

7/12/2016

RWJBarnabas HEALTH -Corporate Care / Employee Health Services

Attachment #1 **New VOLUNTEER Immunization and Tuberculosis Screening Requirements,
and the Volunteer Health Certificate Form**

Today's Date _____ Volunteer Applicant is: ☐ ADULT (≥ 18 y/o) or ☐ MINOR (≤ 17 y/o)

VOLUNTEER Applicant's Name (PRINT) _____

Volunteer: Address _____

Social Security # (required) _____ Date of Birth _____ Age _____

Cell Phone # _____ Home Phone # _____

***Minor Volunteers – Parent/Guardian Consent:** I hereby give my consent for this Form to be completed by the physician named below and to be reviewed by RWJBarnabas HEALTH (RWJBH) Corporate Care/Employee Health staff so that my son/daughter/dependent may volunteer at a RWJBH Hospital. (I also give my consent for the above named minor, age 16 or 17 y/o, to have their PPD skin test (for TB screening) completed at the RWJBH Corporate Care/Employee Health clinic, if requested.)

→Signature of Parent / Legal Guardian* _____

Print Name of Parent / Legal Guardian: _____

Cell Phone # of Parent / Legal Guardian: _____

The Volunteer's Personal Physician / Nurse Practitioner (MD/NP): Phone #: _____

Physician (MD or DO) Name (PRINT) _____ Fax#: _____

Address: _____

In order to participate in the Barnabas Health Volunteer Program, a new Volunteer must comply with the State Department of Health and RWJBH hospital policies. This includes providing documentation of past immunizations (see those listed below in Step I). If a Volunteer does not have documentation of the vaccines listed below in Step I, then medical documentation of a "Positive" IgG titer blood test is required for measles, mumps, rubella, and varicella. Additionally, **a hepatitis B surface ANTIBODY "Positive" titer blood test** is required regardless of the availability of the 3 vaccine dates.

Please contact the Volunteer Office for information and instructions about reimbursement for any medical costs incurred from the personal physician's office, related to the completion of this form. Volunteers are strongly encouraged (and minor Volunteers are required) to have all their vaccinations and medical tests performed by their personal physician / nurse practitioner office (this ensures continuity of care, complete medical records, etc.). However, if the tests and/or vaccinations are not available to an adult Volunteer (≥ 18 y/o) through their personal physician, then an adult Volunteer can have their medical requirements performed at their affiliated RWJBH Corporate Care / Employee Health clinic, free of charge. Note: minors age 16 or 17 y/o can have their PPD(s) (tuberculosis screening skin test(s)) performed at their affiliated RWJBH Corporate Care / Employee Health clinic at no charge.

- **Volunteer** - Complete the top portion of the New Volunteer HEALTH CERTIFICATE.
- **Step I** - Have your personal physician (MD or DO) or Nurse Practitioner (NP) complete Step I and II of the Health Certificate. Medical documentation of the following vaccination dates is required:
 - two **MMR** (measles, mumps, rubella) vaccines given 4 weeks apart, with the first dose given on or the first birthday.
 - two **Varicella** (chickenpox) vaccines given 4 weeks apart, with the first dose given on or after the first birthday .
 - three **Hepatitis B** vaccines given over a 6 month period (initially, and 1 and 6 months later),
AND a Hepatitis B surface ANTIBODY titer blood test showing a "Positive" titer.
 - a **Tdap** (tetanus, diphtheria, acellular **pertussis**) vaccine received as an adult vaccine.
 - an **Influenza** vaccine given during the current flu season (September 1st through March 31st).

If medical documentation of having received the above MMR and/or Varicella, vaccines is unavailable, then you are required to provide an IgG titer blood test that is "Positive" for immunity. Equivocal values are considered "Negative". All "Negative" or "Equivocal" titers require vaccination, unless medically contraindicated (immune suppression, pregnancy, etc.). All Volunteers require a hepatitis B surface ANTIBODY titer "Positive" blood test result. See Attachment #3 for vaccine recommendations.

In general, a viral titer blood test that is "Negative" or "Equivocal", has the following requirements:

- MEASLES (Rubeola) and/or MUMPS -- Requires 2 MMR vaccines, given 4 weeks apart.
 - RUBELLA -- Requires 1 MMR vaccine.
 - VARICELLA -- Requires 2 Varivax /Chickenpox vaccines, given 4 weeks apart.
 - HEPATITIS B surface ANTIBODY-- Requires 3 vaccines, (given at months: 0, 1, and 6).
- **Step II** – The Two-step (2-step) Tuberculosis Skin Test (TST) is required. It is also known as a "PPD".
 - The 1st PPD is usually placed during the initial appointment. (Note- a PPD placed within the last 1 year can be used in place of the 1st PPD.)
 - The 2nd PPD should be placed at least 1 week after the first; and it must occur within the 2 months prior to the new Volunteer's start date.

