

Prepublication Requirements

• Issued April 20, 2022 •



New COVID-19 Staff Vaccination Standard

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2022

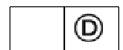
Infection Prevention and Control (IC) Chapter

IC.02.04.02

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a process for staff vaccination for COVID-19.

Element(s) of Performance for IC.02.04.02

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19.



Note: 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 multidose vaccine.

Key: **(D)** indicates that documentation is required;

(R) indicates an identified risk area;

2. For hospitals that use Joint Commission accreditation for deemed status purposes: Regardless of clinical responsibility or patient contact, the hospital's policies and procedures must apply to the following staff who provide any care, treatment, or other services for the hospital and/or its patients: □ □
- Hospital employees
 - Licensed practitioners
 - Students, trainees, and volunteers
 - Individuals who provide care, treatment, or other services for the hospital and/or its patients, under contract or by other arrangement
- Note: The policies and procedures of this element of performance do not apply to the following hospital staff:
- Those who exclusively provide telehealth or telemedicine services outside of the hospital setting and who do not have any direct contact with patients and other staff listed above
 - Staff who provide support services for the hospital that are performed exclusively outside of the hospital setting and who do not have any direct contact with patients and other staff listed above

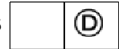
3. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures must include, at a minimum, a process for ensuring all staff specified in Element of Performance 2 above have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multidose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the organization and/or its patients. □ (D)
- Note: This element of performance is not applicable to staff who have pending requests for, or who have been granted, exemptions to the federal vaccination requirements, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the Centers for Disease Control and Prevention, due to clinical precautions and considerations.

4. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures must include, at a minimum, a process for ensuring that all staff specified in Element of Performance 2 of this standard are fully vaccinated for COVID-19. □ (D)
- Note: This element of performance is not applicable to staff who have pending requests for, or who have been granted, exemptions to the federal vaccination requirements, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the Centers for Disease Control and Prevention, due to clinical precautions and considerations.

5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures must include, at a minimum, the following: □ (D)
- A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in Element of Performance 2 above
 - 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 Centers for Disease Control and Prevention

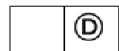
Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

6. For hospitals that use Joint Commission accreditation for deemed status purposes: The policies and procedures must include, at a minimum, the following:



- A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable federal law
- A process for tracking and securely documenting information provided by those staff who have requested, and for whom the hospital has granted, an exemption from the staff COVID-19 vaccination requirements based on recognized clinical contraindications or applicable federal laws
- A process for ensuring that all documentation that confirms recognized clinical contraindications to COVID-19 vaccines and supports staff requests for medical exemptions from vaccination has been signed and dated by a licensed practitioner who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable state and local laws. Such documentation contains all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications and a statement by the authenticating practitioner recommending that the staff member be exempted from the hospital's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures must include, at a minimum, the following:



- 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
- A process for tracking and securing documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the Centers for Disease Control and Prevention, due to clinical precautions and considerations including, but not limited to, individuals with acute illness secondary to COVID-19 and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment
- Contingency plans for staff who are not fully vaccinated for COVID-19

Key: **D** indicates that documentation is required;

R indicates an identified risk area;