

Mass General Brigham Infection Control Standards for Suppliers/Vendors

Customer requires that all Business employees who will be working on-site at a Customer hospital or other health care facility for more than two weeks meet the infection control standards described below. Accordingly, Business is required to verify the following are complete before allowing employees to start at a Customer health care site. Business must maintain supporting documentation of adherence to these requirements and provide evidence, only upon Customer request. Documentation should NOT be submitted to Customer unless requested. **Any and all communications containing personal information must be sent via Secure/Encrypted email.**

Questions or concerns about meeting these standards should be directed to: phsocchealth@partners.org

Infection Control Standards for Health Clearance Business employees must meet these standards if working on-site at a Mass General Brigham health care facility for more than two weeks Documentation should be maintained at the Business and provided to the Mass General Brigham affiliate, <u>via secure/encrypted email</u> , only upon request	
Description	
Tuberculosis Screening <i>(One of the following is required)</i>	
A	For individuals with a history of a negative TB Screening, must have documentation of TB skin test screening within 3 months of start date, OR Documentation of a negative QFT or T-spot (blood test for TB) within 3 months of start date
B	For individuals who are positive on a TB skin test or a TB blood test such as the QFT or T-spot, documentation of a chest x-ray which indicates there is no active tuberculosis is required. In addition, a TB Symptom Survey to determine there are no symptoms suggestive of TB infection must be completed using the attached Tuberculosis (TB) Screening Form . This form should be maintained by the employer.
Measles, Mumps, and Rubella Immunity Required <i>(One of the following is required)</i>	
A	Documentation of <u>two</u> measles vaccines, <u>two</u> mumps vaccine, and <u>one</u> rubella (German measles) vaccine or <u>two</u> MMR vaccines.
B	Proof of immunity via blood test (will show antibodies if immune) to measles, mumps, and rubella (German measles)
Chicken Pox (Varicella) Immunity Required <i>(One of the following is required)</i>	
A	Proof of immunity via blood test (will show antibodies if immune) to chicken pox
B	Documentation of <u>two</u> varicella vaccinations.
C	Physician diagnosed history of chickenpox disease

Hepatitis B Vaccine (For individuals who may be exposed to blood or body fluids) <i>(One of the following is required)</i>	
A	Documentation of <u>three</u> Hepatitis B vaccines
B	Proof of immunity via blood test (will show antibodies if immune) for Hepatitis B
Tetanus Vaccine	
Tetanus vaccine within 10 years (Td/Tdap) is strongly recommended but, not required	
Influenza Vaccine	
The Seasonal Flu Vaccine is required, and can be provided free of charge onsite, if working during flu season (October-April)	

Tuberculosis (TB) Screening Form: required only for individuals with a positive TB skin or blood test.

Please complete the information below by printing, answering the questions, and maintaining with company records:

Name:	

Do you have a cough that has lasted longer than 3 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you spit up or coughed up blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an ongoing fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost weight without trying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sweat at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No