

**CORONAVIRUS DISEASE 2019 VACCINATION PROGRAM FOR VETERANS
HEALTH ADMINISTRATION HEALTH CARE PERSONNEL**

1. REASON FOR ISSUE: To establish policy and provide guidance for mandatory coronavirus disease 2019 (COVID-19) vaccination for health care personnel (HCP) in the Veterans Health Administration (VHA), hereafter referred to as VHA HCP. VHA Directive 1193 was the controlling policy for VHA HCP from August 13, 2021, until October 3, 2021. From October 4, 2021, until January 26, 2022, the controlling policy for vaccination for VHA HCP was VA Notice 22-01, which updated VA Handbook 5019. On January 27, 2022, this policy, VHA Directive 1193.01, reinstated and updated VHA Directive 1193 that was published on August 13, 2021. This amendment to VHA Directive 1193.01(1) updates information regarding safety protocols for VHA HCP.

2. SUMMARY OF MAJOR CHANGES:

Amendment dated November 30, 2022:

a. Updates the safety protocols required for VHA HCP that are not fully vaccinated to state that requirements for masking, distancing, screening testing, and Government-wide travel restrictions are no longer informed by vaccination status.

b. Clarifies that masking, in addition to other safety protocols, as outlined in local and national VHA policy, may still be required as deemed necessary and appropriate for the risk of transmission of SARS-CoV-2.

c. Updates acceptable source control options that meet the Directive definition of a facemask for HCP.

d. Updates the form title for Undue Hardship in VHA from "VA Form 10230a" to "VA Form 10-10230a (VHA)".

As of the initial date of publication (January 27, 2022) the policy was updated to include information for applicants and vaccination information.

3. RELATED ISSUES: VA Notice 22-01, VHA Directive 1131(5), Management of Infectious Diseases and Infection Prevention and Control Programs, dated November 7, 2017, and VHA Directive 1192.01, Seasonal Influenza Vaccination Program for VHA Health Care Personnel, dated August 10, 2020.

4. RESPONSIBLE OFFICE: The Office of Occupational Safety and Health (19HEFB) is responsible for the contents of this VHA directive. Questions may be referred to the COVID-19 Resource Room at <https://dvagov.sharepoint.com/sites/VHAOHT/SP->

[Directory/COVID-19%20Response%20Team/Lists/RR/Item/newifs.aspx](#). **NOTE:** This is an internal VA website that is not available to the public.

5. RESCISSIONS: VHA Notice 2021-18, Supersession and Replacement of VHA Directive 1193, Coronavirus Disease 2019 Vaccination Program for Veterans Health Administration Health Care Personnel is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH**

/s/ RimaAnn O. Nelson
Assistant Under Secretary for Health
for Operations

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on January 27, 2022.
NOTE: Amendment dated November 30, 2022 was distributed on December 5, 2022.

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CORONAVIRUS DISEASE 2019 VACCINATION PROGRAM FOR VETERANS HEALTH ADMINISTRATION HEALTH CARE PERSONNEL

1. PURPOSE. This Veterans Health Administration (VHA) directive establishes policy and provides guidance for the prevention of coronavirus disease 2019 (COVID-19) in VA medical facilities through the vaccination of VHA HCP. It provides procedures for VHA HCP to submit proof of a complete COVID-19 primary vaccination series and request accommodation to the vaccination requirement. It includes workplace safety protocols VHA HCP are expected to follow and describes procedures for noncompliance with this policy. **NOTE:** *This policy, VHA Directive 1193.01, reissues and revises the August 13, 2021, publication of VHA Directive 1193, which was superseded on October 4, 2021. VHA Notice 2021-18 which published the superseding of VHA Directive 1193 is rescinded by this directive.* **AUTHORITIES:**

- a. 38 U.S.C. § 7301(b).
- b. 38 U.S.C. § 7318(b).
- c. 38 U.S.C. § 7421, Personnel Administration: in general.
- d. 5 C.F.R. § 339.205, Medical Evaluation Programs.
- e. Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing.

2. BACKGROUND

a. The emergence of SARS-CoV-2, the virus that causes COVID-19, has led to a global pandemic with dramatic societal and economic impact on individuals and communities since late 2019. To combat this ongoing global health threat, and to reduce the risk of symptomatic laboratory-confirmed COVID-19, hospitalization due to COVID-19, and associated deaths, the Centers for Disease Control and Prevention (CDC) and its Advisory Committee on Immunization Practices (ACIP) recommends everyone ages 6 months and older in the United States receive a COVID-19 vaccine.

b. Recognized modes of SARS-CoV-2 transmission are via inhalation of very small droplets and aerosol particles that contain infectious virus, deposition of virus carried in exhaled droplets and particles onto exposed mucous membranes, and touching mucous membranes with hands soiled by exhaled respiratory fluids containing virus or from touching inanimate surfaces contaminated with virus. Some of these modes are similar to other respiratory pathogens that cause severe acute viral respiratory syndromes. Very small droplets and aerosol particles can land in the mouths or noses of people who are within approximately 3 to 6 feet from an infected person or possibly be inhaled into the lungs.

c. Changes in SARS-CoV-2 can lead to emergence of new variants. Such variants, such as the Delta variant and the Omicron variant, have different characteristics. New variants can produce changes in viral transmission and changes in the risks of severe

illness, hospitalization, and death. Vaccination remains a safe and effective strategy for protecting against contracting SARS-CoV-2 and is effective at protecting those that contract SARS-CoV-2 from getting seriously ill, being hospitalized, and dying.