NOTE 1: Prior PPD skin tests and blood tests called Interferon Gamma Release Assay (IGRA) (common commercial names are: T-SPOT or quantiFERON- TB Gold) can be used as follows:

- Proof of a negative IGRA within the past 2 months is acceptable in lieu of **BOTH** the 1st and 2nd PPD. Hence, no further tuberculosis screening is needed for a year.
- Proof of a negative PPD within the past 2 months is acceptable in lieu of the 1st PPD **OR** the 2nd PPD, but **NOT** both.
- Proof of a negative PPD or IGRA within the past 2 to 12 months is acceptable in lieu of the 1st PPD.

NOTE 2: New Volunteers with a past history of a positive PPD skin test must have an Interferon Gamma Release Assay (IGRA) blood test.

The IGRA blood test must be collected on or after the date of the first 'Positive PPD' skin test.

A. If the IGRA test is "Negative"- No follow up CXR is required.

However, if there is **no** medical documentation available of a past "Positive" Mantoux Tuberculin skin test (PPD), then a 2-step PPD must be placed.

1. If the 2-step PPDs are read "Negative", then the individual must submit to future annual PPDs.
2. If any of the PPD's are read "Positive" (≥ 10 mm indur) then the employee shall be exempt from all future PPD skin tests, but will still need to complete the TB Questionnaire annually.

B. If the IGRA test is "Positive", they will be considered to have tuberculosis, and the following medical evaluation is required to determine if the tuberculosis is active (contagious) or latent.

1. Completion of the **TB Questionnaire Form** (Attachment #2) to rule out signs and symptoms of active (contagious) TB.
2. Targeted physical exam by an NP/MD to rule out active TB.
3. A CXR (PA/Lateral preferred) to rule out "active (contagious) TB"; within the past year.
4. Any New Volunteers diagnosed with untreated Latent TB must be referred to their Personal Medical Doctor (PMD) or County Health Department for serious consideration of medical treatment for their "Latent TB" (usually a 6 to 9 months course of anti-tuberculosis medications).
5. These individuals will be exempt from all future PPD skin tests or IGRA blood tests, but will still need to complete the TB Questionnaire annually.

- **Step III** – Report to your affiliated RWJBarnabas HEALTH (RWJBH) Corporate Care/Employee Health clinic and bring ALL the following documents with you.
 - The Volunteer Health Certificate completed by you and your personal Physician(MD or DO) or Nurse Practitioner.
 - A form of identification (i.e. driver's license, school ID, copy of Social Security card).

7/12/16 RWJBarnabas HEALTH- Corporate Care Employee Health- New Volunteer **HEALTH CERTIFICATE**

Volunteer Applicant's Name (please print) _____ Date _____

Applicant's Address: _____

☐ Adult (≥ 18 y/o) ☐ Minor (≤ 17 y/o) Social Security # _____ Birthdate _____

Cell/Home Phone # _____ Email Address: _____

***Minor Volunteers – Parent/Guardian Consent:** I hereby give my consent for this Health Certificate to be completed by the physician named below and reviewed by a RWJBarnabas HEALTH (RWJBH) Corporate Care/Employee Health clinic staff member, so that my son/daughter/dependent may volunteer at a Barnabas Health Medical Center. (I give my consent for the above named minor, age 16 or 17 y/o, to have their PPD skin test (for TB screening) completed at the RWJBH Corporate Care/Employee Health clinic, if requested.)

Signature of Parent or Legal Guardian: _____

Print Name of Parent or Legal Guardian: _____

Phone # of Parent/Guardian: _____ Email of Parent: _____

PHYSICIAN (MD) NAME (PRINT) _____

Physician's Address: _____

Physician PHONE #: _____ Fax #: _____

In order to participate in the RWJBarnabas HEALTH Volunteer Services, a new Volunteer must comply with the State Department of Health and RWJBH Hospital policies. This includes providing documentation of the immunizations listed below. If you do not have documentation of the vaccines below, then medical documentation of a positive IgG titer blood test is **REQUIRED**.

STEP I: Please have your personal physician or nurse practitioner complete the information below.

If the new Volunteer does not have the required MMR,V, vaccine dates, then an IgG titer blood test is required. A Hepatitis B surface ANTIBODY titer blood test is required after the Hepatitis B vaccine series is completed (titers drawn 1-2 months after the last dose is preferred). Only a "Positive" titer will be considered 'Immune'. "Equivocal" titers are considered "Negative" and require the vaccinations listed below. See Attachments #3, #4.

