



UNIVERSITY POLICY

Section: 100.3.1

Section Title: Clinical, Compliance, Ethics, & Corporate Integrity: Clinical, Health, Safety, and Patient Care

Policy Name: Immunization Policy for Covered Individuals

Formerly Book: n/a

Approval Authority: Executive Vice President for Health Affairs

Responsible Executive: Executive Vice President for Health Affairs

Responsible Office: Executive Vice President for Health Affairs

Adopted: 12/23/2017

Reviewed: 07/21/2022

Revised: 09/10/2019; 09/21/2020; 06/21/2021; 07/21/2022

Contact: chancellorrbhs@rbhs.rutgers.edu; 973-972-4400

Policy Name:	Immunization Policy for Covered Individuals				
Section #:	100.3.1	Section Title:	Clinical, Compliance, Ethics, & Corporate Integrity: Clinical, Health, Safety, and Patient Care	Formerly Book:	N/A
Approval Authority:	Executive Vice President for Health Affairs		Adopted:	12/23/2017	Reviewed: 06/21/2021
Responsible Executive:	Executive Vice President for Health Affairs		Revised:	09/10/2019; 09/21/2020; 06/21/2021	
Responsible Office:	Executive Vice President for Health Affairs		Contact:	<u>chancellorrbhs@rutgers.edu;</u> 973-972-4400	

1. Policy Statement

This Policy is intended to enhance the safety of our patients, visitors, students, clinical faculty, and clinical staff and protect them from exposure to specified Communicable Infectious Diseases while at our facilities and to promote the public health of the University community. Under this Policy, immunizations for the Communicable Infectious Diseases specified in this Policy are mandatory for all Covered Individuals unless such Covered Individual is an Exempted Individual. Additionally, ~~each year if appropriate~~, the Executive Vice President for Health Affairs ~~will~~ may specify additional Communicable Infectious Diseases to be included

All regulations and procedures are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.

under this Policy. Any Exempted Individual must wear a face mask in Patient Care Areas and as Rutgers otherwise directs. In addition to this Policy, Rutgers encourages and supports other methods for preventing the spread of Communicable Infectious Diseases, including initiatives to promote good hand hygiene, encouragement for sick co-workers to stay home, and cleaning of high-touch surfaces (for example, counters, doorknobs, light switches, handles, stair rails, elevator buttons, desks, keyboards, phones, toilets, faucets, and sinks).

2. Reason for Policy

Certain Communicable Infectious Diseases, including Seasonal Influenza and COVID-19, are contagious ~~respiratory~~ diseases, often respiratory in nature, caused by pathogens such as viruses and bacteria. These ~~viruses~~ pathogens can cause mild to severe illness and lead to the hospitalization and death of many ~~Americans~~ individuals each year. The most effective way to prevent infection from these ~~viruses~~ pathogens is through vaccination along with everyday preventative steps such as handwashing. This Policy is intended to reduce the risk of these diseases being acquired in the University community, particularly in the University's clinical settings, by maximizing immunization for Covered Individuals and making provisions for mandatory face mask usage for Exempted Individuals.

3. Who Should Read this Policy

All Covered Individuals (as defined below) who are employed by and/or affiliated with Rutgers University.

4. Resources

[The Joint Commission, CAMH IC 02.04.01. 2014](#)

[CDC. "Prevention Strategies for Seasonal Influenza in Healthcare Settings," 2014.](#)

Error! Hyperlink reference not valid.

[Recommendations of the Healthcare Infection Control Practices Advisory Committee \(HICPAC\) and the Advisory Committee on Immunization Practices \(ACIP\)](#)

~~State of New Jersey Department of Health Communicable Disease Service (Error! Hyperlink reference not valid.)~~

~~RWJBarnabas Health, Influenza Immunization Program, Administrative Policy & Procedure~~

~~University Hospital, Prevention of Hospital Acquired Influenza, Infection Control Policy~~

~~Immunization Policy for Rutgers Employees Policy 60.1.35~~

N.J.S.A. 26:2H-18.79

5. Definitions

Communicable Infectious Diseases: Contagious ~~respiratory~~ illnesses specified by the Executive Vice President for Health Affairs that lead to significant risk to the health and safety of patients, employees, and visitors, including but not limited to Seasonal Influenza, ~~COVID-19~~, and other contagious ~~respiratory~~ illnesses.

