

***Mass General Brigham Infection Prevention Standards
for Suppliers/Vendors (“Businesses”)***

All individuals from a vendor/supplier (“Business Employees”) who will be working onsite for one day or more at any Mass General Brigham facility must meet the **COVID-19 and Influenza Vaccination Requirements** described below.

In addition, all Business Employees who will be working onsite at a Mass General Brigham hospital or healthcare facility for longer than a duration of 3 weeks (120 cumulative hours over the course of a year) must meet the **Additional Infection Prevention Requirements** described below.

COVID-19 and Influenza Vaccination Requirements

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

Influenza Vaccine

The Seasonal Flu Vaccine is required if working during flu season (September 15-April 30th)

COVID-19 Vaccine

A completed primary COVID-19 vaccination series that is approved by the FDA or the World Health Organization (WHO) OR an up-to-date COVID vaccine if a primary series was never received or completed is required.

Additional Infection Prevention Requirements

Business Employees must meet the following additional infection prevention requirements *if working on-site at a Mass General Brigham health care facility for more than three weeks (120 cumulative hours over the course of a year).*

Clinical documentation (not self-attestation) should be maintained by Business and provided to Mass General Brigham upon request.

Description

Covid-19 Vaccine- Latest Formulation Documentation

Once the primary series requirement is met, there is no further requirement to receive the latest COVID vaccine formulation. HOWEVER, individuals who do not receive the latest formulation need to submit a declination statement to the Business that attests they understand the benefits/risks of the latest formulation of the Covid vaccine. If the latest vaccine was received, the date received, and location details need to be provided to the Business.

Tuberculosis (TB) –Screening Required (*One of the following is required*)

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 QuantiFERON TB Test or T-spot (blood test for TB) within 3 months of start date
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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.
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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>(Strongly recommended, but not 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– Immunity Required for individuals who may be exposed to blood or body fluids <i>(Strongly recommended, but not 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 (Tdap) Vaccine <i>(Strongly recommended but, not required)</i>	
At least one Tdap vaccine after the age of 12	

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