

## Appendix G Specific Immunization Requirements for Contracted, Volunteer and Non-Employees (Clinical Students)

*Related Policy: [NON-EMPLOYEE Immunity, Health, and Infection Control Training Requirements](#)*

<p>Contact Employee Occupational Health (EOH) or Infection Prevention if you have questions. Documentation required through attestation, external records or kept by responsible Allina Department (e.g., Volunteer Services) - <b>Refer to <a href="#">Appendix A</a> information on health and training requirements.</b></p>	
<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 / Observers*</li> <li>6. Surge Capacity Response Providers</li> </ol> <p><i>*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)</i></p>	<p><b>REQUIREMENTS:</b> <b>No Active Contagious / Communicable Diseases</b></p> <p><b>Tuberculosis Testing:</b></p> <ul style="list-style-type: none"> <li>▪ Not required if entering patient or treatment rooms, with or without patient present</li> </ul>
<p><b>Patient Care / Services Personnel in Patient Care Facility or Patient Home</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 Personnel</li> <li>4. Professional Medical Personnel</li> <li>5. Students** / Volunteers / Vendors / Observers who have patient contact‡</li> </ol> <p><i>**refers to students in professional training programs</i></p>	<p><b>REQUIREMENTS:</b> <b>No Active Contagious / Communicable Diseases</b></p> <p><b>Tuberculosis Testing:</b></p> <ul style="list-style-type: none"> <li>▪ Documentation of baseline TST or blood assay for TB (e.g., QuantiFERON blood test [QFT]) before assignment at an Allina facility             <ul style="list-style-type: none"> <li>○ QFT or 2-step TST if no TST within previous 12 months</li> <li>○ Single step TST or QFT if TST within previous 12 months</li> </ul> </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> </ul>

- Newly positive TB test: evidence of negative CXR (recent CXR- i.e. previous month, can be used), no signs or symptoms of pulmonary TB, and annual symptom questionnaire
- 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 is required.

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

Documentation of immunity **REQUIRED:**

- Reliable history of VZV or shingles
- Positive serology
- History two doses of vaccine

### **Mumps**

Documentation of immunity **REQUIRED**

- Born before 1957
- MD diagnosed mumps
- Two doses or M or MMR on or after first birthday
- Positive serology

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

Documentation of immunity **REQUIRED:**

- One dose of MR or MMR after first birthday
- Positive serology test

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

Documentation of immunity **REQUIRED**

Born before 1957

- Reliable history of measles or MD diagnosis
- Positive serology
- One or more doses live vaccine

Born in or after 1957:

- MD diagnosed measles
- Two doses live vaccine after first birthday
- Positive serology

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

Documentation of immunity status **REQUIRED.**

- History of disease
- Positive serology

	<ul style="list-style-type: none"><li>• Completion of HB series</li><li>• Signed waiver declining vaccination</li></ul> <p><b><u>Pertussis (Tdap)</u></b></p> <p>Documentation of vaccine:</p> <ul style="list-style-type: none"><li>• One dose of adult Tdap</li></ul> <p><b><u>Influenza</u></b></p> <ul style="list-style-type: none"><li>• Mandatory Vaccination for Medical Providers and Clinical Students or Declination if contraindicated.</li></ul>
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System-wide Reference