All regulations and procedures are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.

Covered Individual: All Health Care Personnel (defined below) and all Rutgers University Public Safety Personnel (defined below), at all locations, regardless of whether they have routine presence in Patient Care Areas (defined below) or have routine contact with patients.

COVID-19: A respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019.

COVID-19 Immunization: Administration of a complete series of any COVID-19 vaccine authorized or approved for use in the United States by the United States Food and Drug Administration (FDA) and recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). As of the date of this Policy, there are currently three COVID-19 vaccines authorized by the FDA for emergency use and recommended by the ACIP: two mRNA vaccines (Pfizer-BioNTech, Moderna) and one viral vector vaccine (Janssen [Johnson & Johnson]).

Exempted Individual: A Covered Individual who receives an approved medical exemption or religious exemption from Rutgers University.

Flu Season: Typically, December 1st through March 31st, but exact starting and ending dates of the annual Flu Season shall be determined by Rutgers University's Executive Vice President for Health Affairs.

Health Care Personnel: Individuals who work directly or have other close contact with patients or who handle material that could spread infection in a Patient Care Area. This includes, but is not limited to, the following: physicians, nurses, emergency medical personnel, dental professionals, laboratory technicians, pharmacists, individuals who volunteer in Patient Care Areas, and administrative staff.

Patient Care Areas: All areas in which care is provided to patients, even if the Covered Individual is not providing patient care. These areas may include, but are not limited to, outpatient offices and clinics, patient waiting rooms, patient rooms, patient reception areas, meeting rooms used for patient/family consults, any location where a patient is evaluated or treated, and all hallways and similar passages that connect such areas to the outside or non-Patient Care Areas.

Public Safety Personnel: Employees of Rutgers University under the command of the Rutgers University Executive Director of Public Safety/Chief of University Police whose assignment requires or could require them to be in contact with patients for any amount of time.

Seasonal Influenza: A contagious respiratory illness caused by the influenza viruses.

6. The Policy

I. Seasonal Influenza

- A. Under this Policy, a Seasonal Influenza vaccine is mandatory for all Covered Individuals unless such Covered Individual is an Exempted Individual. Each year, Covered Individuals must provide proof of Seasonal Influenza vaccination prior to the start date of Flu Season or submit any exemption request(s) by November 1 of the current Flu Season. Proof of influenza vaccination must be uploaded to https://rtr.ipo.rutgers.edu/influenza_upload or as the University otherwise directs.
- B. A Covered Individual who has received the Seasonal Influenza vaccination at a non-Rutgers facility, pharmacy, or physician's office must provide proof of immunization by uploading appropriate documentation. Proof of Influenza Immunization must be uploaded to https://rtr.ipo.rutgers.edu/influenza_upload or as the University otherwise directs or as the University otherwise directs. ~~by completing and submitting the form contained in Appendix A.~~

All regulations and procedures are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.

- C. Following the effective date of this Policy, any new Covered Individual, ~~upon prior to~~ commencement of their relationship with Rutgers ~~or upon becoming a Covered Individual~~, will be required to provide proof of Seasonal influenza vaccination for the current year/season, receive an Seasonal influenza vaccine, or furnish any exemption request(s), if the relationship begins during Flu Season ~~or a person becomes a Covered Individual during Flu Season~~ ~~when influenza vaccines are available if the relationship begins before Flu Season~~. Failure to do so will result in rescission of the Covered Individual's conditional offer of employment. If the relationship begins before Flu Season, then the Covered Individual will be required to abide by this Policy prior to the start date of Flu Season.

