

## COVID-19 Vaccine Policy

<b>Target Group:</b> Cleveland Clinic health system locations		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 3
<b>Approved by:</b> Board of Directors- Main, Donald Corpora	<b>Date Last Approved/Reviewed:</b> 01/17/2022	<b>Prepared by:</b> Amanda Hagen (STAFF)	<b>Effective Date</b> 01/17/2022
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<b>CCCHR:</b> MEC approval date: 11/11/2021 Board approval date: 11/11/2021 Effective Date: 1/13/2022		<b>Mercy Hospital:</b> MEC approval date: 11/11/2021 Board approval date: 11/11/2021 Effective Date: 1/13/2022	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

## Purpose

To protect patients, the community, and all individuals covered by this policy from COVID-19 infection, and to comply with the rules promulgated by the Centers for Medicare and Medicaid Services (CMS), by requiring all Individuals to obtain a COVID-19 vaccine.

## Policy Statement

Cleveland Clinic is committed to promoting public health and complying with the rules promulgated by CMS.

### A. COVID-19 Vaccine Requirement

1. All Individuals must receive a complete primary COVID-19 vaccination series, subject to approved exemptions.
2. All Individuals must provide Cleveland Clinic with proof that they have received at least one dose of a COVID-19 vaccine by January 27, 2022, and the second dose (if receiving a multi-dose series) by February 28, 2022, again subject to approved exemptions.
3. Individuals who are joining Cleveland Clinic or newly providing services on behalf of Cleveland Clinic on or after February 28, 2022 are required to be fully vaccinated or be granted an exemption consistent with this policy.

### B. Exemptions

1. Medical. Cleveland Clinic may grant exemptions from the COVID-19 vaccine requirement to Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students with recognized medical contraindications to COVID-19 vaccines.
2. Religious. Cleveland Clinic may grant exemptions from the COVID-19 vaccine requirement to Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students whose sincerely held religious observances, practices, or beliefs conflict with their receipt of the COVID-19 vaccine.

## Definitions

**Cleveland Clinic health system locations** – Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

**Individuals** – Any and all individuals who provide care, treatment, or other services to Cleveland Clinic or its patients. This includes, but is not limited to, all employees, all employed physicians and non-employed licensed independent providers both privileged at and/or affiliated with Cleveland Clinic or under contract with Cleveland Clinic, as well as trainees, students, volunteers, vendors/third parties/contractors, and contracted employees. This does not include non-employed licensed independent providers who are privileged solely to provide

remote/telehealth services and/or are affiliated with, but not privileged at, Cleveland Clinic and who are not providing any services at Cleveland Clinic locations.

**Employed Individuals** – All Cleveland Clinic employees, members of the Professional Staff, employed licensed independent providers, and trainees, regardless of worksite or location.

**Cleveland Clinic Students** – All persons enrolled in a Cleveland Clinic educational program or activity who are not employed by Cleveland Clinic, as determined by the Education Institute. This term does not include students enrolled in an educational program through an institution with which Cleveland Clinic has an affiliation agreement.

**Non-employed Privileged Providers** – All licensed independent providers, privileged at and/or affiliated with Cleveland Clinic but who are not employed by, or under contract with Cleveland Clinic. This does not include non-employed licensed independent providers who are privileged solely to provide remote/telehealth services and/or are affiliated with, but not privileged at, Cleveland Clinic and who are not providing any services at Cleveland Clinic locations.

**Primary COVID-19 vaccination series** – Two doses of the Pfizer-BioNTech (COMIRNATY) (BNT162b2) vaccine, two doses of the Moderna (mRNA-1273) vaccine, or one dose of the Johnson & Johnson / Janssen (JNJ-78436735) vaccine.