d. The advent of vaccines does not eliminate the grave danger from exposure to SARS-CoV-2 in workplaces where some members of the workforce are not fully vaccinated and patients may not be vaccinated. In fact, VHA community living centers (CLCs), without fully vaccinated staff introduce a potentially significant source of SARS-CoV-2 infections leading to ongoing viral transmission among vulnerable populations in the CLCs. In addition, transmission of circulating viral variants raises public health concerns that hospitalization rates will rise, along with serious or fatal outcomes for those who contract COVID-19. As of October 24, 2022, there were 781,941 Veteran and employee cases of COVID-19 in VA, and 23,224 known deaths. Greater than 87,000 of these COVID-19 cases have occurred among VA staff. To date, over 320,936 employees and other health care personnel in VHA have been fully vaccinated against COVID-19. **NOTE:** VA COVID-19 National Summary is available at: <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.

e. Society and professional norms set the expectation that HCP “do no harm” to the patients they treat and serve. Employees of VA work to serve Veterans as part of the health care system and have a duty to protect their colleagues and the HCP with whom they may interact. This expectation can reasonably be applied to all health care staff in interactions with their colleagues such that employees of VA who work to serve Veterans as part of the health care system also have a duty to protect their colleagues. Accordingly, employees must take every reasonable step to prevent transmission of SARS-CoV-2 in VA medical facilities. Among other prevention efforts, which may include masking, physical distancing, respiratory etiquette, and hand hygiene, vaccination against COVID-19 is fundamental to the prevention of COVID-19 for both patients and staff, and to the mitigation of transmission of this virus among susceptible populations in the workplace.

f. More than 627 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through October 12, 2022, under the most intense safety monitoring in US history. COVID-19 vaccines have been administered since receiving emergency use authorization by the Food and Drug Administration (FDA) with rare serious adverse reactions reported after vaccination. All FDA-authorized or approved COVID-19 vaccines are safe and effective and reduce the risk of severe disease, hospitalization, and death due to COVID-19.

g. In addition to CDC and ACIP, other preeminent health care organizations, such as the American Medical Association, American Nurses Association, American Hospital Association, the Association of American Medical Colleges, among others, urge the public to get vaccinated against COVID-19. Additional information about supporting organizations can be found here: [Supporting OSHA COVID-19 vaccine mandates | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org). Moreover, the American College of Physicians strongly encourages vaccination of physicians, other health care professionals, and patients when available. On July 13, 2021, a Multisociety Statement

from the leading Infectious Diseases Societies was issued in the Infection Control & Hospital Epidemiology journal recommending that the COVID-19 vaccination should be a condition of employment for all health care personnel. Additional information about supporting organizations can be found here: Supporting OSHA COVID-19 vaccine mandates | American Medical Association (ama-assn.org). **NOTE:** *The Multisociety Statement is available at: <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-statement-on-covid19-vaccination-as-a-condition-of-employment-for-healthcare-personnel/690D1804B72FFF89C5FC0AED0043AD62#>. This website is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

3. DEFINITIONS

a. **Face Mask.** For the purposes of this directive, a face mask is a disposable surgical, medical procedure, dental, or isolation mask, provided by VHA, that covers the nose and mouth and fits snugly against the sides of face without gaps. Masks and respirators are effective at reducing transmission of SARS-CoV-2, the virus that causes COVID-19, when worn consistently and correctly. Face masks should be worn as outlined in local and national policies.

NOTE: *Fitted N95 respirators or other respirators are not required by this policy, but they should be used when appropriate to the task (e.g., when caring for a patient on airborne infection isolation precautions). If N95 or higher respirators are used, they also serve the purpose of being considered a face mask for this directive. VHA guidance further expands the use of voluntary N95 masks (filtering facepieces). Such alternative source control options for HCP other than a facemask may also include: a NIOSH-approved particulate respirator with N95 filters or higher; a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated), or a barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks. For more information on barrier-face coverings, see: <https://wwwn.cdc.gov/PPEInfo/RG/FaceCoverings>.*

b. **Health Care Personnel.** Health care personnel (HCP) refers to all paid and unpaid persons who work in or travel to VHA locations who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, health professions trainees (HPTs), and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted from HCP and patients. HCP include all VA licensed and unlicensed, clinical and administrative, paid and without compensation, full- and part-time, intermittent, fee basis employees who are

expected to perform any or all of their work at these locations. HCP also includes VHA personnel providing home-based care to Veterans and drivers and other personnel whose duties put them in contact with patients outside VA medical facilities.

NOTE: VHA HCPs do not include remote workers who only infrequently enter VHA locations.