~~II.~~ **COVID-19**

- A. ~~Under this Policy, COVID-19 Immunization is mandatory for all Covered Individuals unless such Covered Individual is an Exempted Individual. Covered Individuals must provide proof of COVID-19 vaccination, including a booster where eligible, or submit any exemption request(s) by the date specified by the Executive Vice President for Health Affairs.~~
- B. ~~A Covered Individual who has received a COVID-19 Immunization and/or booster at a non-Rutgers facility, pharmacy, or physician's office must provide proof of immunization. Proof of COVID-19 Immunization must be uploaded to <https://rtr.ipo.rutgers.edu/vaccines>.~~
- C. ~~Following the effective date of this Policy, any new Covered Individual, upon commencement of their relationship with Rutgers, will be required to provide proof of COVID-19 Immunization, including a booster where eligible, receive a COVID-19 Immunization, or furnish any exemption request(s).~~

~~III-II.~~ **Additional Immunizations**

- A. From time to time, the Executive Vice President for Health Affairs, working in conjunction with the University leadership, may specify additional Communicable Infectious Diseases for which Covered Individuals must be immunized or receive an exemption. The Executive Vice President for Health Affairs will determine the date by which immunizations must be completed and determine the date by which exemption requests must be submitted. The immunization requirements will be communicated with sufficient lead time to enable Covered Individuals to obtain immunizations or to request an appropriate exemption. Proof of immunization for any such Communicable Infectious Diseases must be provided ~~by completing and submitting the form contained in Appendix A in the manner specified by the University.~~

~~IV-III.~~ **Exemptions**

Any Covered Individual who wants to apply for an exemption must complete either a medical exemption or religious exemption request form for consideration. All Covered Individuals applying for an exemption must complete an attestation statement ~~and submit proof of an approved exemption consistent with the requirements below.~~ The University will review all completed and submitted exemption requests ~~forms~~. Covered individuals will be notified of the outcome of their requests. All decisions will be final.

A. Medical Exemptions

1. Covered Individuals may be eligible for a medical exemption in accordance with applicable law and on a case-by-case basis, if they have a medical condition which precludes them from being vaccinated against the specified Communicable Infectious Disease(s), and if the condition is supported by appropriate documentation from a treating health care provider.

All regulations and procedures are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.

2. Any Covered Individual requesting a medical exemption shall complete and submit a Request for Medical Exemption From Vaccination Form, located in the Rutgers Vaccination Portal, ~~attached hereto as Appendix B.~~ The completed Form request must be submitted online via the Rutgers Vaccination Portal for review prior to the date(s) specified in this Policy for Seasonal Influenza and COVID-19 by November 1 of the current Flu Season and/or the date(s) specified by the Executive Vice President for Health Affairs for other Communicable Infectious Diseases. ~~Following the effective date of this Policy, any new Rutgers employee who is a Covered Individual and who requests a medical exemption must complete and submit a Request for Medical Exemption Form within ten (10) days of the individual's date of hire. The form for influenza vaccine exemptions must be submitted to <mailto:FluMedicalExemption@rbhs.rutgers.edu>~~**Error! Hyperlink reference not valid.** ~~The form for COVID-19 vaccine exemptions must be submitted to~~ If the Executive Vice President for Health Affairs specifies additional Communicable Infectious Diseases for which Covered Individuals must be immunized, the Executive Vice President for Health Affairs will specify how exemption requests can be submitted.

B. Religious Exemptions

1. Covered Individuals may be eligible for a religious exemption in accordance with applicable law and on a case-by-case basis.

