



Tuesday, September 21, 2021

Agenda

- Didactic: *COVID Vaccinations for HCP*
- Case Discussions
- Open Discussion

Initial UW Medicine Approach

- Long history of “successful” HCW influenza vaccination (Flu Prevention Program)
 - Allowed medical and philosophical declinations
 - Philosophical declinations required viewing a education module and an in-person EH visit every year
 - Initial success: HCW flu vaccinations increased from ~40%-50% to ~85% and over time increased to >93%
 - No accommodations aside from no vaccination
- Summer 2021, plan to adopt the HCW flu program to COVID vaccination



First Iteration

- Vaccination requirement of employment
- Same declination options
 - Medical
 - Religious
 - **Philosophical**
- Religious and philosophical declinations required to complete an online educational module but no in-person EH visit
- Did not have a plan for accommodations



Washington state employees, health care workers must be vaccinated against COVID

Aug. 9, 2021 at 10:21 am | Updated Aug. 9, 2021 at 7:28 pm



Second Iteration

- Removal of philosophical declinations
- Updated level of documentation required for medical and religious requests
 - Medical: History of reaction, how diagnosed, duration of need for accommodation
 - Religious: explanation of religious exemption and how it forbids vaccination
- Both sets of requests required evaluation for accommodations



Medical Request

Dear Provider,

The goal of UW Medicine is to vaccinate 100% of our employees against COVID -19. We provide free COVID-19 immunizations to all current employees and staff. However, currently available COVID-19 vaccinations may not be appropriate for a small number of employees (e.g. individuals with a history of severe reaction to a previous vaccine component). Guidance for medical exemptions for COVID-19 vaccination can be viewed here: (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>). **Forms completed by the employee will NOT be accepted.**

Please note that the following are **NOT** considered contraindications to COVID-19 vaccination:

- Local injection site reactions after previous COVID-19 vaccines (erythema, induration, pruritus, pain)
- Expected systemic vaccine side effects in previous COVID- 19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc
- Pregnancy or breastfeeding
- Immunosuppressed person in the employee's household
- Alpha-gal Syndrome
- Allergy to egg or gelatin
- Having a positive antibody titer



Medical Request

Please complete the following form and return it to your patient, who should submit the completed form to the appropriate Employee Health Clinic. Alternatively, the form can be faxed from your location.

Patient Name (print) _____ **DOB** ____/____/____ **Employee ID** _____

A licensed healthcare provider in the State of Washington must complete and sign this section (e.g. MD, DO, ND, PA, ARNP). Please select the medical contraindication to vaccination below:

- ☐ Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a component of a COVID- 19 vaccine. Please describe response in detail below and contraindication to alternatives.
- ☐ Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine. Please describe response in detail below and contraindication to alternative vaccines.
- ☐ Other medical circumstance preventing vaccination with any available COVID-19 vaccine. Be specific and describe in detail below:



Religious Request I

1. Describe below the religious belief, practice, or observance that you believe necessitates this request for accommodation. Please attach additional pages if needed to provide a full response.

2. Please explain how your sincerely held religious belief, practice, or observance prevents you from receiving an authorized COVID-19 vaccination including how long you have held these beliefs. Please attach additional pages if needed to provide a full response.

3. Have you ever received a vaccine or medicine from a health care provider as an adult? ☐ **YES** ☐ **NO**



Religious Request II

4. Does your religious beliefs include objections to other vaccines and/or other medicine? ☐ YES ☐ NO
If yes, please explain. Please attach additional pages if needed to document the full response.

5. If the request for accommodation is temporary, please enter the anticipated date the accommodation is no longer needed: [Click to enter a date](#)

6. If required, the University will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include discussing the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?

☐ Yes ☐ No

If no, please explain why below. Please attach additional pages if needed to provide a full response.



Request Process

- Medical requests (2 steps)
 - Assumed to be temporary
 - Does it meet CDC contraindication or similar reasonable history?
 - All requests that don't meet standard criteria reviewed by a panel
 - Accommodations
- Religious requests (2 steps)
 - Assume permanent
 - No challenge to religious statement(s)
 - Accommodations available depending on type of work



	Employees who:			
and who submit a:	Provide direct patient care	Interact with patients	Work in hospitals or clinics	Do not work in hospitals or clinics
Temporary medical exemption	Accommodation A	Accommodation A	Accommodation A	Accommodation B
Permanent religious exemption	No accommodation recommended	No accommodation recommended	Accommodation A	Accommodation B

Accommodation A

1. Indefinite universal mask use
2. Universal eye protection when interacting with patients
3. Cannot be unmasked, including during meals, within 6 feet of another unmasked person
4. Undergo 2 molecular COVID-19 tests per week, separated by a minimum of 3 days
5. Exclude from working with specific patients, patient populations, and units*

