



Policy Area: Safety and Environment	Guideline Number: 4-022-21
Title of Policy: Mandatory COVID-19 Vaccination	CAMTS: N/A
Original Effective Date: August 25, 2021	Guidance: State Law
Revision Date: N/A	Approved by: Nathan Butler, Board of Commissioners

Purpose

The purpose of this policy is to implement a mandatory vaccination policy for San Juan county Public Hospital District No. 1’s healthcare providers, inclusive of all San Juan Island EMS employees, in accordance with Proclamation 21-14.

This Policy is part of San Juan county Public Hospital District No. 1’s overall strategy and commitment to maintaining a safe and healthy workplace in light of the COVID-19 pandemic. This policy is designed for use together with, and not as a substitute for, other COVID-19 prevention measures.

1.0 Applicability

This Policy applies to health care providers, including (1) individuals with credentials listed in the Healthcare Professional Credentialing Requirements list¹ (including EMTs and paramedics); (2) individuals who are permitted by law to provide health care services in a professional capacity without holding a credential; (3) long-term care workers; and (4) workers in any setting that is primarily used for the delivery of in-person health care services to people, including mobile clinics or other vehicles where health care is delivered.

This policy shall be in effect only to the extent required by Proclamation 21-14, as it may be updated and amended.

2.0 Policy

2.1 Mandate. All health care providers engage in work for San Juan county Public Hospital District No. 1 as an employee, contractor, or volunteer shall be fully vaccinated against COVID-19 by October 18, 2021. In order to be fully vaccinated by October 18, 2021, individuals must have received the second dose of a two-dose mRNA vaccine (such as Moderna and Pfizer) or a single dose vaccine (such as Johnson & Johnson) by October 4, 2021. Vaccination in accordance with this Policy shall be a bona fide occupational qualification for continued employment.

2.2 Proof of Vaccination. Health care providers shall provide proof of vaccination to San Juan county Public Hospital District No. 1 by October 18, 2021. The following forms of proof are acceptable:

- (1) a CDC vaccination record card or photo of the card;

¹ <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/HealthcareProfessionalCredentialingRequirements>

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- (2) documentation of vaccination from a health care provider or electronic health record; or
- (3) state immunization information system record.

Personal attestation forms are not acceptable. Employees who previously submitted a personal attestation shall, on or before October 18, 2021, provide one of the foregoing proofs of vaccination.

2.3 Stipend. San Juan county Public Hospital District No. 1 shall cover reasonable costs for employees receiving the vaccination under this Policy to cover the time travelling to or spent getting the vaccine, the costs of the vaccine not fully covered by insurance (including any unreimbursed vaccine administrator fees), other expenses incurred getting the vaccine (such as parking at vaccination sites and ferries), and other incidental costs. These costs shall be approved beforehand to the extent possible, and the employee shall request reimbursement through the normal procedure. In the event that the employee has side effects sufficient to miss work within fourteen (14) days of receiving a dose of the vaccine, the District shall provide paid administrative leave.

2.4 Reasonable Accommodations. Health care providers are not required to get vaccinated against COVID-19 if they are entitled under the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964 (Title VII), the Washington Law Against Discrimination (WLAD), or any other applicable law to a disability-related reasonable accommodation or a sincerely held religious belief accommodation to the requirements of this order. Health care providers may request accommodations to this policy. San Juan county Public Hospital District No. 1 shall provide reasonable accommodations related to disabilities and/or sincerely held religious beliefs as required by law.

Disabilities. To the extent permitted by law, before providing a disability-related reasonable accommodation to the requirements of this Policy, the individual requesting the accommodation must submit documentation from an appropriate health care or rehabilitation professional authorized to practice in the State of Washington stating that the individual has a disability that necessitates an accommodation and the probable duration of the need for the accommodation.

Sincerely Held Religious Beliefs. To the extent permitted by law, before providing a sincerely held religious belief accommodation to the requirements of this Policy, the individual requesting the accommodation must submit documentation with a statement regarding the way in which the requirements of this Policy conflict with the religious observance, practice, or belief of the individual.

Included with this Policy are sample Mandatory COVID-19 Vaccination Accommodation Forms. However, the District will accept other forms of requests for accommodation that comply with the minimum requirements of this Policy.

Upon receiving an accommodation request, San Juan county Public Hospital District No. 1 shall engage in an interactive dialogue to determine the limitations of your ability to comply with this policy and explore potential reasonable accommodations that could overcome those limitations. San Juan county Public Hospital District No. 1 encourages employees to suggest specific reasonable accommodations, but San Juan county Public Hospital District No. 1 is not required to make the specific accommodation requested.

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San Juan county Public Hospital District No. 1 may refuse to grant a reasonable accommodation to the extent it would impose an undue hardship on San Juan county Public Hospital District No. 1 or posing a direct threat to you or others in the workplace. For a disability-related accommodation, an undue hardship would be a significant difficulty or expense. For an accommodation related to a sincerely held religious belief, an undue hardship would be more than minimal cost or burden on the employer.

2.5 Failure to Comply. Health care providers that have not been fully vaccinated or received a reasonable accommodation due to a disability or sincerely held religious belief by October 18, 2021, will be subject to non-disciplinary dismissal from employment for failing to meet a bona fide occupational qualification for continued employment.

2.6 Pre-Employment Screening. Candidates for employment as a health care provider shall be informed that vaccination is a bona fide occupational qualification for employment. San Juan county Public Hospital District No. 1 shall request proof of vaccination from all candidates for employment as a health care provider. After making a conditional job offer, but before employment, San Juan county Public Hospital District No. 1 shall ask the prospective employee that have not provided proof of vaccination whether he or she can receive the vaccine. Protective employees who cannot receive the vaccine because of a disability or sincerely held religious believe should request an accommodation.

2.7 Confidentiality. Documents submitted in accordance with this Policy shall be kept confidential and, if retained, kept in a separate file.

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Mandatory COVID-19 Vaccination Accommodation Form

Disability

To request an accommodation related to the COVID-19 vaccination mandate due to a disability, please complete this form and return it to Human Resources.

Name: _____

To be Completed by Appropriate Health Care or Rehabilitation Professional

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

The Undersigned is a health care or rehabilitation professional authorized to practice in the State of Washington. The above-named individual has a disability that prevents his or her from being fully vaccinated against COVID-19, which necessitates an accommodation to San Juan county Public Hospital District No. 1's mandatory vaccination policy. The probable duration of the need for the accommodation is _____.

Print: _____

Signature: _____ Date: _____

To be Completed by Administration

Interactive discussion date(s): _____

Accommodation granted? _____ Yes _____ No

Describe accommodation: _____

If accommodation granted, list required alternative safety precautions required: _____

If accommodation not granted, explain why: _____

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Sincerely Held Religious Belief

To request an accommodation related to the COVID-19 vaccination mandate due to a sincerely held religious observance, practice, or belief, please complete this form and return it to Human Resources.

Name: _____

Explain the requested accommodation: _____

Explain below why you are requesting an accommodation, including the way(s) in which the getting a COVID-19 vaccination conflicts with your religious beliefs: _____

Verification and Acknowledgement: I verify that my religious observance, practice, or beliefs that result in this request for an accommodation are sincerely held, and that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship.

Signature: _____ **Date:** _____

To be Completed by Human Resources Representative

Interactive discussion date(s): _____

Accommodation granted? _____ Yes _____ No

Describe accommodation: _____

If accommodation granted, list required alternative safety precautions required: _____

If accommodation not granted, explain why: _____

