MEMORANDUM: Proof of Immunity Requirements, effective 01/01/2012

To All CMH Medical Staff
From: Sally Ball, RN, Employee Health Nurse

Dear Physicians,

As of January 1, 2012, you will have to show proof of immunity to Measles, Mumps, Rubella and Varicella. If you do not have vaccine records or lab titer levels, titers levels have to be drawn. At this time, we are providing this to physicians at time of credentialing. A Hepatitis B titer can also be provided. Please contact Employee Health to obtain the necessary paperwork. The procedure is as follows:

1) As of June per state regulations you will have to go to CMAC (the new office building) room 204, Monday-Friday 7am-4pm and Saturday 8am -12noon to get your blood drawn(this is the most efficient way). You also can go to any LabCorp lab to have this done just make sure you bring our lab slip. If you draw blood in your office you can have it done there and either send it out to LabCorp or bring it to our hospital lab. LabCorp cannot do a hep B titer that is a state test, which would have to be sent from here at Calvert if you chose to get a hep B titer done.

2) You will need 2 tiger tops if you are getting MMRV and Hep B titer done. If you are only getting one set done then you will only need 1 tiger top tube. A lab slip provided through Employee Health is required if going through the hospital.

3) Lab results will be checked daily and you will be notified of the results. If you do not show immunity you should be revaccinated. In the state of Maryland all healthcare workers need to show immunity to measles. If you are not immune, you must be vaccinated. The only persons who can waive immunity to the measles are medically immune-compromised individuals (also see below). If you are not immune to mumps and varicella you can sign a waiver. You need to be aware: *if you do not show immunity and are exposed you will be furloughed from the facility during the incubation period.* Exposures have to be reported to the health department. If you choose to get vaccinated, please proceed through your own doctor or health department.

If you were born before 1957, you do not need to be vaccinated but you will be furloughed if exposed to any of these diseases if you cannot show immunity.

4) For those physicians who are employees of the hospital, we can provide any vaccine that you will need including the Tdap which the CDC now recommends for any healthcare worker who has not had one as an adult. You should get one as soon as possible, no matter when you had your last Tetanus shot.

5) You can contact Sally Ball RN in Employee Health at 410-535-8110, or you can email sball@cmhlink.org.

CALVERT MEMORIAL HOSPITAL
PRINCE FREDERICK, MARYLAND 20678

Policy Name: Credentialed Medical Staff Health Requirements
Policy #: MS-048
Category: ☐ Clinical ☒ Non-Clinical
Review Responsibility:
Effective Date: 01/01/2012
Reviewed/Revised: Approved 08/2011

I. **POLICY:** To establish guidelines for Screening of the Credentialed Medical Staff for exposure and/or immunity to infectious disease that he/she may be exposed to in their line of work.

Because of their contact with patients or potentially infectious material from patients, Practitioners are at risk for exposure to, and possible transmission of, vaccine preventable diseases.

Immunity to key diseases, regular screening for tuberculosis as per medical staff policy , and training in the use of respirators while caring for patients in airborne isolation, safeguards the health of the Practitioner and protects patients from becoming infected though exposure to infected Practitioners.

Calvert Memorial Hospital's health requirements for Practitioners are based on recommendations from the Guideline for Infection Control in Health Care Personnel (Centers for Disease Control-1998), Immunization of health-care workers: *recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), MMWR 1997;46(No.RR-18), ACIP Provisional Recommendations for Measles-Mumps-Rubella (MMR) 'Evidence of Immunity' Requirements for Healthcare Personnel, June 24, 2009, Guidelines for Preventing the transmission of Mycobacterium Tuberculosis in Health-Care Settings (MMWR, December 30, 2005), Preventing Tetanus, Diptheria, and Pertussis Among adults; Use of Tetanus Toxoid, Reduced Diptheria Toxoid and Acellular Pertussis Vaccine, MMWR 2006;55(No.RR17), ACIP Provisional Recommendations for Health Care Personnel on use of Tetanus Toxoid, Reduced Diphteria Toxoid and Acellular Pertussis Vaccine (Tdap) and use of Postexposure Antimicrobial Prophylaxis, February 23, 2011, Recommended Adult Immunization Schedule—United States 2010, MMWR January 2010, (59(01), 2007 Guideline for Isolation Precautions: Preventing Transmission of infectious Agents in Healthcare Settings, the Healthcare Infection Control Practices Advisory Committee, 2007 and Maryland State Law, COMAR 10.52.11.02 and 10.07.02.21-1*

II. **SCOPE:** Medical Staff and Allied Health Professional Staff credentialed at CMH.

III. **PROCEDURE:** At the time of application or next reapplication, the Practitioner will provide the following:

A. Proof of Evidence of Immunity to Rubeola (measles)

CMH requires determination of Rubeola immunity status by either, 1) documentation of two doses of live measles virus vaccine[1] 2) laboratory evidence of immunity or laboratory confirmation of disease or 3) born before 1957 [2] ,[3]

B. Proof of immunity to Rubella (German Measles)

CHM requires determination of Rubella immunity status, by 1) documentation of administration of one dose of live rubella virus vaccine[1] or 2) Laboratory evidence of immunity or laboratory confirmation of disease or 3) born before 1957 [2,3]

C. Proof of immunity to Mumps

CMH requires determination of Mumps immunity status, by documentation of administration of two doses of live mumps virus[1] or 2) Laboratory evidence of immunity or laboratory confirmation of disease or 3) born before 1957 [2,3]

D. Proof of immunity to Varicella

CHM requires determination of Varicella immunity status by 1) documentation of 2 doses of varicella vaccine given at lease 28 days apart, 2) documentation of history of varicella or herpes zoster based on physician diagnosis or 3) serologic evidence of immunity to Varicella or laboratory confirmation of disease.

