



Interim Policy: SARS-CoV-2 Vaccination Program

Responsible Officer:	Executive Vice President – University of California Health
Responsible Office:	University of California Health (UCH)
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Scope:	All University of California health care locations (including AMCs, Student Health and Counseling Centers, and other Occupational Health Units), and all faculty, staff, and students working on site at those locations.

Contact:	Brad Buchman
Title:	CMO, Student Health & Counseling
Email:	Brad.Buchman@ucop.edu
Phone:	(510) 287-3398

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I. POLICY SUMMARY

The purpose of this policy is to protect the health and safety of the University's patients and the faculty, staff, students, and others who work or train in the University's healthcare locations – including all of the University's academic medical centers, student health and counseling centers, and other facilities and clinics. The policy requires all University of California Health ("UC Health") personnel and trainees working on-site in these locations to participate in education about the SARS-CoV-2 vaccines that will be available and either consent to administration of the vaccine or affirmatively opt out of SARS CoV-2 vaccination.

II. DEFINITIONS

Approval: For purposes of this policy, a SARS-CoV-2 vaccine is considered "approved" after the following conditions are met: (i) the U.S. Food and Drug Administration has issued an [Emergency Use Authorization](#) or [License](#); (ii) the U.S. Centers for Disease Control and Prevention has recommended its administration; and (iii) the relevant clinical location (e.g., Academic Medical Center, Student Health Service) has authorized the vaccine for distribution to personnel and/or trainees, as applicable.

Healthcare Location: A collection of buildings and staff that service an academic health system or student health service, including hospitals, ambulatory surgery centers, outpatient centers, clinics, or other locations where preventive, diagnostic, therapeutic, or other interventional physical or behavioral healthcare services are provided to UC Health patients, employees, or research participants and any associated educational, research, or administrative facilities and offices. A healthcare location refers only to that part of a campus that meets this definition.

Initial Allocation: The period immediately following Emergency Use Authorization or Licensing of SARS-CoV-2 vaccine, and extending until the time when there are sufficient supplies to vaccinate all personnel and trainees who wish to be vaccinated.

Location Vaccine Authority: The office or person responsible for implementing the SARS-CoV-2 Vaccination Program for a healthcare campus, typically the Chief Medical Officer at a Medical Center or an Occupational Health or Student Health office at an academic campus.

Participation: Receipt of education about SARS-CoV-2 vaccine and either: (i) receipt of an approved SARS-CoV-2 vaccine at UC, (ii) obtaining vaccination at an alternative location (e.g., primary care physician's office), or (iii) submission of a signed vaccination declination statement. Participation compliance under this policy for those receiving vaccine may require recurrent vaccinations or boosters on an annual or recurring basis consistent with FDA labeling and CDC recommendations. In the event of supply shortages, program participation may be delayed for some or all personnel and trainees consistent with the procedures described under COMPLIANCE/RESPONSIBILITIES, Section D, below.

Personnel: University faculty, other academic personnel, and staff with any onsite duties at a healthcare location, including but not limited to visiting, volunteer, without salary, and emeritus/a professors, visiting or volunteer academic personnel, and contract and recall employees.

SARS-CoV-2 Vaccination Program: A vaccination program intended to reduce the incidence of SARS-CoV-2 infection and resultant COVID-19 disease among UC Health personnel, trainees, and patients.

Trainees: Medical, nursing, and other health professional students and residents, including visiting students and students of externally sponsored educational programs participating in rotations at UC Health facilities or clinics; and undergraduate and graduate students who are volunteering, learning, or working in health care locations, for example at COVID testing/laboratory sites.

Vaccine Information Statement (“VIS”): An information sheet produced by or including information derived from the Centers for Disease Control and Prevention, the California Department of Public Health, or UC Health or any of its components, explaining in plain language the benefits and risks of a vaccine to vaccine recipients. A VIS generally must be provided to an individual being vaccinated prior to each dose of the vaccine.

Working or Learning on Site: Accessing a healthcare location for any work- or education/training-related purpose (as distinguished from accessing a healthcare location to obtain healthcare services as a patient). Access is not defined by reference to any particular frequency (e.g., daily, weekly, monthly, *ad hoc*).

