



2022-01-27 Special Meeting of the Truckee Surgery Center Board of Managers

Thursday, January 27, 2022 at 12:00 p.m.

Gateway Conference Room – Tahoe Forest Hospital District

10976 Donner Pass Road, Truckee, CA 96161



2022-01-27 Special Meeting of the Truckee Surgery Center Board of Managers

ITEMS 1-4: See Agenda

5. ITEMS FOR BOARD ACTION

5.1. Policy & Procedure Review

5.1.1. COVID-19 Vaccine Policy.pdf

ITEMS 6-7: See Agenda



Origination:	12/2021
Last Approved:	01/2022
Last Revised:	01/2022
Next Review:	01/2023
Owner:	Heidi Fedorchak: Nurse Manager
Department:	Infection Prevention and Control
Applicabilities:	Truckee Surgery Center

COVID-19 Vaccine Policy, IC-2100

PURPOSE:

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. Truckee Surgery Center has adopted this policy of mandatory vaccination to safeguard the health of our employees and patients from the hazard of COVID-19. This policy is intended to comply with all applicable federal, state and local laws and is based on guidance and requirements of the Centers for Medicare/Medicaid services (CMS) and from guidance from the CDC.

POLICY AND PROCEDURE:

As of November 5th, 2021, CMS amended its ambulatory surgery center Conditions for Coverage, to require that all Center staff who provides any care, treatment or other services for the Center or its patients be fully vaccinated against COVID-19, unless an exemption applies. By January 4th, 2022, as described below, each Center staff shall be completely vaccinated against COVID-19, or shall have applied for and received an exemption from vaccination.

- I. **Application.** This policy applies to all regular full time, part-time and per diem staff as well as surgeons and anesthesia providers practicing in the facility. Vendors who provide services within the center will be required to comply.

- II. **Vaccination Requirement**

- A. By December 5, 2021, all Center staff must have:

1. First dose of two dose vaccine. Received the first dose of a two dose vaccine approved by the FDA, such as Pfizer or Moderna vaccine; or one dose of a single dose vaccine, such as Johnson and Johnson and submitted documentation confirming the first dose or complete COVID-19 vaccination. Complete vaccination is considered two doses in a two dose series or one dose in a single dose vaccine.
2. Pending exemption. Staff must have submitted a religious or medical exemption form and the exemption must be granted or pending.

- B. By January 4, 2022, all Center staff must have:

1. The second dose of a two dose vaccine must be completed and documentation submitted; or
2. Have been granted an exemption from the COVID-19 vaccination requirement.

- C. Documentation of vaccine status and requests for exemptions will be securely maintained in the

Center staff member's file and kept confidential.

III. **Booster Requirement**

A. By February 1, 2022:

1. All eligible staff will be required to complete the COVID-19 booster.
2. Workers not eligible for the booster by February 1, 2022 must be in compliance no later than 15 days after becoming booster eligible.
3. Booster eligible employees that have not received their booster will be required to test and submit a negative result weekly starting on December 27, 2021.

IV. **Exemption Requests**

A. In accordance with applicable federal, state and local rules and regulations, the Center recognizes that there may be certain circumstances preventing a staff member from receiving the COVID-19 vaccine due a medical condition or a sincerely held religious belief. A Center staff member requesting an exemption must obtain, complete and submit the proper exemption form to the Center administration by the dates described above.

B. Exemption process

1. Consistent with applicable laws, the Center will consider exemption requests on a case by case basis.
2. Staff members who are granted an exemption and are not fully vaccinated will be required to submit a negative COVID-19 test weekly.

V. **Failure to vaccinate or be granted an exemption**

A. Center staff members who are Center employees who do not:

1. Submit the required vaccination documentation or have a pending request or have been granted an exemption by December 5, 2021; or
2. Have not received an exemption and are not fully vaccinated by January 4, 2022; or
3. Who are booster eligible and do not receive the booster by February 1, 2022 or who become eligible and do not complete the booster within 15 days
 - i. will be placed on unpaid leave for up to 45 days. During this period, employees must either apply for and receive an exemption or become fully vaccinated and boosted against COVID-19. If at the end of the unpaid leave period, an employee is not fully vaccinated/boosted or is not approved for an exemption, may be subjected to separation of employment.

VI. Center staff members who are licensed practitioners with clinical privileges who do not:

1. Submit the required vaccination documentation or have a pending or granted request for exemption by December 5, 2021; or
2. Have not been fully vaccinated or have not been granted an exemption by January 4, 2022; or
3. Submitted required booster documentation by February 1, 2022 or within 15 days of becoming booster eligible
 - a. will have their clinical privileges immediately suspended until they either comply with the vaccination requirement or have been granted an exemption.

Related Policies/Forms:

Exemption request form

Attachments

[TSC COVID Medical Exemption.pdf](#)

[TSC COVID Religious Exemption.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Heidi Fedorchak: Nurse Manager	01/2022
	Courtney Leslie: Administrator	01/2022

COPY



**Truckee Surgery Center SARS-CoV-2 (COVID-19)
Vaccine Religious Exemption Request Form**

Employee Name			
Date of Request		Date of Birth	
Phone Number		Job Title	

If your religious beliefs or practices conflict with the SARS-CoV-2 (COVID-19) Vaccine requirement, please complete the section below:

Please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

If requested, can you provide additional information and/or documentation to support your religious practice(s) or belief(s)? Yes No

If no, please explain why: _____

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in corrective action. I also understand that my request for an exception may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____ **Date:** _____

Management Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other _____
Approving Manager Signature: _____ Date: _____



Truckee Surgery Center SARS-CoV-2 (COVID-19) Vaccine Medical Exemption Request Form

Employee Name			
Date of Request		Date of Birth	
Phone Number		Job Title	
Health Care Provider:		Health Care Provider Phone Number	

A licensed medical provider must complete the section below:

The above person should not be immunized for SARS-CoV-2 (COVID-19) Vaccine for the following reasons (Please check all that apply):

Contraindication or Precaution to COVID-19 Vaccination

I certify that one or more of the Contraindications or Precautions recognized by the CDC or by the vaccines' manufacturers for each of the currently available COVID-19 vaccines applies to the patient listed above. For that reason, COVID-19 vaccination using *any* of the currently available COVID-19 vaccines is inadvisable for this patient in my professional opinion. This contraindication is Permanent Temporary

➤ If temporary, the expiration date for the exemption is: _____

Disability That Makes COVID-19 Vaccination Inadvisable

"Disability" is defined as a physical or mental disorder or condition that limits a major life activity and any other condition recognized as a disability under applicable law.

I certify that the patient listed above has a Disability, as defined above, that makes COVID-19 vaccination inadvisable in my professional opinion. The patient's disability Permanent Temporary

➤ If temporary, the expiration date for the exemption is: _____

Medical Provider Signature: _____ Date: _____

Medical Provider License No: _____ State of Issuance: _____

Management will review this request. If approved, this form will serve as documentation of an accommodation under the American with Disabilities Act (ADA) and will be on file with Human Resources. If further information is needed, Management will reach out to you directly.

Management Use Only: Approved Denied Other _____

Approving Manager Signature: _____ Date: _____