On Thursday, July 8, an announcement was made throughout the Trinity Health system regarding staff and COVID vaccinations. Trinity Health is one of the largest multi-institutional systems in the nation and the Equal Employment Opportunity Commission (EEOC) has issued direction under federal law that makes it well-defined that employers may require workers to receive a COVID-19 vaccine – with limited exceptions.

This is also true under Oregon law. Most workplaces can require employees to get a COVID-19 vaccine, but some workers are exempt by law. Exempt workers include those licensed or certified to provide health care, employees of a health care facility, a licensed health care provider or a clinical laboratory, firefighters, law enforcement officers, corrections officers, or parole and probation officers.

St. Alphonsus – Baker City (SAB) is asking that if you have received your COVID vaccine to provide documentation within the HR4U colleague portal. Unlike the flu vaccine that is provided and administered through employee health, the COVID vaccine was not provided or administered in the same direction, therefore SAB does not have record of those who have been vaccinated.

If you choose not to be vaccinated based on religion/health/exempt worker, SAB requires the declination form be completed and emailed by August 20 to SAHSCovid19HRQuestions@saintalphonsus.org.

ONA supports the efforts for vaccination, however, does not approve of vaccine mandating or infringements on human rights.

For more information regarding COVID vaccination and the workplace visit www.oregon.gov/boli/workers/Pages/covid-vaccine.aspx.

For resources on COVID-19 visit www.oregonrn.org/page/coronavirus.
Saint Alphonsus Health System has recommended that I receive the COVID-19 vaccination to protect myself, other hospital personnel, and the patients I serve. If I choose not to be vaccinated, per the Trinity Health COVID-19 Prevention Policy and Procedure and the SAHS Immunizations Policy, it is a requirement that I submit a signed declination form.

I acknowledge that I am aware of the following:

- COVID-19 is a dangerous disease that is very contagious and has spread quickly around the world.
- COVID-19 most often causes respiratory symptoms but can also harm other parts of the body.
- Hundreds of thousands of people have died from COVID-19 in the United States.
- Vaccines against COVID-19 are safe and proven extremely effective against symptomatic infections, hospitalizations and death. 99% of those who die from COVID-19 are unvaccinated.
- COVID-19 vaccination is recommended for me and all other healthcare personnel (HCP) to protect myself and our patients from COVID disease, its complications, and death.
- If I contract COVID-19, I can shed the virus for 24-48 hours before symptoms appear or I can have no symptoms at all. My shedding the virus can spread COVID-19 disease to my family members, my co-workers, and the vulnerable patients at this facility.
- I cannot get the COVID-19 disease from the COVID-19 vaccine.
- I cannot shed COVID-19 virus after vaccination as none of the vaccines contain live virus.
- The COVID-19 vaccine will not alter my DNA.
- I understand that as a HCP I have an ethical and moral duty to protect and assure that our patients are provided the safest care possible.
- The consequences of my declining to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

☐ I am choosing to decline COVID-19 vaccination

Please initial below:

_____ I understand that if I decline vaccination, I must wear a mask in accordance with the Trinity Health/Saint Alphonsus Health System PPE Guidelines.

_____ I understand that I can change my mind at any time and accept COVID-19 Vaccination at no cost to me.

Colleague Signature: __________________________ Date: ________________

Submit completed form to: SAHSCovid19HRQuestions@saintalphonsus.org