III. POLICY TEXT

This policy supplements, and does not replace, existing policies requiring University personnel, trainees, patients, and visitors to observe non-pharmaceutical interventions including appropriate use of personal protective equipment (or, for patients and visitors, face coverings or facemasks), social and physical distancing, and frequent hand-washing.

- A. SARS-CoV-2 Vaccination Program. All University of California personnel and trainees working or learning at any healthcare location in connection with their employment, appointment, or program must participate in the SARS-CoV-2 Vaccination Program by (i) receiving education concerning the vaccine; and (ii) consenting to or declining vaccination, as further described below:
 1. Education. Completing education at the time of hire, at the time of each required vaccination activity, as part of ongoing training and education, or any combination thereof concerning:

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- a. The potential benefits of SARS-CoV-2 vaccination;
- b. The potential health consequences of COVID-19 illness for themselves, family members and other contacts, coworkers, patients, and the community;
- c. Occupational exposure to SARS-CoV-2;
- d. The epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions, personal protective equipment, and respiratory hygiene/cough etiquette), in accordance with their level of responsibility in preventing healthcare associated COVID-19 infections; and
- e. The safety profile and potential risks of any SARS-CoV-2 vaccine.
- f. Requirements for participation in the SARS-CoV-2 Vaccination Program and consequences of failing to participate.

Education may be conveyed through any combination of written information statements, verbal communications, or online or in-person training programs, consistent with applicable law and location policies and practices.

Personnel and trainees with disabilities who require accommodations to access or complete any educational materials or programs should contact their local disability management services office.

2. Participation. Receiving education about and either: (i) receiving a recommended vaccine for SARS-CoV-2 at the required intervals, or (ii) submitting a signed vaccination declination statement by completing any of the following steps.
 - a. On-Site Vaccination: Receiving vaccination on-site at any UC Health location.
 - b. Off-Site Vaccination: Providing written documentation to the location vaccine authority of vaccination through an alternative clinical site (e.g., at a private health care provider's office, local pharmacy, or during a vaccine fair).
 - c. Declination: Formally declining the vaccine by completing and signing (on paper or electronically) a Vaccine Declination Statement and complying with the additional control measures described in Section 3 below ("Vaccine Declination").

In the event of supply shortages, including those anticipated during initial allocation, participation may be delayed for some or all personnel and trainees consistent with the procedures described under COMPLIANCE/RESPONSIBILITIES, Section D, below.

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3. Vaccine Declination. Personnel or trainees who choose to decline the SARS-CoV-2 vaccination must complete a Vaccine Declination Statement and submit it to the location vaccine authority by the date established by that Authority, as provided in Section D under Compliance/Responsibilities below. A sample Vaccination Declination Statement that may be utilized by any UC Health location is attached.
 - a. A list of individuals who decline vaccination (or subsequent doses, where those are required) may be provided to managers and supervisors, including division and department leaders, to the extent necessary to facilitate implementation and enforcement of compensating safety measures, program evaluation, or related activities.
 - b. Any person who submits a Vaccine Declination Statement must wear personal protective equipment as directed by the location vaccine authority to mitigate risk to patients and other health care workers whenever they are on site at any UC Health location.
 - c. A person who initially declines the SARS-COV-2 vaccine but later decides to become vaccinated should discuss their plans with occupational health, their primary care physician, or local pharmacy, and may receive the vaccine through any of these and provide documentation of the administration to the location vaccine authority.
 4. Initial Allocation. During the period of initial allocation, locations need not mandate full program participation (see Section IV.D below); however, healthcare locations are expected to comply with applicable legal and policy requirements for providing information to individuals voluntarily receiving vaccine such as the information described in Section III.A.1 above.
- B. Superseding Public Health Directives. In the event a federal, state, or local public health agency with jurisdiction imposes a mandate restricting or eliminating participation options, the applicable public health mandate will be implemented at the affected location(s).
- C. Tracking and Reporting
1. The following information must be recorded and tracked by the location vaccine authority in the applicable confidential personnel health record or student health record:

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- a. Date of administration
 - b. Vaccine type
 - c. Vaccine manufacturer
 - d. Vaccine lot number
 - e. Expiration date
 - f. Site of administration
 - g. Name and title of person administering vaccine
 - h. Address of the facility where the record of administration will reside
 - i. VIS provided to the personnel or trainee
2. Any adverse events associated with SARS-CoV-2 administration reported to the University should be tracked and logged by the location vaccine authority and reported to federal and state public health officials using the [Vaccine Adverse Event Reporting System \(VAERS\)](#).