Immunization with varivax is recommended for practitioners without immunity to varicella. In cases where the practitioner does not have immunity to Varicella and declines to be immunized, the Employee Health Nurse will document the declination and the reason for the declination in the practitioner's health folder.

E. Restriction from Duty after Exposure

Practitioners born after 1957 who are exposed to a patient with suspected or confirmed rubeola, rubella, or mumps, who do not have documentation of laboratory evidence of immunity, or laboratory confirmation of disease, will be furloughed from clinical duties for the recommended incubation period after exposure until proof of immunity is available, appropriate vaccinations have been given, or the disease has been ruled out in the source patient.

Practitioners without documented proof of immunity by serologic study or vaccination records are furloughed from clinical duties from day 5 to day 21 after rubeola exposure, from day 7 to day 23 after rubella exposure, and from day 12 to 25 after mumps exposure.

Practitioners without evidence of immunity who are exposed to a patient with suspected or confirmed varicella will be furloughed from clinical duties from day 8 to day 21 after varicella exposure or until proof of immunity is available, documentation of appropriate vaccinations are provided, or varicella has been ruled out in the source patient.

CMH follows the recommendation of CDC and the Maryland Department of Health and Mental Hygiene for management of exposed susceptible health care workers.

F. Annual Influenza Vaccination

All practitioners should receive annual vaccination against influenza. Annual Influenza Vaccination is offered through Employee Health.

The influenza vaccination may be declined for medical or religious exemptions with appropriate documentation.

Practitioners who decline annual influenza vaccination will have the declination and the reason for declination documented in the practitioner's health folder by the Employee Health Nurse.

Non-immunized practitioners will be required to follow the CMH 'Seasonal Influenza Immunization Policy,' HR-EH-11, which requires wearing of a mask when within 3 feet of a patient during influenza season.

G. Hepatitis B vaccination as required by OSHA Standard

Immunity to Hepatitis B is recommended for all Practitioners with potential exposure to bloodborne pathogens and is offered within one month of hire, if not previously vaccinated. Proof of immunity to Hepatitis B is by written documentation of receipt of three doses of Hepatitis B vaccine series given at the appropriate intervals or serologic evidence of immunity.

Non-immune Practitioners who decline Hepatitis B vaccination are required to sign a declination. The Employee Health Nurse will document the declination and the reason for the declination in the Practitioner's health folder. Practitioners may change their mind at any time and receive the Hepatitis vaccine series.

H. Tetanus Diptheria Acellular Pertussis (Tdap)Vaccination

Pertussis (whooping cough) is a highly contagious respiratory infection. Although most children are protected against pertussis by vaccination in childhood, immunity wanes over time and leaves adolescents and adults unprotected. Adults with pertussis can transmit the infection to vulnerable infants and others.

All Practitioners who have not, or are unsure if they have previously received a dose of Tdap should receive a one-time dose of Tdap as soon as feasible, without regard to interval since the previous dose of Td. Then Td boosters are recommended every 10 years.

Tetanus Diptheria Acellular Pertussis (TdaP) is a one time vaccination offered to Practitioners through Employee Health.

I. Proof of freedom from Tuberculosis in a communicable form

Screening for Tuberculosis in previously Tuberculin Skin Test negative recipients is done at time of hire, every two years and as needed for contact investigations.

2-step TST (PPD) is done at the time of hire. A TST documented within the past 12 months is acceptable for one TST. A current TST (within 3 months) must also be documented or a new one done.

For those Practitioners who are previously skin test positive or who have documentation of previous treatment for latent Tuberculosis, a baseline chest x-ray is done to exclude TB disease.

The Practitioner may bring in the results of a chest x-ray done in the past year in lieu of a new baseline chest x-ray. A respiratory assessment is done every two years at time of re-credentialing.

J. Respirator Fit Testing

To insure that Practitioners have appropriate protection while caring for patients infected with micro-organisms transmitted via the airborne route (i.e., Tuberculosis, Avian Influenza, SARs, primary Varicella, Rubeola, etc.), qualitative fit testing to a NIOSH-approved N-95 respirator is required at time of hire. Fit Testing provides a means to determine which respirator model and size fits the wearer the best and to confirm that the wearer can don the respirator properly to achieve an appropriate fit.

Qualitative fit testing and a fit check and demonstration of using the respirator correctly is done every two years at time of re-credentialing.

K. Requirement to Report Infectious Disease

A Practitioner who has, or is suspected of having, an infectious disease that puts patients and coworkers at risk, is required to report the disease to the Employee Health Nurse so that appropriate assessment, testing, immunization and/or prophylaxis/treatment, and counseling can be conducted for the exposed persons.

L. Notification of Exposure to an Infectious Disease

Practitioners are notified by the Employee Health Nurse or Infection Control Practitioner of possible exposure to a patient suspected or diagnosed with an infectious disease as soon as possible after the disease is suspected. The Practitioner will be referred for assessment, potential testing, immunization and/or prophylaxis/treatment and counseling as appropriate.

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[1] ***The first dose should be administered on or after the first birthday; the second dose of measles and mumps-containing vaccine should be administered no earlier than one month (i.e., a minimum of 28 days) after the first dose. Combined MMR vaccine generally should be used whenever any of its component vaccines is indicated***

[2] ***For unvaccinated personnel born after 1957 who lack laboratory evidence of measles, mumps and/or rubella immunity or laboratory confirmation of disease, healthcare facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval (for measles and mumps) and one dose of MMR vaccine (for rubella), respectively***

[3] ***For unvaccinated personnel born after1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, healthcare facilities should recommend two doses of MMR vaccine during an outbreak of measles or mumps and one dose during an outbreak of rubella.***

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