## **Policy Implementation**

### **A. COVID-19 Vaccine Requirement**

1. All Individuals must receive, at a minimum, either the first dose of a primary COVID-19 vaccination series (Pfizer-BioNTech or Moderna) or the single dose of the Johnson & Johnson/Janssen vaccine by January 27, 2022, unless they have received approval for a medical or religious exemption as set forth below.
2. All Individuals must complete a primary COVID-19 vaccination series by February 28, 2022, unless they have received approval for a medical or religious exemption as set forth below.
3. All Individuals must provide Cleveland Clinic with proof of their vaccination status upon completion, including completion of the first dose of a primary COVID-19 vaccination series by January 27, 2022, and completion of the second dose of a primary COVID-19 vaccination series (if receiving a multi-dose series) by February 28, 2022, unless they have received approval for a medical or religious exemption as set forth below.
  - a. For Individuals who are part of an arrangement between Cleveland Clinic and another entity (not Employed Individuals or Cleveland Clinic Students), such as affiliate students, contractors, and Non-employed Privileged Providers, proof of receipt of the vaccine may be provided by either the Individuals or the Individuals' schools, employers, or other institutions, based upon the type of arrangement with Cleveland Clinic.
  - b. All Employed Individuals who are vaccinated through a source other than Cleveland Clinic Occupational Health must authorize a transfer of their COVID-19 vaccination documentation from their medical record to their occupational health/employee health record. If the COVID-19 vaccine documentation is not in an Employed Individual's medical record (for example, it was obtained by a

provider not affiliated with Cleveland Clinic), the Employed Individual will be required to provide a copy of the vaccine card/other documentation of receiving the COVID-19 vaccine.

- c. Cleveland Clinic Students must submit a copy of their vaccine card/other documentation of receiving the COVID-19 vaccine to the educational program or activity in which they are enrolled.
4. Some Individuals may be unable to receive one dose of a primary COVID-19 vaccination series by January 27, 2022, or complete a primary COVID-19 vaccination series by February 28, 2022, because their vaccination is temporarily delayed due to clinical precautions and considerations consistent with recommendations by the Centers for Disease Control and Prevention (CDC). To request an extension under these circumstances, Employed Individuals and Cleveland Clinic Students must submit a written request to Cleveland Clinic by filling out the form attached to this policy as Appendix A and submitting the completed form and letter from the attending provider to [COVID19RequestMedical@ccf.org](mailto:COVID19RequestMedical@ccf.org). **Non-employed Privileged Providers seeking a temporary delay should contact Medical Staff & Credentialing Services, at [tcigan@ccf.org](mailto:tcigan@ccf.org).** An Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student whose extension request is approved must complete a primary COVID-19 vaccination series and provide Cleveland Clinic with proof of their vaccination as soon as possible consistent with CDC recommendations. Individuals who are not Employed Individuals Non-employed Privileged Providers, or Cleveland Clinic Students should submit a request for extension to their school, employer, or other institution and will not be permitted at Cleveland Clinic facilities without accommodations approved by Cleveland Clinic until they are able to receive the first dose of a primary COVID-19 vaccine series.
5. Individuals will be informed of the COVID-19 vaccine requirements by Cleveland Clinic and/or their schools, employers, or other institutions.
6. Applicants for employment with Cleveland Clinic will be informed of the COVID-19 vaccine requirement and will have the option to receive the COVID-19 vaccine from Occupational Health as part of their pre-placement medical assessment.

## B. Exemptions

1. Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students may request a medical or religious exemption from the COVID-19 vaccine requirement through Cleveland Clinic by submitting a written request no later than January 20, 2022. Individuals who do not fall into the categories of Employed, Non-employed Privileged Providers, or Cleveland Clinic Students are not eligible to process exemption requests through Cleveland Clinic.
  - a. Medical Exemptions.
    - i. To be eligible for a medical exemption from Cleveland Clinic, an Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student must have a recognized medical contraindication to all authorized COVID-19 vaccines.
    - ii. To request a medical exemption, an Employed Individual or Cleveland Clinic Student must submit a written request to Cleveland Clinic by filling out the form attached to this policy as Appendix B and sending the completed form and letter from the attending provider to [COVID19RequestMedical@ccf.org](mailto:COVID19RequestMedical@ccf.org).

**Non-employed Privileged Providers seeking a medical exemption should contact Medical Staff & Credentialing Services, at [tcigan@ccf.org](mailto:tcigan@ccf.org).**

- iii. A licensed healthcare provider who is requesting a medical exemption may not sign the Healthcare Provider Attestation on their own exemption request form.
- iv. To request a medical exemption, an Individual who is part of an arrangement between Cleveland Clinic and another entity (not an Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student) should submit a request to their school, employer, or other institution.

b. Religious Exemptions.