D. Registry and Program Evaluation

1. Appropriate information about all vaccinations shall be submitted to the [California Immunization Registry](#) (CAIR) or such other registries as may be required by applicable public health agencies or University policy.
2. Individual healthcare locations shall evaluate initial allocation and, thereafter, program participation, on an annual and ongoing basis, including evaluation of equity and disparities in initial allocation and program implementation; as well as reasons identified for non-participation or untimely participation, the number and characteristics of personnel and trainees not vaccinated, and the reasons given (if any) for declination.

E. Program Enforcement

1. Program participation is mandatory, but each participant may, after receiving appropriate information about the vaccine, consent to vaccination or decline. Declination may require additional compensating safety measures, as determined by the location vaccine authority and consistent with applicable public health directives.
2. Any person subject to this policy who fails to participate in the SARS-CoV-2 Vaccination Program by the locally established deadline may be removed from the work or training schedule starting on the next calendar day without pay, consistent with applicable policies and collective bargaining agreements.

IV. COMPLIANCE / RESPONSIBILITIES

- A. UC Health shall, by June 30, 2021, initiate formal policy review with all stakeholders including, without limitation, the Academic Senate, Academic Personnel and Programs, and Systemwide Human Resources; and, by December 31, 2021, shall have completed the review process by the Policy Advisory Committee, the Policy Steering Committee, and the President. If, at the end of that process, a final policy has not been approved, this Interim Policy will automatically be rescinded.
- B. Until VIS translations are available from applicable public health authorities, all VIS should be accompanied when distributed with a document with [taglines such as those approved by the U.S. Department of Health & Human Services to facilitate language access by all affected personnel and trainees](#). Interpreters should also be made available in person, by video, or by phone during vaccine clinics.
- C. The Vice Chancellor for Health Sciences or designee at each academic medical center campus will identify and publicly post which schools, departments, and administrative facilities must participate in the SARS-CoV-2 Vaccination Program. At other campuses with health professional schools, student health and counseling centers, or other clinics, the Provost or designee shall make the necessary designation.
- D. Health System or Student Health leaders at each location are responsible for:
- (i) assuring any necessary updates are made to their local Infectious Diseases/Infection Prevention and Control Programs; (ii) establishing deadlines for SARS-CoV-2 Vaccination Program participation on an annual or ongoing basis, in consultation with epidemiology and infection prevention experts and occupational health representatives as applicable and consistent with any supply limitations; and (iii) assuring implementation of the SARS-CoV-2 Vaccination Program at all applicable sites.
1. Prior to the delivery of the first vaccine supplies, each healthcare location's leaders, in consultation with the location vaccine authority and others, as appropriate, will develop and publicly post its plans for allocation of vaccine during initial distribution and any subsequent periods of shortage, consistent with guidelines and directives published by federal and state authorities, including the ethical principles articulated by the U.S. Advisory Committee on Immunization Practices: (1) maximize benefits and minimize harms; (2) promote justice; (3) mitigate health inequities; and (4) promote transparency.
 2. Implementation includes informing personnel and trainees of the requirement and deadline for program participation, dates and locations for on-site administration, and that vaccines will be provided at no cost.

3. Each location should implement strategies for vaccine access, including efforts to ensure vaccination availability during all work shifts and to address vaccine hesitancy, particularly among groups at most significant risk for contracting COVID-19 and suffering severe illness.
 4. Timing for implementation will depend on timing of vaccine approval, recommendations of federal and state public health authorities, and the availability of vaccine from suppliers.
- E. Deans, Department Chairs, unit directors, managers, and supervisors are responsible for program enforcement.

V. PROCEDURES

- A. Each location may establish local procedures to facilitate implementation of this policy.