NOTE: VA employees who work in VHA locations but are not part of VHA are not covered by the contents of this directive.

c. **Fully Vaccinated.** The definition of fully vaccinated will be in accordance with current CDC definitions. At the time of publication, the CDC considers an individual “fully vaccinated” for COVID-19 two weeks after receipt of the requisite number of doses of a COVID-19 vaccine either approved or authorized for emergency use by the FDA or that has been listed for emergency use by the World Health Organization (WHO). For Pfizer-BioNTech, Moderna, or AstraZeneca/Oxford, that is two weeks after an employee has received the second dose of a two-dose series. For Johnson and Johnson (J&J)/Janssen, that is two weeks after receipt of a single-dose. Clinical trial participants from a United States site who are documented to have received the full series of an “active” (not placebo) COVID-19 vaccine candidate, for which vaccine efficacy has been independently confirmed, are considered fully vaccinated two weeks after they complete the vaccine series. Currently, the Novavax COVID-19 vaccine meets these criteria. There is currently no post-vaccination time limit to retain fully vaccinated status. **NOTE:** For more information, CDC guidelines are available at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#people-vaccinated-outside-us>.

d. **VHA Locations.** VHA locations include, but are not limited to, VA medical facilities and associated clinics, community living centers (CLCs), community-based outpatient clinics (CBOCs), domiciliary units, Vet centers and VA-leased medical facilities.

e. **COVID-19 Vaccine.** For purposes of the requirements in this policy, the COVID-19 vaccine is defined as an FDA-approved or -authorized commercially available product recommended by the CDC for the prevention of COVID-19.

f. **Accommodation Request.** A request for an accommodation, for the purpose of this directive, is a request to change, modify, or remove the workplace requirement to be fully vaccinated against COVID-19, on the basis of pregnancy or religion under Title VII or on the basis of disability under the Rehabilitation Act/Americans with Disabilities Act, as amended.

g. **Remote employee.** An employee approved for a special type of arrangement as defined in VA Handbook 5011, Part II, Chapter 4 under which an employee is scheduled to perform work within or outside the local commuting area of an agency worksite and is not expected to report to the agency worksite on a regular and recurring basis. Employees on approved full-time telework that are not expected to report to the office

due to a temporary accommodation granted during the COVID-19 pandemic are not considered remote employees. Remote employees are not covered by this directive.

h. **Telework employee.** An employee that is approved for a flexible work arrangement as defined in VA Handbook 5011, Part II, Chapter 4 under which an employee performs the duties and responsibilities of their position and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work. Teleworking employees are required to report to the agency worksite on a regular, recurring basis unless a temporary accommodation applies. Telework employees are covered by this directive.

i. **Virtual employee.** An employee who performs “virtual work” as defined in VA Handbook 5011, Part II, Chapter 4. Virtual work is defined as work performed on a full-time basis using a VA-leased space or at a VA facility other than the facility that hired the employee. Virtual employees must adhere to all local safety measures in place for COVID-19 at the VA-leased space or VA facility where they perform work. Virtual employees are only covered by this directive when the space in which work is performed is a VHA location in which the employee has the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

4. POLICY

a. It is VHA policy that all VHA Health Care Personnel (HCP) are required to be fully vaccinated against COVID-19 or obtain an approved accommodation for medical, pregnancy, or religious reasons, when required by law. All VHA entities will implement a mandatory COVID-19 vaccination program by requiring all VHA HCP to be fully vaccinated with a COVID-19 vaccine, as defined in this policy, or obtain an accommodation. Compliance with this directive is a requirement. VHA HCP who have already been vaccinated with or, in the event there is limited supply, elect to be vaccinated with any CDC recommended vaccine series under emergency use authorization by the FDA or listed for emergency use by the WHO, will be considered as having met the requirements under this Directive. CDC guidelines should be followed to determine whether individuals who received COVID-19 vaccines that are not approved or authorized by FDA may be considered fully vaccinated. VHA HCP in violation of this directive may face disciplinary action up to and including removal from Federal service.

b. VHA HCP are required to provide acceptable proof of vaccination status (as defined in this directive) and certify under penalty of perjury that the documentation submitted is true and correct, even if an employee has previously attested to their vaccination status. Employees who have provided acceptable proof of vaccination under VA Notice 22-01 are compliant with this requirement.

c. Information provided by the employee will be protected as required by the Privacy Act, and any other relevant statute, regulation, or VA policy.

d. When there is an urgent mission-critical hiring need to onboard new employees in HCP positions prior to those individuals being fully vaccinated, an extension to the vaccination requirement may be approved by the field facility head. When such extensions are approved, the newly hired employee(s) must be fully vaccinated or request an accommodation within 60 calendar days of their start date and follow safety protocols for not fully vaccinated individuals until they are fully vaccinated. This cannot be used for positions designated as high-risk on VA Form 10-10230a (VHA).

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for the overall administration and compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Service Network (VISN).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of the VISNs to ensure compliance with this directive and its effectiveness.

(4) Collaborating with the Assistant Under Secretary for Health for Support Services and the Assistant Under Secretary for Health for Quality and Patient Safety to support monitoring, reporting and evaluation of the impact of this directive.

(5) Designating management officials outside of immediate supervisors, if applicable, to decide requests for accommodation to the vaccination workplace requirement and any associated requests for accommodations for mitigating measures in VHA medical facilities.

c. **The Director of VHA Analytics, Performance and Integration** shall aggregate, analyze, and report to the facility leadership all metrics for the purposes of evaluating the COVID-19 vaccination program. Personally Identifiable Information (PII) and Personal Health Information (PHI) are subject to the Privacy Act, and the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA Rules). The information may not be used or disclosed unless an individual has a legitimate need to know the information in the performance of their duties or as otherwise permitted by law.

d. **Medical Advisor, Office of Occupational Safety and Health.** The Medical Advisor, VHA Office of Occupational Safety and Health is responsible for collaborating with the National Center for Health Promotion and Disease Prevention to provide further guidance on policies, procedures, education and training resources for COVID-19 vaccination.

e. **Veterans Integrated Service Network Director**. Each VISN Director is responsible for:

(1) Ensuring that necessary resources are available to implement and oversee the COVID-19 vaccination program for VHA HCP in the VISN.