Any Covered Individual requesting a religious exemption must complete and submit an online Request for Religious Exemption From Vaccination Form, attached hereto as Appendix C ~~located in the Rutgers Vaccination Portal.~~ The completed Form request must be submitted online via the Rutgers Vaccination Portal by November 1 of the current Flu Season prior to the date(s) specified in this Policy for Seasonal Influenza and COVID-19 and/or by the date(s) specified by the Executive Vice President for Health Affairs for other Communicable Infectious Diseases. If the Executive Vice President for Health Affairs specifies additional Communicable Infectious Diseases for which Covered Individuals must be immunized, the Executive Vice President for Health Affairs will specify how exemption requests can be submitted. ~~Following the effective date of this Policy, any new Rutgers employee who is a Covered Individual and who requests a religious exemption must complete and submit a Request for Religious Exemption Form within ten (10) days the individual's date of hire. The form for influenza vaccine exemptions must be submitted to FluReligiousExemption@rbhs.rutgers.edu.~~ ~~The form for COVID-19 vaccine exemptions must be submitted to~~ **<mailto:CovidReligiousExemption@rbhs.rutgers.edu>**.

2. _____

C. Exempted Individuals

1. For Exempted Individuals, it is mandatory to wear properly a face mask (available from Rutgers) over the mouth and nose in Patient Care Areas, in any other areas designated by Rutgers, and as Rutgers otherwise directs. Masks will be available generally, at no cost, in Patient Care Areas and should be changed when they are overly moist, become ripped, or otherwise deteriorate. Exempted Individuals may be subject to additional requirements as deemed appropriate by the Executive Vice President for Health Affairs.
2. In general, once Rutgers approves a religious exemption, a Covered Individual will not be required to submit requests for exemption in the future.

All regulations and procedures are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.

3. In general, once Rutgers approves a medical exemption, unless otherwise limited, a Covered Individual will not be required to submit requests for exemption in the future.
4. If approval of an exemption is limited, an exemption is ~~only~~ valid only for the period of time during which the medical condition exists. The Covered Individual will be required to receive an appropriate vaccination(s) or reapply for an exemption after the expiration date of the ~~medical condition~~ exemption.

V. Identification for Approved Vaccination Exemptions

~~Exempted Individuals shall wear an indicator as deemed appropriate by Rutgers. The Covered Individual must display the exemption indicator in a location where it is easily visible to others at all times while in Patient Care Areas. Covered Individuals will receive an indicator when they receive their approved exemption.~~

VI.IV. Non-Compliance

~~Any Covered Individual who fails to be vaccinated by the applicable deadline, fails to qualify ~~be approved for a valid~~ have an approved medical or religious exemption by the applicable deadline, or ~~who~~ otherwise fails to comply with the provisions of this Policy, will not be permitted to work in a Patient Care Area. ~~If such a Covered Individual fails to be vaccinated, fails to qualify for a valid exemption, or fails to otherwise become compliant with the Policy, that individual and~~ will be subject to discipline, up to and including termination of employment. A Covered Individual who begins ~~his/her~~ their relationship with the University during Flu Season and who fails to be vaccinated prior to the commencement of employment, fails to be approved for a valid medical or religious exemption prior to the commencement of employment, or otherwise fails to comply with the provisions of this Policy prior to the commencement of employment may have ~~his/her~~ their conditional offer of employment rescinded.~~

VII.V. Limited Scope

The provisions of this Policy are limited to the requirements set forth above and are not intended to, and shall not, change any requirements regarding the use of ~~face masks or any other~~ personal protective equipment, or other immunizations, required by other University Policy, ~~or~~ University directives, or applicable law with regard to any member of the Rutgers community, either in a Patient Care Area or in other locations.

VI. Documentation of Seasonal Influenza Vaccination from a Source Other Than Rutgers

If a Covered Individual receives a Seasonal Influenza vaccination from a vaccination source other than Rutgers, the Covered Individual must submit an attestation in a form and manner designated by the University. The attestation shall include the lot number of the vaccination the Covered Individual received, the date the vaccination was received, and the business, facility, and/or location where the vaccine was received.

VII. Exceptions

Exceptions to any provisions within this Policy may be granted only by the Executive Vice President for Health Affairs or his or her designee.