VI. RELATED INFORMATION

- [Advisory Committee on Immunization Practices – Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020 \(MMWR Nov. 23, 2020\)](#) and [Meeting Information](#) (November 23 and December 1, 2020)
- [UC Health Coordinating Committee – Bioethics Working Group Vaccine Allocation Recommendations](#)
- [Cal. Health & Safety Code Division 2, Chapter 2, Article 3.5](#)
- California Department of Public Health, [Licensees Authorized to Administer Vaccine in California](#)
- [Centers for Disease Control and Prevention, COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers](#)
- [FDA COVID-19 Vaccine Information](#)
- [FDA Pfizer-BioNTech COVID-19 Vaccine](#)
- [CDC COVID-19 Vaccination](#)
- [CDC COVID Vaccination Program Planning Guidance](#)
- [CDC Vaccine Recommendation Process](#)
- [American Medical Association, Opinion 8.7, Routine Universal Immunization of Physicians](#) and KB O'Reilly, [Are Physicians Obligated to Get Vaccinated Against COVID-19?](#) (November 16, 2020)
- [Infectious Disease Society of America – COVID-19 Vaccine Information](#)

VII. FREQUENTLY ASKED QUESTIONS

1. *How do I apply for a medical exemption or for a religious or disability accommodation?* There is no need to apply for an exemption or accommodation. Those who are subject to this policy may either consent to the vaccination or opt out, by completing a declination form.
2. *How will I know if my co-workers are going unvaccinated?* The University will not disclose vaccine status of individual employees to their coworkers; however some locations may distribute badge attachments, stickers, pins, or other indicators that vaccinated individuals may use to show that they have received the vaccine.
3. *Will University of California Health specify which authorized or licensed vaccine is preferred?* Not at this time. When and if the [Advisory Committee on Immunization Practices](#) makes recommendations, this decision may be revisited.
4. *Will locations provide paid time off for the time needed to get vaccinated?* Yes.
5. *What if I experience flu-like symptoms as a result of the vaccine that mean I cannot work as scheduled?* Please contact your supervisor or local human resources office for instruction.
6. *If I decline the vaccine, what “compensating safety measures” will apply to me?* Currently all employees must comply with state and local health orders and with location-specific policies regarding non-pharmaceutical interventions including personal protective equipment or face coverings, social and physical distancing, frequent hand washing, and regular cleaning and disinfection. Additional safety measures may be deemed necessary by local public health, environmental health and safety, occupational health, or infection prevention authorities. In that case, an employee who has declined the vaccine will be informed of any additional requirements.
7. *Will the University be extending this interim policy beyond student health and counseling centers to main campus locations without health facilities or clinics?* Not at this time.
8. *How long will this interim policy remain in force?* The policy will remain effective until it is superseded by a permanent policy or rescinded.
9. *Does this policy apply to contractors? Volunteers?* Employees of contractors, independent contractors, and volunteers who work side-by-side with personnel or trainees, or who have direct contact with patients, will be asked to participate in the program.

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10. *Who will pay for the vaccine?* Initial supplies have been paid for by the federal government. Vaccines administered by the University as part of the program (e.g., during vaccine clinics or at employee health or occupational health offices) are administered free of charge. In addition, all of the University's health plans cover CDC-recommended vaccines administered by an employee's primary care physician or at a local pharmacy.
11. *How will enforcement work for failure to participate in the program?* Efforts will be made to encourage participation by receiving education and *either* receiving vaccine or declining vaccine. Those who, following these efforts, fail to participate entirely, may be placed on unpaid leave or subject to discipline consistent with applicable policies, including the APM and PPSM, and applicable collective bargaining agreements.
12. *How will the University prioritize those receiving vaccine?* The University expects that, within the first few weeks after the vaccine first becomes available, all personnel and trainees who wish to be vaccinated will be vaccinated. Distribution will be staged at a state and local level consistent with federal and state guidelines.

VIII. REVISION HISTORY

New policy. This Policy is formatted to meet Web Content Accessibility Guidelines (WCAG) 2.0.

IX. APPENDIX

- A. [Vaccine Information Statement](#) [COMING SOON]
 - a. [FDA EUA Fact Sheet for Recipients and Caregivers](#) (Pfizer-BioNTech)
- B. Model Acknowledgement Form
- C. Model Declination Form

Note: The model forms are provided for convenience only and may be adapted by locations consistent with applicable policies and practices.

