed Physician Name and Address

Physician Signature Date National Provider Identification Number

Supervisor Signature Date Supervisor Email

I notified my immediate supervisor in writing that I have a deeply held religious belief that prevents me from receiving the seasonal influenza vaccine this influenza season. I understand that by declining to receive the vaccine by November 30 or within two weeks of beginning employment, I must wear a face mask according to requirements and guidelines within VHA Directive 1192.01, Seasonal Influenza Vaccination Program for VHA Health Care Personnel.

Supervisor Signature Date Supervisor Email

August 10, 2020

I have read and fully understand the information on this form and have been given the opportunity to have my questions answered. I understand that violation of the directive may result in disciplinary action up to and including removal from federal service.

Name (print): _____ Last 4 SS# _____

Dept./Serv: _____

Employee Signature: _____ Date: _____

Employees and volunteers provide this form to the VHA facility Employee Occupational Health Office. Health Professions Trainees provide this form to the Designated Education Officer. Secure electronic submission is permissible.