Department of Veterans Affairs

Memorandum

SEP 14 2021

From: Medical Center Director (629/00)

subj: VA COVID-19 Vaccine Mandate Notification Unpaid Associated Health Trainees

To: Dean or Equivalent Responsible Official of the Educational Institution or Program
 Thru: Chief of Staff (629/11)
 Designated Education Officer (629/11B)

1. Effective August 13, 2021, Recertified Veterans Health Administration (VHA) directive 1193, Coronavirus Disease 2019 Vaccination Program for Veterans Health Administration Health Care Personnel requires all VHA Health Care Personnel (HCP) to receive a complete COVID-19 vaccine series (unless exempt from vaccination for medical or religious reasons) within eight (8) weeks of publication of the directive. All VHA healthcare personnel (to include volunteers, trainees, and contractors) who work in or visit VHA facilities and have the potential for direct or indirect exposure to patients or infectious materials are included. In an effort to prioritize Veteran safety while preserving the educational mission of the Department of Veteran Affairs (VA), Southeast Louisiana Veterans Health Care System (SLVHCS) will require all students/ trainees to receive the COVID-19 vaccination.

2. All trainees rotating through SLVHCS will be required to be vaccinated prior to October 7, 2021. A signed attestation from the affiliate school will be needed to confirm the vaccination status of all trainees listed on the Trainee Qualifications and Credentials Verification Letter (TQCVL). It is the responsibility of the affiliate university to confirm vaccination status and maintain compliance. The signed attestation from the affiliate must be received by the SLVHCS Designated Education Officer (DEO) office prior to October 7, 2021.

3. Students that are unvaccinated by October 7, 2021, may submit a COVID-19 vaccination VA form 10-263 waiver for consideration. Medical exemptions must be signed by a treating physician and will be reviewed and approved by VA occupational health. Approved COVID-19 vaccination waivers will require minimum weekly COVID-19 testing. In an effort to keep our Veterans safe with the emergence of the Delta variant, unvaccinated students with approved waivers will be allowed to rotate when all of the following criteria are met:

a) The COVID-19 transmission rate in the community is low and

b) SLHVCS has adequate COVID-19 testing supplies to screen students weekly for COVID-19 and

c) The SLVHCS Pandemic Clinical Advisory Workgroup (PCAW) has reviewed the above criteria and has authorized unvaccinated students to rotate.

Date:

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4. Given the 4th COVID-19 surge, our facility does not currently meet criteria for unvaccinated trainees to rotate at this time; however, we will keep open lines of communication and notify the affiliate when conditions improve.

5. If you should have any questions or need additional information, please contact Irene Grundy, M.D., Designated Education Officer at 504-507-8806.

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Fernando O. Rivera, FACHE SLVHCS Medical Center Director

Attachment

| Department of Veterans Affairs | COVID-19 VACCINATION |
|---|--|
| DATE (MM/DD/YYYY): | |
| I am a VHA: Employee Volunteer | Other (ex: Trainee, Resident, Intern, Fee Basis, or Researcher) |
| If other, please indicate: | |
| SUBMISSION TO EMPLOYEE OCCUPATION I received the full COVID-19 vaccine series I have been granted a medical exemption | s (any required documentation is attached). |
| reasons for contraindication must be recog https://www.cdc.gov/vaccines/covid-19/clir 2Fwww.cdc.gov%2Fvaccines%2Fcovid-19 Considerations for Use or Vaccine Indicati understand that by declining to receive the | gnized contraindications and precautions by the CDC, found here: <u>hical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%</u> <u>0%2Finfo-by-product%2Fclinical-considerations.html</u> , located under Interim Clinical ons. This has been discussed and acknowledged by my personal physician. I e vaccine within eight weeks of publication of this directive, or within eight weeks of e mask according to requirements and guidelines within VHA Directive 1193, |
| Printed Physician Name and Address | |
| | |
| Physician Signature | Date (MM/DD/YYYY) National Provider Identification Number |
| | |
| Supervisor Signature | Date (MM/DD/YYYY) Supervisor Email |
| I notified my immediate supervisor in writin COVID-19 vaccine. | ng that I have a deeply held religious belief that prevents me from receiving the |
| I understand that by declining to receive th | ne vaccine within eight weeks of publication of this directive, or within eight weeks ace mask according to requirements and guidelines within VHA Directive 1193, lealth Care Personnel. |
| Supervisor Signature | Date (MM/DD/YYYY) Supervisor Email |
| | |
| I have read and fully understand the information answered. I understand that violation of the dire service. | n on this form and have been given the opportunity to have my questions ective may result in disciplinary action up to and including removal from Federal |
| Name (print): | Last 4 SS#: |
| Dept./Serv: | Date (MM/DD/YYYY): |
| Employee Signature: | |
| Employees and volunteers provide this form to submission is permissible. | the VHA facility Employee Occupational Health Office. Secure electronic |
| Health Professions Trainees requesting medical or religious exemptions provide this form to the Designated Education Officer (DEO); and proof of vaccination is provided to the DEO via the Trainee Qualifications and Credentials Verification Letter (TQCVL). | |

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