Acknowledgement – SARS-CoV-2 Vaccination (2020-2021)

I have read or have had explained to me the information on the [Fact Sheet][Vaccine Information Statement] for the COVID-19 vaccine. I have had a chance to ask questions and these were answered to my satisfaction. I understand the risks and benefits of the COVID-19 vaccine and request that it be given to me. I understand that this is a series of 2 vaccines, and that I will need to have my second vaccine [# DAYS] after the first.

Cost Center # _____ Date _____

Full Name _____
[Last Name] [First Name] [Middle Initial]

Date of Birth _____ UC Path ID# _____

I have **CONTRAINDICATIONS*** to COVID-19 vaccine, which include: severe allergic reaction to the vaccine or any component of the vaccine.

I have allergies, a fever, a bleeding disorder or am on a blood thinner; or I am immunocompromised or on a medicine that affects my immune system; or I am pregnant or breastfeeding or plan to become pregnant, or I have already received another COVID-19 vaccine.

I do not have any of the listed contraindications or conditions.

*** Employee with contraindications or any specified conditions may be referred to their health care provider or Occupational/ Employee Health for further evaluation and discussion.**

Signature _____ Date _____

Name (PRINT) _____

Department _____

***** ONLY INJECTORS TO WRITE BELOW *****

Vaccinate with: [MANUFACTURER, YEAR, DOSAGE]
 Type: [TYPE OF VACCINE] Lot # _____ Exp. Date: _____

EHS Medical Director: [NAME]

Administered by: Right Deltoid Left Deltoid

(PRINT NAME)

(SIGNATURE)

(DATE)

If Interpreted: _____ Date _____
[Interpreter OR ID#] [Language] Telephonic Video Live

NEXT DOSE DUE: _____

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[ADD ANY OTHER DESIRABLE INFORMATION HERE – E.G., RE: STOP SMOKING CAMPAIGN]

Declination of SARS-CoV-2 Vaccination

The University of California recommends that individuals working at healthcare locations, except those who have had a severe allergic reaction to a previous dose of the COVID-19 vaccine or to any of its components,* receive a vaccination to protect against COVID-19 disease. I acknowledge that I am aware of the following facts:

- COVID-19 is a serious disease, and has killed over 250,000 people in the United States since February 2020, nearly 20,000 in California alone.
- Influenza vaccine is recommended for me other healthcare workers to protect our patients, students, faculty, and staff from COVID-19, its complications, and death.
- If I contract COVID-19, I can shed the virus for several days even before any symptoms appear. During the time I shed the virus, I can transmit it to patients, students, faculty, and staff.
- If I become infected with SARS-CoV-2, even if my symptoms are mild or non-existent, I can spread the disease to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
- Contracting COVID-19 could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers or peers and all of our patients.

Despite these facts, I am choosing to decline SARS-CoV-2 vaccine for the following reasons (check all that apply, or that you prefer not to answer):

- I am interested in vaccinating eventually, but not at this time
- Medical Contraindication or Disability*
- Religious Belief
- Personal Belief
- I had COVID-19 disease in the last 90 days, I prefer vaccinate after 3 months recovery in accordance with CDC / ACIP guidance
- Other: _____
- Prefer Not to Answer

I understand that I can change my mind at any time and accept the SARS-CoV-2 vaccine.

I understand that as long as I have not received the SARS-CoV-2 vaccine, I will be required to wear a mask and may be required to take other precautionary measures. **[I also will not receive a badge sticker showing that I have received the vaccine.]**

I have read the Vaccine Information Statement and the information on this declination form. I have had a chance to ask questions* and all of my questions have been answered.

Signature _____ Date _____

Name (PRINT) _____

Department _____

* IMPORTANT: Talk to your healthcare provider or the person administering the vaccine if you have any allergies, have a fever, have a bleeding disorder or are on a blood thinner, are immunocompromised or are on a medicine that affects your immune system, are pregnant or breastfeeding, or plan to become pregnant, or have received another COVID-19 vaccine.