(2) Ensuring that all facilities within the VISN participate in oversight activities for the purposes of evaluating the COVID-19 vaccination program for VHA HCP.

f. **Field facility director, field facility head, and program office heads**. Each VHA medical facility Director is responsible for:

(1) Ensuring that all aspects of this directive are implemented at their facility.

(2) Ensuring VHA HCP have access to available training or education pertaining to proper use of face masks and other mitigation strategies that reduce the spread of SARS-CoV-2, the virus that causes COVID-19, including how to access face masks, when to wear a mask, the appropriate type of mask to wear, when to replace a mask, and proper disposal of masks, according to local conditions.

(3) Ensuring all VHA HCP are notified of the requirement to participate in the COVID-19 vaccination program, as described in Appendix A.

(4) Ensuring VHA HCP have access to information on: the current CDC Vaccine Information Statement (VIS) or Emergency Use Authorization Fact Sheet for Recipients and Caregivers; the package inserts for COVID-19 vaccines used by the VA medical facility; and COVID-19 vaccine including vaccinator and handler training.

(5) Addressing non-compliant VHA HCP, in conjunction with the supervisor and Chief Human Resources Officer, as necessary.

g. **Chief Human Resources Officer**. The Chief of Human Resources Officer for each servicing human resource office is responsible for:

(1) Notifying prospective employees, of the mandatory COVID-19 vaccination program in job opportunity announcements and tentative and final offers.

(2) Providing advice and guidance on addressing non-compliant employees, in conjunction with the supervisor and the Office of General Counsel as necessary.

(3) Ensuring all administrative actions taken in response to this directive are recorded in accordance with VA Notice 22-02, Use of the Automated Labor and Employee Relations Tracker (ALERT-HR).

(4) Facilitate the reassignment process for employees who cannot have accommodations granted in their position of record in accordance with VA Notice 22-04, Processing Reassignments as a Reasonable Accommodation Regarding the COVID-19 Vaccination Mandate.

(5) Ensuring appropriate record retention for all files related to accommodation requests.

h. **Chief, Voluntary Service.** The Chief, Voluntary Service or other designated official at each VA medical facility is responsible for:

(1) Notifying all current and prospective volunteers in HCP positions about the COVID-19 vaccination program's vaccination requirement and providing them with information about how to comply with this directive.

(2) Counselling those volunteers who are not compliant with the requirements set by this directive and implementing actions determined by the VA medical facility Director or designee for volunteers found to be in violation of this directive.

(3) Entering volunteer information into the electronic tracking system as necessary.

i. **VA Medical Facility Designated Education Officer (DEO) or Designee.** The DEO or his/her designee at each VA medical facility is responsible for all facility HPTs and:

(1) Ensuring through the Trainee Qualifications and Credentials Verification Letter (TQCVL) process that each academic affiliate, appropriate training program official and HPT is aware of the VHA COVID-19 vaccination program requirements stated below.

NOTE: The TQCVL guide is available at: <https://www.va.gov/oa/deo.asp>. For information on local implementation of the TQCVL process, contact the VA medical facility DEO.

(2) Receiving and maintaining trainee compliance certification via the TQCVL for all HPTs including paid and without compensation.

(3) Communicating with the academic affiliate and appropriate individuals at the VA medical facility about the necessity of HPT compliance with this policy.

(4) Monitoring trainee compliance and documentation is the responsibility of the DEO.

j. **VHA Health Care Personnel.** VHA HCP are required to comply with this directive by:

(1) Receiving a complete COVID-19 vaccine series by applicable deadlines or, if an accommodation is requested and approved, complying with any requisite safety protocols and mitigation requirements in accordance with VA/VHA policy (e.g., masking), absent additional accommodations.

(2) Submitting the required information in the designated VA system for electronic submission or a completed COVID-19 Vaccination Form, VA Form 10230c (or VA Form 10230 prior to publication of this Directive) and attaching proof of vaccination or

completing a voluntary release of information form (VA 10-5345) to disclose the VA vaccination record (if vaccinated through Employee Occupational Health). The documentation must include information about the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s). Acceptable forms of documentation include a copy of the signed record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020), a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation containing the required information.

(3) VHA HCPs who previously submitted VA Form 10230 or in the VA system for electronic submission, with complete documentation as defined in this directive, are considered compliant.

(4) If a VHA HCP is seeking an accommodation to being fully vaccinated for medical, pregnancy, or religious reasons, the VHA HCP must complete the required information using the designated VA system for electronic submission, or should submit a completed COVID-19 Vaccination Form, VA Form 10230c, requesting an accommodation, acknowledging the requirement to follow the safety protocol requirements and guidelines of this directive and/or any other mitigation strategies required as part of the accommodation, absent additional accommodations. The form must be submitted to the employee's supervisor.

(a) To request an accommodation for a medical condition, the VHA HCP should indicate they are requesting an accommodation using the designated system for electronic submission, VA Form 10230c, or by providing documentation identified in national collective bargaining agreement(s). Prior to the publication of this directive, VA Form 10230 was acceptable for submission and these requests will not require resubmission. If a VHA HCP requests a medical accommodation, the Management Official/supervisor is required to engage in the reasonable accommodation process in accordance with VA Directive 5975, Diversity and Inclusion, VA Handbook 5975.1, Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities, VA Notice 22-04, Processing Requests as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate, and processing guidance found on VA Form 10-10230a (VHA).

