

ACCESS POLICY

APPENDIX D: IMMUNIZATION REQUIREMENTS AND PROVIDER FORM

Maine Medical Center’s (MMC) policy requires all persons to be medically screened prior to gaining access to MMC facilities and patients. Individuals must meet the tuberculosis (TB) and immunization requirements for healthcare workers as set forth by CDC, Maine Law, and MMC policy.

Compliance must be met for all the checked items under “Job-specific Requirements” on page 2. The table, below, indicates how those requirements can be met. If any requirements have not been met, they must be completed prior to onset of MMC duties. MMC will issue an ID only after we have received a copy of the form on page 2, completed and signed by your medical provider. Please be aware that should MMC, or any regulatory agency, request specific documentation to verify requirements were met, you will have 24 hours to comply with the request.

Thank you for ensuring the safety of MMC’s patients by complying with these requirements.

<i>Acceptable Evidence of Compliance with TB & Immunization Requirements</i>				
<i>Varicella (chicken pox)</i>	Laboratory evidence of immunity	OR	Two doses of live Varivax or MMRV vaccine	OR Physician documentation of month and year of active illness
<i>Rubella (German measles)</i>	Laboratory evidence of immunity	OR	One dose of live Rubella or MMR vaccine	
<i>Rubeola (Measles)</i>	Laboratory evidence of immunity	OR	Two doses of live Rubeola or MMR vaccine	
<i>Mumps</i>	Laboratory evidence of immunity	OR	Two doses of live Mumps or MMR vaccine	
<i>Hepatitis B</i>	Laboratory evidence of immunity			
<i>Tetanus</i>			One dose of Td or Tdap vaccine within the past 10 years	
<i>Influenza</i>			Current annual dose of FDA-approved seasonal influenza vaccine	
<i>Tuberculosis</i>	Documentation of 2 negative TB tests within the last 12 months	OR	Documentation of negative annual testing for two consecutive years, with the last being within the last 12 months	OR Documentation of a negative TB lab test (e.g., T-spot, QFT-Gold) within the last 12 months
				OR Documentation of evaluation for a positive TB skin or lab test, including TB test results, a chest x-ray and medication prescribed, if any

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HEALTH SCREENING FORM

To be completed by responsible MMC Director - Job-specific Requirements:

- ✓ Immunity to measles, mumps, rubella and varicella
- ✓ Current seasonal influenza vaccine
- ✓ TB screening
- ✓ Hepatitis B immunity or documented declination – required for all staff with reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an individual’s duties.
- ✓ Tetanus (Td or Tdap) – required for MMCRI staff; all other staff are to receive one dose of Tdap vaccine, and to have a Td booster every 10 years

To be completed by individual’s personal healthcare provider:

Verification of TB & Immunization requirements:

My patient _____, DOB _____, meets the TB & immunization requirements as outlined on page one, and I have documentation to verify my patient’s status as follows:

Immune status definitions:

- Immune – meets immunity criteria by vaccine or serology evidence as listed on page one
- In process – currently susceptible, but vaccine series is underway in accordance with CDC guidelines
- Susceptible – vaccine is medically contraindicated, or individual has declined vaccine for sincere philosophical or religious reasons, or is a Hepatitis B non-converter (negative HBsAb after 6 documented doses of Hepatitis B vaccine)

Tuberculosis:

- N/A Documented negative TB status, or evaluation of positive TB screening, as listed on page 1
Date of last PPD _____

Influenza

- Documented current seasonal influenza vaccine ; date _____ Declined vaccine

Rubella (German measles)

- Immune Susceptible Vaccine in process

Rubeola (measles)

- Immune Susceptible Vaccine in process

Mumps

- Immune Susceptible Vaccine in process

Varicella (chicken pox)

- Immune Susceptible Vaccine in process

Hepatitis B

- N/A Immune Susceptible Vaccine in process Declined

Tetanus

- N/A Td within 10 years Tdap within 10 years

If “in process” or “susceptible” status for any of the above:

- My patient has been advised to refrain from close (in same room) contact with patients having suspected or known same disease

Sincerely,

Healthcare provider name

Contact number

Date