- i. Requests for religious exemptions are subject to the Religious Exemptions and Accommodations Policy.
  - ii. To request a religious exemption, an Employed Individual or Cleveland Clinic Student must submit a written request to Cleveland Clinic by filling out the form attached to this policy as Appendix C and submitting the completed form to [COVID19RequestReligious@ccf.org](mailto:COVID19RequestReligious@ccf.org). **Non-employed Privileged Providers seeking a religious exemption should contact Medical Staff & Credentialing Services, at [tcigan@ccf.org](mailto:tcigan@ccf.org).**
  - iii. To request a religious exemption, an Individual who is part of an arrangement between Cleveland Clinic and another entity (not an Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student) should submit a request to their school, employer, or other institution.
2. Interdisciplinary committees will evaluate and make a determination regarding each exemption request received by the deadline stated above from Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students.
  3. Cleveland Clinic will notify each Employed Individual, Non-employed Privileged Provider, and Cleveland Clinic Student of the final decision concerning their request.

C. Accommodations

1. Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students who have timely requested and received an exemption from the COVID-19 vaccine requirement will be required to comply with any assigned workplace accommodations as determined by Cleveland Clinic. Non-employed Privileged Providers will be responsible for any costs associated with any testing requirements that may be included as part of the required workplace accommodations.
2. Individuals who are not Employed Individuals, Non-employed Privileged Providers, or Cleveland Clinic Students and who have requested and received a documented exemption from the COVID-19 vaccine requirement from their school, employer, or other institution will be required to comply with any assigned workplace accommodations as determined by Cleveland Clinic. The school, employer, or other institution will be required to provide Cleveland Clinic with documentation of the reason for the exemption. The cost of any such accommodations will be the responsibility of the school, employer, or other institution as determined by Cleveland Clinic.
3. Volunteers will be required to demonstrate proof of receiving the COVID-19 vaccine

in compliance with this policy. No exemptions or accommodations are available to volunteers.

## **Compliance**

Any Individual who fails to comply with this policy will be subject to responsive action as appropriate under the circumstances and relevant to their role. The responsive actions set forth below will apply regardless of any other Cleveland Clinic policy that may be inconsistent with this policy.

Employed Individuals who do not comply with this policy will be placed on an Unpaid Leave of Absence (Unpaid LOA), for a duration to be determined by Cleveland Clinic. Employed Individuals on an Unpaid LOA under this policy will not be able to utilize PTO or vacation or other paid leaves and will not accrue PTO or vacation during the Unpaid LOA. Employed Individuals who were receiving medical, dental and/or vision coverage at the time of the Unpaid LOA will be able to elect continuation coverage under COBRA at their own cost. Any Employed Individual who receives either the first dose of a primary COVID-19 vaccination series (Pfizer-BioNTech or Moderna) or the single dose of the Johnson & Johnson/Janssen vaccine while on an Unpaid LOA will be allowed to return to work in the position held at the time of the Unpaid LOA, if still available, or may apply for another open position. If the Employed Individual fails to complete the primary COVID-19 vaccination series within thirty (30) days of the first dose (if receiving a multi-dose series), the Employed Individual will be terminated with no Right of Review or Fair Hearing. Any Employed Individual who fails to receive either the first dose of a primary COVID-19 vaccination series (Pfizer-BioNTech or Moderna) or the single dose of the Johnson & Johnson/Janssen vaccine at the time the Unpaid LOA concludes, as determined by Cleveland Clinic, will be terminated with no Right of Review or Fair Hearing.

Cleveland Clinic Students/students from affiliated schools who do not comply with this policy will be removed from the Program and/or rotation at Cleveland Clinic until such time as they can demonstrate they are vaccinated in accordance with this policy.

Volunteers, vendors/third parties/contractors, and contracted employees who do not comply with this policy will be removed from the premises and will not be permitted to provide services for or on behalf of Cleveland Clinic until such time as they can demonstrate compliance with this policy.