APPENDIX A:

PROOF OF COMMUNICABLE INFECTIOUS DISEASE VACCINATION FORM

This form should not be used for proof of vaccination for mandatory Seasonal Flu or COVID-19 immunizations. Please refer to Policy 100.3.1 for instructions regarding how to submit proof via the Rutgers Vaccination Portal. This form may be used for any other vaccination requirement specified by the university unless otherwise directed.

Name: _____

Work Email Address: _____

Phone Number: _____

School or Institute: _____

Department: _____

Name of Disease(s): _____

Applicable Time Period, If Any (e.g., 2022-23 Season): _____

Acceptable proof for communicable infectious disease immunization is as follows:
This form must be accompanied by a document signed by a licensed health care practitioner or receipt from whomever administered the vaccine indicating the name of the employee and date of administration.

I CONFIRM THAT I HAVE RECEIVED THE COMMUNICABLE INFECTIOUS DISEASE VACCINATION LISTED ABOVE AT A NON-RUTGERS FACILITY. I AM SUBMITTING PROOF OF IMMUNIZATION AS REQUIRED.

Signature: _____ **Date:** _____

If the University specifies additional Communicable Infectious Diseases, the University will specify how to submit proof of same.



APPENDIX B:

REQUEST FOR MEDICAL EXEMPTION FROM COMMUNICABLE INFECTIOUS DISEASE VACCINATION

Please fill out this form in its entirety and upload completed forms to the Rutgers Vaccination Portal using your NetID. Incomplete forms will be rejected and may cause significant delays.

This section to be completed by the Rutgers Employee or Volunteer (please print):

Name: _____ Employee ID: _____

Affiliation (please check one): Employee Volunteer

Date of Request: _____ Email Address: _____

Applicable Season (e.g., 2022-2023): _____

Department: _____

School/Institute: _____

Immediate Supervisor: _____

Please check the communicable infections disease vaccine(s) this medical exemption request applies to (check any that apply):

Seasonal Influenza COVID-19 Other: _____

Confirmation:

I verify that the 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 disciplinary action. I understand that I may be at risk of acquiring infection. In addition, I may spread a communicable infectious disease, such as influenza or COVID-19, to patients, other health care workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for communicable infectious disease complications. I have also been given the opportunity to be vaccinated with a communicable infectious disease vaccine at no charge to myself. However, I request a medical exemption from the Rutgers University Communicable Infectious Disease Immunization Policy for Covered Individuals at this time. I understand that I continue to be at risk of acquiring a communicable infectious disease, potentially resulting in transmission to patients and other personnel. If in the future I want to be vaccinated with a communicable infectious disease vaccine, I can receive it at no charge to me. I attest that if granted this exemption, I will wear a face mask in accordance with the Rutgers Communicable Infectious Disease Immunization Policy for Covered Individuals. I also understand that my request for an exemption may not be granted if it is not reasonable.

Applicant Signature: _____ Date: _____

This section to be completed by the health care provider of the Rutgers Employee or Volunteer:

Dear Health Care Provider,

Rutgers University is committed to protecting our students, faculty, staff, and patients from exposure to

~~communicable infectious diseases at our facilities and therefore adopt the Centers for Disease Control and Prevention (CDC) vaccination recommendations.~~

~~The above-named individual is requesting an exemption from this vaccination requirement. A medical exemption from a communicable infectious disease vaccination is allowed for disabilities which prevent the person from receiving a vaccination.~~

~~Please complete the form below and verify whether your patient has at least one of the contraindications for a medical exemption.~~

Thank you.

The above individual should not be immunized for the following communicable infectious diseases (Please check all that apply):

Seasonal Influenza COVID-19 Other: _____

The above individual should not be immunized for the communicable infectious disease for the following reason (Please check all that apply):

A severe allergy to (Please indicate communicable infectious disease) _____ vaccine or components of the vaccine. **Required:** What is the severe allergy? Please provide detail and attach additional page if more space is needed.

Diagnosed with Guillian-Barre Syndrome within six (6) weeks of a prior influenza vaccination. (Seasonal Influenza only)

Other — please provide a separate narrative that describes the reason for exemption in detail. — These requests will be reviewed on a case-by-case basis.

