



L-900 §418.60 Condition of Participation: Infection Prevention and Control

(d) Standard: COVID-19 Vaccination of hospice staff. The hospice must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following hospice staff, who provide any care, treatment, or other services for the hospice and/or its patients: (i) Hospice employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the hospice and/or its patients, under contract or by other arrangement.

***The policies and procedures must include, at a minimum, the following components:**

	1. A process for ensuring all staff specified in paragraph (d)(1) above (except for those staff who have pending requests for, or who have been granted, exemption to the vaccination requirements of this COP, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the HHA and/or its patients
	2. A process for ensuring that all staff listed above in (d)(1) are fully vaccinated for COVID-19, except those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations
	3. A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19
	4. A process for tracking and securely documenting the COVID-19 vaccination status of all staff listed above in (d)(1)
	5. A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC
	6. A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law
	7. A process for tracking and securely documenting information provided by those staff who have requested, and for whom the HHA has granted, an exemption from the staff COVID-19 vaccination requirements
	8. A process for ensuring that all documentation has been signed and dated by a licensed practitioner for medical exemptions
	9. A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 has been temporarily delayed

	10. Contingency plans for staff who are not fully vaccinated for COVID-19
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•Surveyors should also examine the documentation of each staff identified as *unvaccinated* due to medical contraindications. The sample should include (as applicable):

-Direct care staff, (*including those contracted staff meeting the definition of staff*) (vaccinated and *unvaccinated*)

-Contract staff

-Direct care staff with an exemption

Yes/No	All staff vaccinated
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Staff Sample

	Total of 6 Direct Care Staff- 2 need to be Contracted staff (4 vaccinated & 2 unvaccinated)
V/U	1.
V/U	2.
V/U	3.
V/U	4.
V/U	5.
V/U	6.

	Sample 2 additional Contract staff that Do Not routinely see patients (if they have any) (1 vaccinated & 1 unvaccinated)
V/U	1.
V/U	2.

•For staff identified by the hospice as vaccinated, surveyors will:

-Review hospice records to verify vaccination status (*includes CDC vaccination record card, documentation from a health care provider or EMR or state immunization record*); and

-Conduct follow-up interviews with staff & administration if any discrepancies are identified. If applicable, determine if any additional doses were provided.

NOTE: Failure for contract staff to provide evidence of vaccination status reflects noncompliance and should be cited under the requirement to have policies and procedures for ensuring that all staff are fully vaccinated, except for those staff who have been granted exemptions or a temporary delay.

•For each individual identified by the hospice as *unvaccinated*, surveyors will:

-Review hospice records;

-Determine if they have been educated and offered vaccination;

-Interview staff and ask if they plan to get vaccinated;

-If they have declined to get vaccinated and if they have a medical contraindication or religious exemption, then:

-Review those forms;

-Request to see employee record of the staff education of the hospice P/P regarding *unvaccinated*

individuals; and

-Observe staff providing care to determine compliance with current standards of practice with infection control and prevention

•For each individual identified by the hospice as unvaccinated due to a medical contraindication:

-Review and verify that all required documentation is:

-Signed and dated by licensed practitioner; and

-States the specific vaccine that is contraindicated and the recognized clinical reason for the contraindication with a statement recommending exemption