(b) To request an accommodation under Title VII for religious or pregnancy related reasons, the VHA HCP should indicate they are requesting an accommodation using the designated system for electronic submission, VA Form 10230c, or by providing documentation identified in national collective bargaining agreement(s). Prior to the publication of this directive, VA Form 10230 was acceptable for submission and these requests will not require resubmission. If a VHA HCP requests an accommodation for religion or pregnancy, the Management Official/supervisor is required to engage in the reasonable accommodation process in accordance with VA Directive 5975, Diversity and Inclusion, VA Notice 22-04, Processing Reassignments as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate, and processing guidance

found on VA Form 10-10230a (VHA), VA Form 10230b, Title VII Accommodation Request Determination: Religious or Pregnancy, and the COVID-19 Vaccination Mandate and Religious Accommodations job aid for supervisors. The Management Official/supervisor may consult with religious accommodation advisors, human resources, Local Reasonable Accommodation Coordinators, or the Office of General Counsel for guidance on the request.

(c) While a request for accommodation for medical, pregnancy or religious reasons is being reviewed, the employee will comply with any required safety protocols and mitigation requirements prescribed in VA/VHA policy in effect at the time for the employee/work location (e.g., masking, testing, etc.) or prescribed by an interim accommodation, absent additional accommodations. Official travel may also be restricted in accordance with any applicable VA travel guidance.

(d) Face masks must be worn as outlined in local and national VA policies and in accordance with collective bargaining agreements and memoranda of understanding with labor unions.

k. **Applicants.** Applicants, internal and external must be fully vaccinated prior to entrance on duty and provide proof of vaccination in the manner outlined in this directive. Circumstances in which applicants are not required to be fully vaccinated prior to entrance on duty include:

(1) Applicants for whom a reasonable accommodation is legally required.

(2) When there is an emergent mission-critical hiring need allowing a 60-day extension to being fully vaccinated prior to beginning VA employment.

(3) When the Deputy Under Secretary for Health has approved a timeframe during which applicants, internal and external, with accommodation requests may be brought onboard prior to adjudication of their requests, outside of positions designated as high risk on the VA Form 10-10230a (VHA).

l. **Supervisors.** Supervisors will:

(1) Document and track issues of non-compliance with the COVID-19 vaccination policy, including adherence to any safety protocols and mitigation requirements in effect at the time, such as masking, absent additional accommodations.

(2) Consult with CHROs, LRACs, and the Office of General Counsel to address employees that are non-compliant with this directive.

(3) Engage in the reasonable accommodation process in accordance with VA Directive 5975: Diversity and Inclusion, VA Handbook 5975.1: Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities, processing guidance found on VA Form 10-10230a (VHA), the COVID-19 Vaccination Mandate and Religious Accommodations job aid for supervisors for religious accommodation requests, and VA Notice 22-04, Processing Requests as a Reasonable

Accommodation Regarding the COVID-19 Vaccine Mandate, unless another authority is designated by the Under Secretary for Health. Supervisors may consult with the religious accommodation advisor(s), Local Reasonable Accommodation Coordinators, servicing Human Resources, and the Office of General Counsel for guidance on such accommodation requests. Ensure that accommodation decisions are documented in the designated VA system for electronic submission and a copy of the accommodation documents are provided to the Local Reasonable Accommodation Coordinators (LRAC).

(4) Ensure the required information is submitted for all HCP in the designated VA system for electronic submission. Ensure that the information entered through electronic submission or submission of a physical copy of VA Form 10230c, proof of vaccination is kept secure and confidential under the system of records notice OPM/GOVT-10 or 08VA05, as applicable.

m. Management Officials/Supervisor on Accommodation Requests.

Management Officials/supervisors will, as applicable:

(1) Assess employee requests for accommodation utilizing VA Form 10-10230a (VHA).

(2) Engage in the interactive process before making decisions on requests.

(3) Adjudicate requests for accommodation and finalize the required forms to document the decision.

(4) Notify human resources to initiate the reassignment process when an employee cannot be accommodated in their position of record.

n. **Local Reasonable Accommodation Coordinators (LRAC)**. LRACs shall process requests for reasonable accommodations based on medical conditions in accordance with VA Handbook 5975.1, Processing Requests for Reasonable Accommodations for Applicants and Employees, and VA Notice 22-04, Processing Requests as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate. They will consult on requests for accommodation for pregnancy or religious reasons, when assigned by Chief Human Resource Officers, and will maintain documentation for all requests for accommodation to the COVID-19 vaccination requirement.

6. REFERENCES

a. 38 U.S.C. §§ 7301(b), 7318(b), 7421.

b. 29 C.F.R. § 1910.

c. 5 C.F.R. Part 339 – Medical Qualification Determinations.