Required Vaccinations for Volunteers	DATE(s) of Vaccination 1st dose date - 2nd dose date - 3rd dose date		IgG TITER blood test - Must attach LAB REPORT.
MMR (measle, mump, rubella) (2 doses required)	-	OR	
Varicella (chickenpox) (2 doses required)	-	OR	
Hepatitis B (3 doses and a positive TITER req.)	- -	And	A hepatitis B surface ANTIBODY "Positive" titer is required; attach Lab report.
Tdap (tetanus,diph, pertussis) (required; as an adult)			
Influenza (required: September 1st - March 31st)			

Comments: _____

→ **Physician's Signature** _____ **Date** _____

STEP II: Please have your personal physician complete a 2-step tuberculosis skin test (2-step PPD):

All PPD's must have their PPD- reading 48-72 hours after being placed (read in 'mm induration').

- The 1st PPD is usually placed during the initial appointment. (**A PPD placed within the last 1 year can be used in place of the 1st PPD.**)
- The 2nd PPD should be placed at least 1 week after the first; and it must occur within 2 months of the new Volunteer's start date.

Note 1: Proof of a "Negative" IGRA within the past 2 months is acceptable in lieu of **BOTH** the 1st and the 2nd PPD. Hence, no further tuberculosis screening is needed for 1 year.

Note 2: Any Volunteer with a past medical history of a "Positive PPD" skin test requires an Interferon Gamma Release Assay (IGRA) blood test (commonly called T-SPOT or quantiFERON TB-Gold).

A. If the IGRA test is "Negative"- No follow up CXR is required.

However, if there is **no** medical documentation available of a past "Positive" Mantoux Tuberculin skin test (PPD), then a 2-step PPD must be placed.

1. If the 2-step PPDs are read "Negative", then the individual must submit to future annual PPDs.
2. If any of the PPD's are read "Positive" (≥ 10 mm indur) then the employee shall be exempt from all future PPD skin tests, but will still need to complete the TB Questionnaire annually.

B. If the IGRA test is "Positive", they will be considered to have tuberculosis, and the following medical evaluation is required to determine if the tuberculosis is active (contagious) or latent.

1. Completion of the **TB Questionnaire Form** (Attachment #2) to rule out signs and symptoms of active (contagious) TB.
2. Targeted physical exam by an NP/MD to rule out active TB.
3. A CXR (PA/Lateral preferred) to rule out "active (contagious) TB"; dated within the past year.
4. Any New Volunteers diagnosed with untreated Latent TB must be referred to their Personal Medical Doctor (PMD) or County Health Department for serious consideration of medical treatment for their "Latent TB" infection (usually a 6 to 9 months course of anti-tuberculosis medications).

	DATE PPD-Plant	Mfg / Lot # / Expir. date	Location (L or R)	DATE PPD-READ / Signature	RESULT mm indur. / Pos. or Neg.
PPD #1		/ /		/	
PPD #2		/ /		/	
If PPD Positive- IGRA required (QuantiFERON TB-Gold or T-SPOT)	DATE IGRA collected:	NAME of IGRA Test:		IGRA RESULT: (Pos. or Neg.) Must attach LAB report	If IGRA "Positive" CXR is REQUIRED- attach Report and TB Questionnaire.

→ **Physician or NP Signature** _____ **Date** _____

STEP III: Report to your affiliated Barnabas Health Corporate Care/Employee Health clinic and bring ALL the following documents with you.

- The Volunteer Health Certificate completed by you and your personal Physician or Nurse Practitioner.
- All associated Laboratory reports, Immunization records, CXR reports (if required), TB Quest. (if required).
- A form of identification (i.e. driver's license, school ID, copy of Social Security card).

RWJBarnabas HEALTH- Corporate Care / Employee Health Location:

RWJBarnabas HEALTH- Corporate Care / Employee Health

Attachment #2 **TB (tuberculosis) Questionnaire Form-** must be completed for any Volunteer applicant with a POSITIVE PPD or Tuberculin Skin Tests (TST).

Do you currently have any of the following:

Circle your response

- | | |
|-----------------------------------------------|----------|
| 1. Chronic cough > 3 weeks? | Yes / No |
| 2. Coughing up blood? | Yes / No |
| 3. Night sweats (unexplained)? | Yes / No |
| 4. Fever or chills? | Yes / No |
| 5. Unexplained weight loss (not intentional)? | Yes / No |
| 6. Unexplained fatigue? | Yes / No |
| 7. Loss of appetite? | Yes / No |

Attachment #3

CDC- Recommended Vaccines for Healthcare Workers

<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. If you work directly with patients or handle material that could spread infection, you should get appropriate vaccines to reduce the chance that you will get or spread vaccine-preventable diseases. Protect yourself, your patients, and your family members. Make sure you are up-to-date with recommended vaccines.

Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.

