



Medical Staff Services
110 S. Paca Street, 8th Floor
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www.ummm.edu/med_staff_services

RE: credentialing requirement – initial and annual Medical staff health assessments

Dear Prospective Medical Staff Members

One of the requirements for medical staff membership and clinical privileges (including Advanced Practice Nurses and Physician Assistants) at UMMC is proof of current health screening. This includes vaccinations, tuberculosis screening, and initial medical clearance for respiratory protection and respirator fit testing. There are federal and state laws that mandate occupational health services to address these issues, and federal guidance to address related issues. **This is a high priority to protect you and your patients. UMMC will not be able to complete credentialing for privileges (including temporary privileges) for or re-credential you unless this requirement is fulfilled on an annual basis (i.e. defined as within the past 12 months of your date of hire).**

In order to comply, **please contact UMMC Employee Health Services (EHS) Appointment line at 410-328-6151** for an appointment. For your convenience, EHS is open 7AM-4PM, Monday-Friday (except holidays) and remains open during lunch. It is best to make your appointment at least 2 weeks in advance given the volume of employees the clinic services. If the appointment hours are not convenient, you can contact Regina Hogan, Manager, EHS, at 410-328-0958 to make alternative arrangements. The location for EHS is suite T1R05 (1st floor near UMMC/STC Auditorium). During the flu vaccine campaign (October-January), you can also be vaccinated against the flu at the same time.

Thanks to a partnership between the University of Maryland Medical Center and the School of Medicine, **there is no cost to you** for the assessment, testing, or vaccinations (if needed).

The following documents are enclosed for your use:

1. **Annual Medical Staff Occupational Health Questionnaire:** *(This should be completed in full and brought with you on the day of your appointment.)*
 - A. Please note that Maryland law requires written documentation that you have received measles, mumps, rubella, and varicella vaccines. If documentation is no longer available, titers must be drawn. You may only decline mumps vaccine by completing the attached **Vaccine Declination form** and submitting it to EHS. If there are medical contraindications to receiving any of the above vaccines, you will need to provide documentation from your treating primary care provider, in addition to completing the vaccine declination form.

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- B. If you had a TB screening or chest x-ray elsewhere within the past twelve (12) months, that documentation should suffice. However, for new attendings, another TB test may be required as step 2 of CDC's recommended two-step process. For your convenience, the TB test can now be read by any MD or RN (but not self-read) as long as there is no reaction, and then faxed back to EHS for documentation (410-328-6319 fax). However, if there is any induration or redness whatsoever, it must be read by an EHS clinician.
2. **Medical Clearance for Respiratory Protection Questionnaire:** *(This should be completed in full and brought with you on the day of your appointment.)* Respiratory clearance is a requirement for credentialing. Education on the Powered Air Purifying Respirator (PAPR) will be given to all staff members. If there are any questions or concerns, please discuss with EHS staff members at the time of your visit.
3. **Optional Cholesterol Screening:** EHS is pleased to offer a free 5-minute cholesterol profile (LDL, HDL and triglycerides). Overnight fasting is recommended.

CONFIDENTIALITY: UMMC EHS will maintain a medical record to document services provided and compliance with the required/recommended health and safety programs. Medical Staff services and your Chair/Division Chief will be provided with compliance data. **Personal health information, as well as your social security number, will be maintained in confidence as per State and Federal requirements.** The UMMC Medical Director of Infection Control, will be notified of health information that could negatively affect patient care as per UMMC policy SP&CI-003 Prevention of Transmission of Infection Disease from Personnel to Patients.

If you have any questions, whatsoever, please feel free to contact Regina Hogan, RN, Manager or Dr. Melissa Frisch, Medical Director, Employee Health and Safety, UMMS at 410-328-0958.

Thank you for your cooperation.

Sincerely,

Allison M. Andrus, CPMSM
Director, Medical Staff Services

University of Maryland Medical Center Annual Medical Staff Occupational Health Questionnaire

Today's Date: _____ Name: _____ Suffix/Title: _____
 SS# _____ DOB: _____ (mm)/ _____ (dd)/ _____ (year)
 Department: _____ Please check one: _____ UPI _____ SOM _____ UMMC
 Home Address: _____ City, State, Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone _____
 Email: _____

Part A. Vaccines: If you have completed this questionnaire before, skip this section and go to Part B

UNK=unknown

a. Have you ever received 3 doses of <u>hepatitis B vaccine</u> ? <i>If 'yes', what year?</i> _____	Yes	No	UNK
Did you have a post-series antibody titer to determine immunity? <i>If 'yes', were you then considered immune?</i> _____	Yes	No	UNK
b. Have you had <u>chickenpox</u> or serologic evidence of immunity to varicella? <i>Have you ever received 2 doses of varicella (chickenpox) vaccine?</i> _____	Yes	No	UNK
c. Do you have documentation of vaccination against measles, mumps, and rubella? Two doses of live measles vaccine?	Yes	No	UNK
Two doses of live mumps?	Yes	No	UNK
At least one dose of live rubella vaccine?	Yes	No	UNK

*Usually given as 2 doses of MMR and Varicella vaccine. Documentation is required by Maryland state regulation. If not available, titers must be drawn.