- d. VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017.
- e. VA Form 10-10230a, Undue Hardship Review (VHA)
- f. VA Form 10230b, Title VII Accommodation Request Determination: Religious or Pregnancy
- g. VA Form 10230c, COVID-19 Vaccination Form for VHA HCPs is available at: <https://vaww.va.gov/vaforms/> and <https://www.va.gov/find-forms/>. **NOTE:** *The first link is an internal VA website that is not available to the public. To access the form, type VA Form 10230c into the search bar.*
- h. VHA Handbook 5975.1, Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities, dated April 18, 2022.
- i. VA Handbook 5975, Diversity and Inclusion, dated April 29, 2021.
- j. Multisociety Statement on COVID-19 Vaccination as a Condition of Employment for Healthcare Personnel: <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-statement-on-covid19-vaccination-as-a-condition-of-employment-for-healthcare-personnel/690D1804B72FFF89C5FC0AED0043AD62>. **NOTE:** *This website is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*
- k. VA. Department of Veterans Affairs. VA COVID-19 National Summary: <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.
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PROCEDURES FOR IMPLEMENTING THE COVID-19 VACCINATION PROGRAM AT VHA LOCATIONS

1. NOTIFICATION OF MANDATORY COVID-19 VACCINATION AMONG HEALTH CARE PERSONNEL IN THE VETERANS HEALTH ADMINISTRATION

a. Chief Human Resources Officers (CHRO)/Human Capital Management (HCM) will notify all VHA HCPs that they are required to participate in the COVID-19 vaccination program. Employees will be notified through their respective servicing human resource offices.

b. Each VHA facility or program office will provide no less than two such notifications under this directive within two weeks after original publication of this directive. Notifications are considered complete when previously issued under former VHA Directive 1193 or VA Notice 22-01. VHA HCP covered under VHA Directive 1193 and/or VA Notice 22-01 were required to receive a complete an FDA-approved COVID-19 primary vaccine series by October 8, 2021.

c. Human Resources will notify prospective employees who will be HCPs who begin work after publication of the mandatory COVID-19 vaccination program in job opportunity announcements and tentative and final offer letters. New employees who will be HCPs who are scheduled to begin VHA employment or change positions within VHA on or after the date of publication, will be required to provide proof they are fully vaccinated prior to onboarding or will be advised they may request an accommodation for disability, pregnancy, or religious reasons prior to the individual's entrance on duty. If a new employee does not provide the required proof of vaccination status or have an approved accommodation, the new employee may not be extended a final offer of employment. Circumstances in which applicants are not required to be fully vaccinated prior to entrance on duty include:

(1) Applicants for whom a reasonable accommodation is legally required and approved;

(2) When there is an emergent mission-critical hiring need allowing a 60-day extension to being fully vaccinated prior to beginning VA employment as approved by the field facility head (see Paragraph 4. Policy, subparagraph(d) above); or

(3) When the Deputy Under Secretary for Health has approved a timeframe during which applicants, internal and external, with accommodation requests may be brought onboard prior to adjudication of their requests.

2. VACCINE PROGRAM COMPLIANCE

a. VHA HCP. All VHA HCP must comply by submitting the required information in the identified VA electronic system (or a completed VA Form 10230c) to the supervisor. Applicants provide the required information to the supervisor through Human Resources.

(1) Current VHA HCP hired on or before publication of this policy are considered compliant when the required information is submitted in the identified VA electronic system (or a completed VA Form 10230) furnished to the supervisor no later than October 18, 2021, or within 14 days of the date onboarded at VA.

(2) Applicants and newly hired HCP onboarding on or after the date of publication of this directive must be in compliance with documentation requirements within 14 days from the entrance on duty date.

b. The completed information submitted electronically (or on VA Form 10230c) must include:

- (1) Documentation showing receipt of a complete COVID-19 vaccine series; or
- (2) Documentation requesting an accommodation to being fully vaccinated.

The VA Form 10230c is available at: <https://vaww.va.gov/vaforms/>.

c. Proof of Vaccination.

(1) If a VHA HCP is vaccinated by VA, in lieu of submitting proof of vaccination, an employee may voluntarily elect to sign a release of information form (VA Form 10-5345) for the VA to release the information to the supervisor. The information released to the supervisor is limited to the information required to verify receipt of the required COVID-19 vaccine doses (type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s)).

(2) If a VHA HCP is vaccinated outside of VA, the employee must complete the required information in the designated VA electronic system (or VA Form 10230c). The employee must attach acceptable documentation verifying vaccination in the designated electronic system or with the accompanying VA Form 10230c delivered to the supervisor.

NOTE: *Acceptable documentation includes a signed record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020), a copy of immunization records from a public health or state immunization information systems, a copy of medical records documenting the vaccination, or a copy of any other official documentation containing all data points required.*

d. Compliance When an Accommodation Applies. If a VHA HCP is requesting an accommodation to being fully vaccinated for medical, religious, or pregnancy related reasons, the employee should complete the required information in the designated VA system for electronic submission (or VA Form 10230c) or make the request through another appropriate mechanism as outlined above. Requesting an accommodation requires acknowledging the requirement to follow the safety protocol requirements and guidelines of this directive and/or any other mitigation strategies required as part of the accommodation, absent additional accommodations.

e. VA Applicants and New Employees. New VHA HCP employees (both internal employees changing positions and external applicants) are required to participate in the mandatory COVID-19 vaccination program. New VHA HCP employees must complete a COVID-19 vaccination series prior to onboarding or have an approved accommodation unless onboarding during a timeframe this requirement is waived by the Deputy Under Secretary for Health.

(1) Announcements and Job Offers:

(a) Announcements and Job Offers will be conducted in accordance with applicable OCHCO guidance.

(b) Final job offers will not be made unless employees meet vaccination requirements, have an approved accommodation, meet the critical hiring guidelines of section 1, c (2) above, or are covered by a determination made by the Deputy Under Secretary for Health on onboarding applicants with pending accommodations outside of designated positions on the VA Form 10-10230a (VHA).

