

Students and Onsite Faculty may **not** waive/decline any immunizations (even if employees).

## Appendix G

### Specific Immunization Requirements for Contracted, Volunteer and Non-Employees

**Effective Date: February 2018**

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Contact Employee Occupational Health (EOH) or Infection Control if you have questions. Documentation required through attestation, external records or kept by responsible Allina Department (e.g., Volunteer Services) - **Refer to [Appendix A](#) information on health and training requirements.**

<p><b>Non Patient Care / Services Personnel in Patient Care Facility</b></p> <p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1. Clerical</li> <li>2. Administrative</li> <li>3. Construction/Maintenance</li> <li>4. Community Health Educators</li> <li>5. Students / Volunteers / Vendors</li> <li>6. Observers who <b>do NOT enter patient or treatment rooms, with or without patient present</b></li> <li>7. Surge Capacity Response Providers</li> </ol>	<p><b>REQUIREMENTS:</b></p> <p><b><u>No Active Contagious / Communicable Diseases</u></b></p> <p><b><u>Tuberculosis Testing:</u></b></p> <ul style="list-style-type: none"> <li>▪ Not required if do not enter patient or treatment rooms, with or without patient present</li> <li>▪ Persons entering patient rooms or treatment rooms whether or not a patient is present must provide evidence of negative TB test (TST or blood assay)</li> </ul>
<p><b>All Healthcare Workers:</b></p> <p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1. Physicians</li> <li>2. Allied Health Professionals</li> <li>3. Temporary Agency Health Care Worker</li> <li>4. Professional Medical Health Care Worker</li> <li>5. Students** / Volunteers / Vendors / Observers</li> <li>6. Clerical</li> <li>7. Administrative</li> <li>8. Construction/Maintenance</li> <li>9. Community Health Educators</li> <li>10. Surge Capacity Response Providers</li> </ol>	<p><i>**refers to students in professional training programs</i></p> <p><b>REQUIREMENTS:</b></p> <p><b><u>No Active Contagious / Communicable Diseases</u></b></p> <p><b><u>Tuberculosis Testing:</u></b></p> <ul style="list-style-type: none"> <li>▪ Documentation of a negative TB symptom screen (e.g., no symptoms of active TB disease) and a negative TB blood test (e.g., QuantiFERON blood test [QFT]; T-Spot) or TST (e.g., first step) dated within 90 days before assignment at an Allina facility. The second TST may be performed after the Health Care Worker starts working with patients.</li> <li>▪ Persons who work with patients at high risk for TB or do high-risk procedures require evidence of annual TST or QFT.</li> <li>▪ Persons with prior positive TST or QFT: documentation of subsequent negative CXR, and no signs and symptoms of pulmonary TB</li> <li>▪ Newly positive TB test: evidence of negative CXR (recent CXR- e.g., previous month, can be used), no signs or symptoms of pulmonary TB, and annual symptom questionnaire.</li> </ul>

\* If the worker has several assignments within various Allina facilities - the initial TST two-step or QFT documentation will suffice, regardless of facility.

- If a volunteer, student, or contract staff not assigned on continuous basis within Allina returns after 12 months – a repeat TST or TB blood test is required.

#### **Varicella (Chicken Pox)**

Documentation of immunity **REQUIRED:**

- 2 varicella vaccine on or after first birthday
- laboratory evidence of immunity
- laboratory confirmation of disease

#### **Mumps**

Documentation of immunity **REQUIRED**

- 2 MMR or mumps vaccine on or after first birthday
- laboratory evidence of immunity
- laboratory confirmation of disease

#### **Rubella (German Measles)**

Documentation of immunity **REQUIRED:**

- 1 MMR or Rubella vaccine on or after first birthday
- laboratory evidence of immunity
- laboratory confirmation of disease

#### **Rubeola (Red Measles)**

Documentation of immunity **REQUIRED**

- 2 MMR or measles vaccine on or after first birthday
- laboratory evidence of immunity
- laboratory confirmation of disease

#### **Hepatitis B (if job duties put person at risk of exposure to blood or body fluid)**

Documentation of immunity status **REQUIRED.**

- history of disease
- laboratory evidence of immunity
- history of HB vaccine
- signed waiver declining vaccination

#### **Pertussis (Tdap)**

Documentation of vaccine:

- One dose of adult Tdap

#### **Influenza**

Annual vaccination