Part B. Tuberculosis (TB) Screening: Complete this section annually

a. Were you born in the U.S.A.? <i>If 'no', what is your country of birth?</i> _____ <i>What year did you move to the U.S.A.?</i> _____	Yes	No	
b. Have you ever received BCG vaccine? If 'yes', what year? _____	Yes	No	UNK
c. Have you traveled or lived outside the U.S.A. in the last 2 years? <i>If 'yes', where?</i> _____	Yes	No	
d. When was your last TB skin test? Month: _____ Year: _____ <i>Was it positive?</i> _____ <i>If positive, was a CXR required?</i> _____	Yes	No	UNK
e. Have you ever been diagnosed with Tuberculosis? <i>If 'yes', please describe intervention (e.g., medications and duration) on reverse side.</i>	Yes	No	UNK
e. Since your last TB skin test, have you lived with or been in close contact with someone with TB? <i>If 'yes', provide details on reverse side.</i>	Yes	No	UNK
f. Since your last TB skin test, have you had any of the following symptoms? <i>Check all that apply:</i>			
Persistent cough (>3weeks)	Yes	No	
Hoarseness	Yes	No	
Persistent fever	Yes	No	
Excessive fatigue	Yes	No	
Excessive night sweats	Yes	No	
Excessive unintentional weight loss	Yes	No	
Coughing up blood	Yes	No	

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Part C. Respirator Medical Clearance: If you have never completed the **UMMC Medical Clearance for Respiratory Protection (N95 or PAPR) Questionnaire** or if you have had a change in your health, you must complete it now. Annual fit testing is required for use of a disposable N-95 or reusable respirator, or you may be instructed to use the Powered Air Purifying Respirator (PAPR). Please refer to the attached training sheet.

Part D. 5-minute cholesterol profile: We are pleased to offer you a free 5-minute cholesterol profile (LDL, HDL, and triglycerides) that requires a finger-stick only. Overnight fasting is recommended. You can come back for this anytime during regular hours.

The information supplied in this questionnaire is true to the best of my knowledge. Your signature: _____

Additional space provided for explanations/comments:

*****Employee Health Staff Only*****

Reviewing Employee Health professional's comments:

Signature _____

Printed Name _____

Date _____

University of Maryland Medical Center
Employee Health Services

Vaccination Declination Form

I _____ understand that measles, mumps, rubella (german
(Please print your name)

measles), varicella (chickenpox) are vaccine-preventable diseases, and that susceptible health care workers can acquire and transmit them to patients. These diseases may result in serious morbidity or even death in health care workers and in patients.

I have been unable to provide documentation of the following:

- 1) Laboratory proof of immunity/titer, records of prior vaccination, or physician documentation of actual disease
 - ☐ Measles *
 - ☐ Mumps
 - ☐ Rubella (German Measles) *
 - ☐ Varicella (Chickenpox)

Or

- 2) Laboratory results show that I have insufficient or no immunity to:
 - ☐ Measles *
 - ☐ Mumps
 - ☐ Rubella (German Measles) *
 - ☐ Varicella (Chickenpox)

I am aware that Vaccine Information Sheets are available in Employee Health Services should I have any questions. Due to my lack of documented immunity, Employee Health Services has offered to vaccinate me against the disease(s) checked off above, at no charge to me, but I decline it. I acknowledge that it is my responsibility to contact Employee Health Services should I change my mind in the future and decide to be vaccinated, or if I am exposed to a person in the contagious state of the disease and did not wear the appropriate personal protective equipment. I understand that if I am exposed to a case of measles, mumps, rubella or varicella, I will automatically be relieved from all direct patient contact throughout the incubation period following my exposure, as per UMMC policy SP&CI-003 Prevention of Transmission of Infectious Disease from Personnel to Patients.

Reason for declination:

- ☐ For medical reasons, I am unable to receive the vaccine (measles, rubella requires Physician Documentation – please attach). **
- ☐ For religious reasons, I decline the vaccine
- ☐ For non-medical reasons, I decline the vaccine (option only for mumps, chickenpox).