(c) Final job offers will contain the required language for both internal and external hires.

(2) USA Staffing System Reporting. USA Staffing system tags for applicants who decline a position due to the COVID-19 Vaccination Requirement or fail to provide the required documentation will be used.

(3) COVID-19 Vaccination Documentation. All new hires (internal and external) will be required to complete tasks in USA Staffing and submit their COVID-19 vaccination documentation and, if applicable, their intent to submit requests for accommodation to the workplace requirement via VA Form 10230c, verbally, or in writing to Human Resources. **NOTE:** *Documentation submitted by applicants will be required to conform to the documentation requirements outlined in this directive.*

(4) Accommodations for Applicants

(a) If an applicant requests an accommodation to the workplace requirement for full COVID-19 vaccination, this request will be referred by Human Resources to the appropriate Management Official/Supervisor and timely processing will be ensured.

(b) The Management Official/Supervisor will analyze the request for accommodation utilizing VA Form 10-10230a (VHA) and any additional information obtained through the interactive process.

(c) The Management Official/supervisor will make a determination on the request from the applicant, complete the appropriate paperwork, and notify Human Resources.

(d) Religious Accommodation Advisors, Local Reasonable Accommodation Coordinators, Servicing Human Resources, and the Office of General Counsel are available to assist Management Officials/supervisors with this analysis.

f. **Health Professions Trainee (HPT) Compliance.** Monitoring compliance and documentation of HPT compliance with this directive is the responsibility of the Designated Education Officer via the Trainee Qualifications and Credentials Verification Letter (TQCVL) process. However, VHA may choose to offer vaccine to HPTs, and must document vaccinations of HPTs using the same process used for other VHA HCPs. HPT seeking an accommodation for medical, pregnancy, or religious reasons must be evaluated using the processes set forth in this directive. The denial of an accommodation request must be supported by the relevant facts and meet the applicable legal standard. When an accommodation is denied, the HPT must receive their first (or, if a one-dose series, only) dose within two weeks of the final determination to deny the accommodation. If receiving a two-dose series, the HPT should receive the second dose within six weeks of receiving the first dose. If an HPT received a first dose of a two-dose series prior to seeking an accommodation, and the request for accommodation is denied, the HPT must receive their second dose within two weeks of the final determination to deny the accommodation (or within a week of the earliest day by which they can receive their second dose), whichever is later.

g. **Extended Leave of Absence.** HCPs on an extended leave of absence (utilizing annual leave, sick leave, donated annual leave, military leave, leave without pay, paid parental leave, unpaid leave under the Family and Medical Leave Act, or leave of absence due to receiving workers' compensation) are required to submit documentation establishing they are fully vaccinated (or request an accommodation) prior to returning to VA duty. Documentation showing the volunteer, student, or intern in an HCP position is fully vaccinated will be required prior to return to duty.

h. **Detailed Employees.** Employees on detail with VHA to HCP positions must comply with this directive. Those employees should follow the procedures of this directive to demonstrate compliance with the workplace requirement. VHA employees in HCP positions on detail to positions not covered by this directive must provide documentation establishing they are fully vaccinated (or request an accommodation) prior to returning to VA duty in an HCP position and complete the electronic submission process or VA Form 10230c within 14 days of entrance on duty. VHA HCPs on detail at VA from non-Federal entities via assignment through Intergovernmental Personnel Act (IPA) agreements will be required to follow the VHA procedures outlined in this directive to comply with the vaccination requirement.

i. **COVID-19 Vaccination Form.** The VA Form 10230c is available at: <https://vaww.va.gov/vaforms/>. **NOTE:** *The first link is an internal VA website that is not available to the public. To access the form, type VA Form 10230 into the search bar.*

3. ACCOMMODATIONS. VHA HCP may request an accommodation to being fully vaccinated only for medical, religious, or pregnancy related reasons as prescribed in this directive. In such cases, VHA HCPs should make the request in accordance with the options above. The confidential nature of Personally Identifiable Information (PII) and Protected Health Information (PHI) must be protected as required by statute, regulation, and VA and VHA policies.

a. Types of Accommodations:

(1) Medical Accommodation. VHA HCP who decline to receive the COVID-19 vaccine because of a medical condition should complete the required information in the designated VA system for electronic submission (or submit a completed VA Form 10230c), requesting an accommodation. The submission will be used to notify the employee's supervisor to initiate the reasonable accommodation process. If the request for reasonable accommodation is denied, the employee is required to be fully vaccinated as outlined below.

(2) Title VII Accommodations (Religious or Pregnancy). VHA HCPs who decline to receive the COVID-19 vaccine because of a sincerely held religious belief, practice, or observance or for pregnancy related reasons should complete the required information in the designated VA system for electronic submission (or submit a completed VA Form 10230c), requesting an accommodation. The submission will be used to notify the employee's supervisor to initiate the reasonable accommodation process. If the request for reasonable accommodation is denied, the employee is required to be fully vaccinated as outlined below.

b. Process

(1) Requests will be analysed utilizing VA Form 10-10230a (VHA).

(2) Reassignment processes are in accordance with VA Notice 22-04, Processing Reassignments as a Reasonable Accommodation Regarding the COVID-19 Vaccine Mandate.