Non-employed Privileged Providers, both privileged at and/or affiliated with Cleveland Clinic who do not comply with this policy will have their privileges administratively suspended until such time as they can demonstrate they are vaccinated in accordance with this policy. Such administrative suspension of privileges is not subject to appeal or other due process rights under applicable Medical Staff Bylaws.

Any Individual who knowingly provides Cleveland Clinic with false information related to the COVID-19 vaccine requirement, including but not limited to their own vaccination status, will be subject to responsive action as appropriate and applicable under the circumstances and relevant to their role, including but not limited suspension of privileges, termination of

employment, expulsion, removal from Cleveland Clinic premises or rescindment of an offer of employment with no Right of Review or Fair Hearing, or other right of appeal or due process rights under applicable policies or Medical Staff Bylaws.

### **Regulatory Requirement/References**

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

Occupational Safety and Health Administration

Federal Regulation, State and Local Laws, and FDA U.S. Food and Drug Administration

Religious Exemptions and Accommodations Policy

Corrective Action Policy

### **Oversight and Responsibility**

Human Resources, the Office of Professional Staff Affairs, the Medical Staff Office, the Title IX Coordinator, the Graduate Medical Education Department and/or the Law Department, as appropriate, in collaboration with Occupational Health, are responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

All institutes and services are responsible for adhering to the COVID-19 Vaccine Policy.

**Issuing Office:** Occupational Health, Human Resources

### **Appendices**

Appendix A REQUEST FOR MEDICAL EXTENSION OF TIME TO RECEIVE COVID-19 VACCINE

Appendix B REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE POLICY

Appendix C REQUEST FOR RELIGIOUS EXEMPTION AND ACCOMMODATION RELATED TO COVID-19 VACCINE POLICY

**APPENDIX A**  
**REQUEST FOR MEDICAL EXTENSION OF TIME TO RECEIVE COVID-19**  
**VACCINE**

To request an extension of time to receive the COVID-19 vaccine under Cleveland Clinic’s COVID-19 Vaccine Policy, please fill out Section I of this form, have your healthcare provider complete Section II of this form and separate letter on the provider’s letterhead, and then submit the completed form and letter to COVID19RequestMedical@ccf.org. **Non-employed Privileged Providers should email the form to [tcigan@ccf.org](mailto:tcigan@ccf.org).** To qualify for an extension, you must verify that your vaccination has been temporarily delayed due to clinical precautions and considerations consistent with recommendations by the Centers for Disease Control and Prevention (CDC).

**Section I.** To be completed by the Cleveland Clinic employee, Non-employed Privileged Provider, or student requesting a medical extension of time to receive the COVID-19 vaccine:

I am a Cleveland Clinic:  Employee  Non-employed Privileged Provider  Student

**I attest that I am a patient of the provider completing this form below.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cleveland Clinic ID

**Section II.** To be completed by a licensed healthcare provider:

If the above-named individual’s vaccination for COVID-19 should be delayed due to clinical precautions and considerations consistent with CDC recommendations, please answer the following questions:

1. Please identify the applicable clinical precautions and considerations.
  
  
  
  
  
  
  
  
  
  
2. If possible, please provide a date on which the above-named individual may receive the COVID-19 vaccine consistent with CDC recommendations.



**APPENDIX A**  
**REQUEST FOR MEDICAL EXTENSION OF TIME TO RECEIVE COVID-19**  
**VACCINE**

*Healthcare Provider Attestation*

Consistent with CDC recommendations, the COVID-19 vaccination of my patient named in Section I should be temporarily delayed due to clinical precautions and considerations as stated above. In making this determination, I am acting within my scope of practice under applicable state and local law.

\_\_\_\_\_  
Signature Specialty Date

\_\_\_\_\_  
Name Credentials

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**APPENDIX B**  
**REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE POLICY**

To request an exemption from Cleveland Clinic’s COVID-19 Vaccine Policy based on your allergy, medical condition, or disability, please fill out Section I of this form, have your healthcare provider complete Section II of this form and separate letter on the provider’s letterhead, and then submit the completed form and letter to COVID19RequestMedical@ccf.org. **Non-employed Privileged Providers should email the form to tcigan@ccf.org.** To qualify for a medical exemption, you must have a recognized clinical contraindication to receiving the COVID-19 vaccines.