I certify that _____ has the above contraindication and therefore request a medical exemption from the communicable infectious disease vaccine(s) indicated above.

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name: _____

Health Care Provider Phone #: _____

Health Care Provider e-mail address: _____

Health Care Provider Address: _____

Health Care Provider Medical License #: _____

DESIGNATED OFFICE USE ONLY:

Medical Exception Approved on _____ Approving Signature: _____



~~To Rutgers Employee or Volunteer: Scan and email this form to Error! Hyperlink reference not valid. or influenza vaccine exemptions and Error! Hyperlink reference not valid. for COVID-19 vaccine exemptions or as otherwise identified in writing by Rutgers. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:~~

For Staff Employees:

**RBHS Office of Clinical Affairs
Child Health Institute
89 French Street, Suite 4100
New Brunswick, NJ 08901**

For Faculty Employees:

**The Office of Academic Labor Relations
Rutgers University
178 Ryders Lane, Suite 308
New Brunswick, NJ 08901-8556**



APPENDIX C:

REQUEST FOR RELIGIOUS EXEMPTION FROM COMMUNICABLE INFECTIOUS DISEASE VACCINATION

Must be completed by the individual requesting exemption

Rutgers University is committed to protecting our personnel and patients from exposure to communicable infectious diseases at our school/institutes and therefore adopts the Centers for Disease Control and Prevention (CDC) recommendations.

I understand that I may be at risk of acquiring a communicable infectious disease. In addition, I may spread a communicable infectious disease to patients, other health care personnel, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for communicable infectious diseases complications.

I have also been given the opportunity to be vaccinated with a communicable infectious disease vaccine, at no charge to myself. However, I request a religious exemption from the Rutgers University Immunization Policy for Covered Individuals at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a communicable infectious disease, potentially resulting in the transmission to patients and other personnel. If in the future I want to be vaccinated with a communicable infectious disease vaccine, I can receive the vaccine at no charge to me.

I attest that if granted this exemption, I will wear a mask in accordance with the Rutgers University Immunization Policy for Covered Individuals.

Part 1: TO BE COMPLETED BY RUTGERS EMPLOYEE OR VOLUNTEER

Please check one: [] Employee [] Volunteer

Name: _____ Employee ID: _____

Date of Request: _____ Email Address: _____ School/Institute: _____

Department: _____

Immediate Supervisor: _____ Please check any that apply: [] Seasonal Influenza [] COVID-19 [] Other

Part 2: REQUIRED DOCUMENTATION

In order for us to process your request, please provide a description, in your own words, of the specific ways in which a communicable infectious disease vaccination conflicts with your religious beliefs. If there is other information supporting your exemption application, which you would like the University to consider, please submit that information with your description.

Part 3: 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 disciplinary action. I understand that I may be contacted, and I authorize my religious leader (if identified) to be contacted to provide further clarification. I also understand that my request for an exemption may not be granted if it is not reasonable.

[] I have attached the required documentation as outlined in Part 2 of this form.

Signature: _____ Date: _____ Print Name: _____



~~Scan and email to Error! Hyperlink reference not valid. for influenza vaccine exemptions and Error! Hyperlink reference not valid. for COVID-19 vaccine exemptions or as otherwise identified in writing by Rutgers. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:~~

~~**For Staff Employees:**~~

~~RBHS Office of Clinical Affairs Child Health Institute
89 French Street, Suite 4100 New Brunswick, NJ 08901~~

~~**For Faculty Employees:**~~

~~The Office of Academic Labor Relations Rutgers University
178 Ryders Lane, Suite 308 New Brunswick, NJ 08901-8556~~

DESIGNATED OFFICE USE ONLY:

Religious Exception Approved on: _____ Approving Signature: _____

Approved Religious Exemption Forms (Appendix C) should be returned to employee's supervisor or other unit representative who is tracking vaccine compliance.