(3) Decisions will be documented using the appropriate VA Form 0857(f) or VA Form 0857 (g) for medical accommodations or VA Form 10230b for Title VII Accommodations (Religious or Pregnancy).

c. Denial of an Accommodation. The denial of a reasonable accommodation must be supported by the relevant facts and meet the applicable legal standards. When an accommodation is denied, the employee must receive their first (or, if a one-dose series, only) dose within 14 calendar days of the final determination to deny the accommodation. If receiving a two-dose series, the employee should receive the second dose within six weeks of receiving the first dose. If an employee received a first dose of a two-dose series prior to seeking an accommodation, and the request for accommodation is denied, the employee must receive their second dose within 14 days of the final determination to deny the accommodation (or within a week of the earliest day by which they can receive their second dose), whichever is later.

4. DOCUMENTATION

a. Vaccination Performed by VHA. When the VHA HCP is vaccinated in VHA Employee Occupational Health (EOH), the person administering the vaccine, EOH staff or designee, must document the vaccination in accordance with VA Handbook 5019, Employee Occupational Health Service, or as directed by VHA's Office of Employee Occupational Health, Office of Occupational Safety and Health. The VHA HCP must complete the required information in the designated VA system for electronic submission (or VA Form 10230c). Acceptable and complete documentation verifying vaccination (with information on the type of vaccine administered, date(s) of administration, and name of health care professional(s) or clinic site(s) administering the vaccine(s)) must also be delivered to the supervisor in the designated electronic system or on the accompanying VA Form 10230c as applicable in the requirements. In lieu of submitting proof of vaccination, an employee may voluntarily elect to sign a release of information form (VA Form 10-5345) for VHA EOH to release the information to the supervisor, including electronically using LEAF or other VA information system, insofar as the vaccination information is available from VHA EOH. The information released to the supervisor is limited to the information required to verify receipt of the required COVID-19 vaccine doses.

b. Vaccination Performed by Other Providers. When the VHA HCP is vaccinated outside of VHA EOH, the employee must complete required information in the designated VA system for electronic submission (or VA Form 10230c). Acceptable and complete documentation verifying vaccination (with information on type of vaccine administered, number of doses received, date of administration, and name of health care professional(s) or clinic site(s) administering vaccine) must also be delivered to the supervisor in the designated electronic system or with the accompanying VA Form 10230c. Veteran employees vaccinated through primary care or other providers may also authorize the release of vaccination information or provide a copy of the vaccination documentation from their own records.

NOTE: VA medical facility EOH staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization to EOH permitting the disclosure on VA Form 10-5345, Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.

5. SAFETY PROTOCOLS FOR VHA HCPs.

a. Requirements for masking, distancing, screening testing, and Government-wide travel restrictions are no longer informed by vaccination status. All VHA HCP should comply with the requisite safety protocols for their position/work location, as required by VA/VHA policy and instructions in effect.

b. Face masks should be worn as outlined in local and national policies, collective bargaining agreements and memoranda of understanding with labor unions. Face masks will be made available and distributed per local policies. A face mask must be

replaced when it becomes wet, visibly soiled, torn, or damaged. Alternatives to face masks may be considered in limited situations, such as when an employee is unable to wear a face mask and is approved for a reasonable accommodation due to a qualifying disability or for pregnancy or religious reasons. Fitted N95 respirators or other respirators are not required by this policy, but they should be used when appropriate to task (e.g., when caring for a patient on airborne infection isolation precautions); if N95 or higher respirators are used, they also serve the purpose of being considered a face mask for this notice. Employees that require mask alternatives based on a medical condition can request a reasonable accommodation through their supervisor or contact their RA Coordinator.

c. COVID-19 testing will be performed as determined necessary to maintain safe work environment, such as in facilities and situations where community transmission risk is high and the population served is at high risk of severe outcomes from COVID-19 or there is limited access to health care. **NOTE:** Local policy and memoranda of understanding with labor unions may require different or more stringent guidelines, for example, that all individuals wear a face mask, independent of vaccination status, if a risk of transmission of SARS-CoV-2 exists.

6. VHA HEALTH CARE PERSONNEL IN VIOLATION OF THIS DIRECTIVE

a. VHA HCP will be in violation of this directive if they are not fully vaccinated by applicable deadlines or have not submitted the required information.

(1) Prior to the publication of this directive, information must have been submitted in the designated VA system for electronic submission or via VA Form 10230.

(2) After the publication date of this directive, information must be submitted in the designated VA system for electronic submission or via VA Form 10230c.

b. VHA HCP are required to provide the required documentation in a. which must include:

(1) Documentation showing receipt of a complete COVID-19 vaccine series; or

(2) Documentation requesting an accommodation to being fully vaccinated.

c. At the time a request for accommodation from an HCP is denied, an employee is considered non-compliant if vaccination is not started within 14 days from notification of the denial.

NOTE: *Acceptable documentation includes a signed record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020), a copy of immunization records from a public health or state immunization information systems, a copy of medical records documenting the vaccination, or a copy of any other official documentation containing all data points.*

d. Accommodations. If a request for accommodation is denied and an employee does not become vaccinated in accordance with this directive, they will be considered non-compliant.

e. Safety protocols. VHA HCPs who refuse or fail to adhere to safety protocols for COVID-19 as prescribed by this directive and by VHA policy will be considered non-compliant with this directive.

f. Compliance with Requirement. Compliance with this directive is a requirement. VHA HCPs in violation of this directive may face disciplinary action up to and including removal from Federal service.