Your Signature: _____ **Date:** _____

Department: _____ **Job Title:** _____

*Declination accepted for medical or religious reasons only

**If medical documentation cannot be obtained, case to be referred to EHS Medical Director for further review.

To: _____

From: Annique Nonnon CRNP/ Melissa Frisch MD
Employee Health Services

Date: _____

RE: Medical Documentation for Measles and/or Rubella Vaccination Declination for

Employee name

Employee DOB

MD. Regs. Code title 10 § 06.01.12 and 10 § 06.01.15 provide that a hospital shall grant a medical exemption for any worker who presents a written statement from a licensed physician or a health officer indicating that immunization is medically contraindicated or detrimental to the worker's health.

_____ Permanent exemption for medical contraindication to measles and or rubella vaccination.

_____ Temporary exemption for medical contraindication to measles and or rubella vaccination in effect until_____.

(Provider Print name/Signature)

cc: Medical record

3M AIR-MATE POWERED AIR PURIFYING RESPIRATOR (PAPR's) (REVISED 10/23/09)

Instructions for Proper Use

SAFETY

- PAPRs do not provide oxygen and must not be used in oxygen deficient atmospheres.
- This style of PAPR does not provide protection against airborne chemical hazards.
- Do not remove head covers or hoods in contaminated areas. Do not reach under head covers or hoods in contaminated areas or with dirty hands.
- Do not share hoods or head covers.

1. Make sure you have all the parts (see picture). You should have a:

- ☐ Blower unit with waist belt
- ☐ Breathing tube
- ☐ Head cover or hood
- ☐ Air flow tester

You can obtain PAPRs, hoses and air flow testers from Clinical Equipment Operations at 8-5174. Head covers or hoods may be ordered from MDC (PMM#4041 or #247128).

2. If not already done, assemble the PAPR by inserting the breathing tube into the blower unit and turning clockwise until it engages.

3. Air flow check

- ☐ Turn the unit on and place the air flow tester into the end of the hose (bullet shaped end down). See picture below.
- ☐ There are two indicator lines. The tester should “float” so that both lines are visible. DO NOT USE UNIT if the tester does not rise to this point! CALL 8-5174 – NEW FOR EXCHANGE!
- ☐ Airflow should be checked prior to each use.
- ☐ Attach the head cover or hood after you have successfully completed the air flow check.

4. Donning PAPR

- ☐ Place blower unit back cover against lower back with breathing tube extending upward
- ☐ Fasten belt at front so the unit rests comfortably and securely against lower back
- ☐ Turn the unit on and place the head cover or hood on head
- ☐ NEW - If a gown is needed. Don the isolation gown next. When possible, the gown should be worn over the PAPRs unit to protect the belt and unit from contamination.

5. After use

- ☐ NEW – Follow PPE doffing instructions as per the infection control poster.
- ☐ Remove the PAPR. Turn the unit off only after removing the head cover or hood from your head!
- ☐ Remove, clean and reuse, or discard the hood or head cover.
- ☐ Carefully wipe the unit down with Cavicide or other hospital-approved disinfectant wipe. Do not “wet” the blower unit with sprays or copious amounts of water/soap.
- ☐ Return the unit to Clinical Equipment Operations, or return the unit to the charger.



Questions about use should be addressed to the Safety Department (Pager 410-389-9408), Senior Clinical Nurse, the Nurse Coordinator, or Infection Control (BEEP 5757).

Personal Protective Equipment (PPE) Removal

Step 1

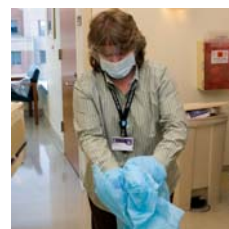
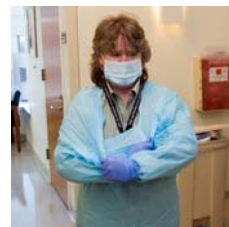
Remove Gown and Gloves

Grasp shoulders of gown and pull forward.

Roll outside of gown inward, folding contaminated outside layer away from your body.

Remove gloves while rolling gown off arms.

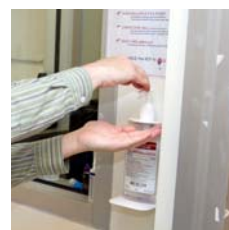
Keep hands on clean side of gown. Discard gown and gloves.



Step 2

Hand Hygiene

Clean hands with soap and water or alcohol-based hand rub.



Step 3

Remove Goggles or Eye Protection

Handle the eyewear from the sides for removal.

If necessary repeat hand hygiene before step 4.



Step 4

Remove Surgical Mask, N95 Respirator or PAPR (powered air purifying respirator)

The front of the mask, respirator, or PAPR is the most contaminated.

For all types of respirator protection, remove from the back of the head, lifting away from the face.



Step 5

Disinfect Reusable N95 Respirator, PAPR Hood and Goggles

Disinfect exterior surfaces after each use with 70% alcohol wipes.



Step 6

Hand Hygiene

Clean hands with soap and water or alcohol-based hand rub.