**Section I.** To be completed by the Cleveland Clinic employee or Non-employed Privileged Provider or student requesting a medical exemption:

I am a Cleveland Clinic:  Employee  Non-employed Privileged Provider  Student

**I attest that I am a patient of the provider completing this form below.**

Name	Signature	Date
Cleveland Clinic ID		

**Section II.** To be completed by a licensed healthcare provider:

1. Please identify all authorized COVID-19 vaccines to which the individual named in Section I has a clinical contraindication.
  - Pfizer-BioNTech (COMIRNATY) (BNT162b2)
  - Moderna (mRNA-1273)
  - Johnson & Johnson / Janssen (JNJ-78436735)
  
2. Please indicate the recognized clinical reasons for the contraindication to the vaccines identified above.

**APPENDIX B**  
**REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE POLICY**

*Healthcare Provider Attestation*

I have determined that my patient named in Section I has a recognized clinical contraindication to all authorized COVID-19 vaccines as stated above. On that basis, I recommend that the individual be exempted from Cleveland Clinic's COVID-19 Vaccine Policy. In making this determination and recommendation, I am acting within my scope of practice under applicable state and local law.

Signature	Specialty	Date
Name	Credentials	
Address		
Phone		

**APPENDIX C**  
**REQUEST FOR RELIGIOUS EXEMPTION AND ACCOMMODATION**  
**RELATED TO COVID-19 VACCINE POLICY**

To request an exemption and accommodation related to the COVID-19 Vaccine Policy based on your sincerely held religious observance, practice, or belief (referred to below as an “exemption” and “accommodation” based on your “religious belief”), please fill out this form and submit it to [COVID19RequestReligious@ccf.org](mailto:COVID19RequestReligious@ccf.org). **Non-employed Privileged Providers should email the form to [tcigan@ccf.org](mailto:tcigan@ccf.org)**. After reviewing your completed form, Cleveland Clinic may follow up with additional questions before determining whether you are entitled to an exemption and whether a reasonable accommodation will be provided to allow for the exemption. If you have any questions as you fill out this form, please contact [COVID19RequestReligious@ccf.org](mailto:COVID19RequestReligious@ccf.org).

1. Please identify whether you are a Cleveland Clinic
  - Employee
  - Applicant
  - Student
  - Non-employed Privileged Provider
  
2. Please describe the nature of your religious belief that conflicts with Cleveland Clinic’s COVID-19 Vaccine Policy.
  
  
  
  
  
  
  
  
  
  
3. Would complying with the COVID-19 Vaccine Policy substantially burden your religious exercise? If so, please explain how.
  
  
  
  
  
  
  
  
  
  
4. How long have you held the religious belief underlying this request?
  
  
  
  
  
  
  
  
  
  
5. As an adult, have you received any vaccines against any other diseases (such as the flu, shingles, or tetanus)? If so, to the best of your recollection, please indicate what vaccine you most recently received and when you received it.

6. Do you have a religious objection to the use of all vaccines? If not, please explain why your objection is limited to particular vaccines.
  
7. Have you previously requested an exemption or accommodation related to any other Cleveland Clinic requirement, policy or practice? If so, please indicate when and on what basis you made the previous request.
  
8. If Cleveland Clinic grants you an exemption from the COVID-19 Vaccine Policy, please describe the accommodation that you are requesting in lieu of compliance with the COVID-19 Vaccine Policy. Please identify all potential accommodations.
  
9. Please provide any additional information that you think may be helpful in reviewing your request.

By signing below, you declare that, to the best of your knowledge and ability, the information you have provided in this form is true and correct. Any intentional misrepresentation on this form will subject you to responsive action as appropriate under the circumstances and relevant to your role, including but not limited to removal, suspension (including suspension of privileges), expulsion, rescindment of an offer of employment, and corrective action up to and including termination.

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Print Name

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Signature

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Date

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Cleveland Clinic ID