

***Mass General Brigham Infection Control Standards for Suppliers/Vendors***

All vendor representatives, contractors, consultants, and temporary workers (“Business Employees”) who will be working onsite for one day or more at any Mass General Brigham facility must meet the **COVID-19 and Flu Vaccination Requirements** described below.

All vendor representatives, contractors, consultants, and temporary workers who will be working onsite at a Mass General Brigham hospital or healthcare facility for longer than 3 weeks must meet the **Additional Infection Control Requirements for Health Clearance** described below.

<b><u>COVID-19/Flu Vaccination Requirements</u></b>	
Business employees must be vaccinated if working on-site at any Mass General Brigham facility for one day or more. Businesses should ensure employees assigned to Mass General Brigham facilities have completed the required vaccinations. Documentation should be maintained by Business and provided to Mass General Brigham upon request.	
Description	
<b>Influenza Vaccine</b>	
The Seasonal Flu Vaccine is required if working during flu season (September 15-April 30th).	
<b>COVID-19 Vaccine</b>	
COVID-19 vaccination is required (two doses of Pfizer or Moderna; a single dose of Johnson and Johnson) or any WHO authorized vaccines: Pfizer/BioNTech, Astrazeneca-SK Bio, Serum Institute of India, Janssen (Johnson and Johnson), Sinopharm, Sinovac and Moderna).	

<b><u>Additional Infection Control Standards for Health Clearance</u></b>	
Business employees must meet these standards, in addition to the Covid-19/Flu Vaccination Requirements, if working on-site at a Mass General Brigham <u>health care facility</u> for more than three weeks. Documentation should be maintained by Business and provided to Mass General Brigham upon request.	
Description	
<b>Tuberculosis Screening</b> <i>(One of the following is required)</i>	
<b>A</b>	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>B</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 <b>Tuberculosis (TB) Screening Form</b> . This form should be maintained by the employer.

**Additional Infection Control Standards for Health Clearance**

Business employees must meet these standards, in addition to the Covid-19/Flu Vaccination Requirements, if working on-site at a Mass General Brigham health care facility for more than three weeks.

Documentation should be maintained by Business and provided to Mass General Brigham upon request.

**Description**

**Measles, Mumps, and Rubella Immunity Required** *(One of the following is required)*

- |          |                                                                                                                                                     |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | 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>B</b> | Proof of immunity via blood test (will show antibodies if immune) to measles, mumps, and rubella (German measles)                                   |

**Chicken Pox (Varicella) Immunity Required** *(One of the following is required)*

- |          |                                                                                  |
|----------|----------------------------------------------------------------------------------|
| <b>A</b> | Proof of immunity via blood test (will show antibodies if immune) to chicken pox |
| <b>B</b> | Documentation of <u>two</u> varicella vaccinations.                              |
| <b>C</b> | Physician diagnosed history of chickenpox disease                                |

**Hepatitis B Vaccine (For individuals who may be exposed to blood or body fluids)** *(One of the following is required)*

- |          |                                                                                   |
|----------|-----------------------------------------------------------------------------------|
| <b>A</b> | Documentation of <u>three</u> Hepatitis B vaccines                                |
| <b>B</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

**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:*

<b>Name:</b>	

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