Accommodation B

1. Indefinite universal mask use
2. Cannot be unmasked, including during meals, within 6 feet of another unmasked person
3. Undergo 1 molecular COVID-19 test per week, separated by a minimum of 3 days



Challenges

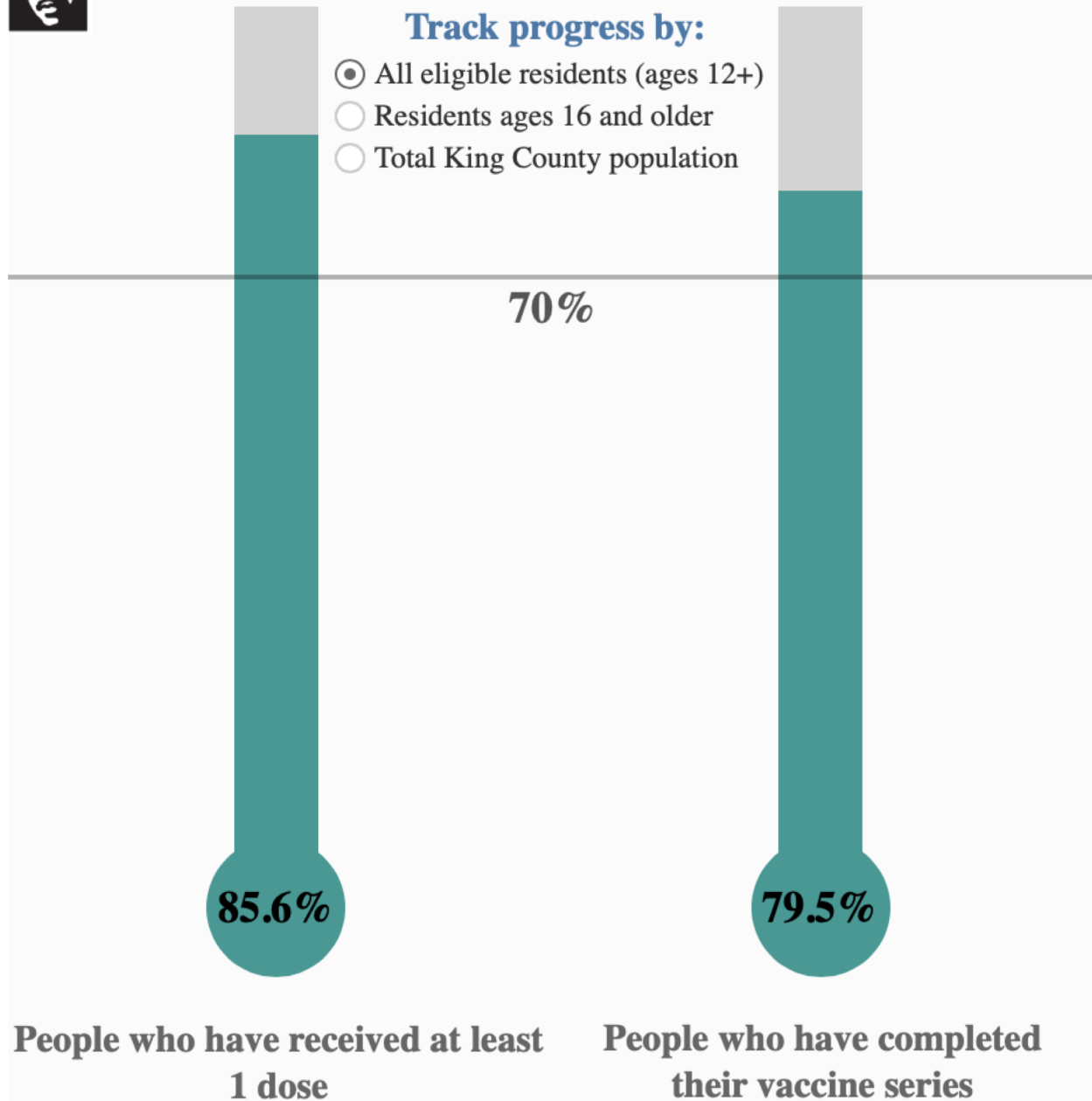
- This hasn't been done before (at least for us)
 - Recent infection
 - Recent MAb treatment
- Operationalization of testing requirements
- Moving HCWs from current roles for accommodations
- Union discussions
- Will HCWs leave their jobs?





Track progress by:

- ☒ All eligible residents (ages 12+)
- ☐ Residents ages 16 and older
- ☐ Total King County population



Resources

- [WA DOH Vaccination Requirement](#)
- [Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-Term Care](#)