Vaccines	Recommendations in brief
<u>Hepatitis B</u>	<p>If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should</p> <ul style="list-style-type: none"> • Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). • Get anti-HBs serologic tested 1–2 months after dose #3.
<u>Flu (Influenza)</u>	Get 1 dose of influenza vaccine annually.
<u>MMR (Measles, Mumps, & Rubella)</u>	<p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).</p> <p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps.</p> <p>For HCWs born before 1957, see the <u>MMR ACIP vaccine recommendations</u>.</p>
<u>Varicella (Chickenpox)</u>	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine , 4 weeks apart.
<u>Tdap (Tetanus, Diphtheria, Pertussis)</u>	<p>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).</p> <p>Get Td boosters every 10 years thereafter.</p> <p>Pregnant HCWs need to get a dose of Tdap during each pregnancy.</p>

Meningococcal

Those who are routinely exposed to isolates of *N. meningitidis* should get one dose.

Attachment #4: Excerpts from: **MMWR: Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP) Recommendations and Reports June 14, 2013 / 62(RR04);1-34.** Full report found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>

Summary This report is a compendium of all current recommendations for the prevention of measles, rubella, congenital rubella syndrome (CRS), and mumps. The report presents the recent revisions adopted by the Advisory Committee on Immunization Practices (ACIP) on October 24, 2012, and also summarizes all existing ACIP recommendations that have been published previously during 1998–2011 (CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 1998;47[No. RR-8]; CDC. Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. MMWR 2001;50:1117; CDC. Updated recommendations of the Advisory Committee on Immunization Practices [ACIP] for the control and elimination of mumps. MMWR 2006;55:629–30; and, CDC. Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60[No. RR-7]). Currently, ACIP recommends 2 doses of MMR vaccine routinely for children with the first dose administered at age 12 through 15 months and the second dose administered at age 4 through 6 years before school entry. **Two doses are recommended for adults at high risk for exposure and transmission** (e.g., students attending colleges or other post-high school educational institutions, **health-care personnel**, and international travelers) and 1 dose for other adults aged ≥18 years. **For prevention of rubella, 1 dose of MMR vaccine is recommended for persons aged ≥12 months.** At the October 24, 2012 meeting, ACIP adopted the following revisions, which are published here for the first time. These included:

**For acceptable evidence of immunity, removing documentation of physician diagnosed disease as an acceptable criterion for evidence of immunity for measles and mumps, and including laboratory confirmation of disease as a criterion for acceptable evidence of immunity for measles, rubella, and mumps.*

Health-Care Personnel Born Before 1957—Although birth before 1957 is considered acceptable evidence of measles, rubella, and mumps immunity, **health-care facilities should consider vaccinating unvaccinated personnel born before 1957 who do not have laboratory evidence of measles, rubella, and mumps immunity**; laboratory confirmation of disease; or **vaccination with 2 appropriately spaced doses of MMR vaccine for measles and mumps and 1 dose of MMR vaccine for rubella.** Vaccination recommendations during outbreaks differ from routine recommendations for this group (see section titled Recommendations during Outbreaks of Measles, Rubella, or Mumps).

Serologic Testing of Health-Care Personnel—Prevaccination antibody screening before measles, rubella, or mumps vaccination for health-care personnel who do not have adequate presumptive evidence of immunity is not necessary unless the medical facility considers it cost effective. **For health-care personnel who have 2 documented doses of measles- and mumps- containing vaccine and 1 documented dose of rubella-containing vaccine or other acceptable evidence of measles, rubella, and mumps immunity, serologic testing for immunity is not recommended.** If health-care personnel who have 2 documented doses of measles- or mumps- containing vaccine are tested serologically and have negative or equivocal titer results for measles or mumps, it is not recommended that they receive an additional dose of MMR vaccine. Such persons should be considered to have acceptable evidence of measles and mumps immunity; retesting is not necessary. Similarly, if health-care personnel (except for women of childbearing age) who have one documented dose of rubella-containing vaccine are tested serologically and have negative or equivocal titer results for rubella, it is not

recommended that they receive an additional dose of MMR vaccine. Such persons should be considered to have acceptable evidence of rubella immunity.

RWJBarnabas HEALTH (BH)
Corporate Care / Employee Health Services

Attachment #5 Medical Clearance Form - New VOLUNTEER Applicant.

Name: _____ DOB: _____ Date: _____

Volunteer applicant Assignment (if known): _____

_____ NOT medically cleared to Volunteer in BH Hospital/ Medical Center/ Clinics.

_____ YES medically cleared to Volunteer in BH Hospital/ Medical Center/ Clinics.

_____ YES medically cleared to Volunteer in BH Hospital/ Medical Center/ Clinics- with
the following Restrictions/Limitation: _____

Barnabas Health Nurse Practitioner/Physician (NP/MD)

Date