Purpose;

The City of West Des Moines EMS and The Iowa EMS Alliance is responsible for obtaining adequate documentation and providing a pre-employment evaluation to ascertain immunity to communicable diseases in order to protect the health of all patients, students, staff and employees of The City of West Des Moines EMS and Iowa EMS Alliance.

This is in accordance with Iowa State Code, federal OSHA mandatory standards and Centers for Disease Control and Prevention (CDC) Guidelines.

All employees in direct contact with patients are required to have a pre-employment evaluation that includes answering a questionnaire, a brief physical examination, and to complete all portions of the Immunization Documentation and Tuberculosis Screening. Pre-employment physicals and questionnaires will be completed through the Human Resources Department. All other information regarding employee health information and medical records will be obtained and maintained by the EMS Administrative staff.

Types of documentation required are:

*Measles (Rubeola) - one of the following must be submitted: (Once upon employment)*

a. Signed physician’s record documenting illness OR
b. Signed physician’s record documenting two (2) immunizations, one dose after 1969, and one dose after 1980 OR
c. Laboratory report of immune serum antibody titer OR
d. Two (2) Measles immunizations must be given one month apart, unless contraindicated AND
Rubella - one of the following must be submitted: (Once upon employment)
- Signed physician’s record documenting illness OR
- Signed physician’s record documenting immunization (one dose of MMR) OR
- Laboratory report on immune serum antibody titer AND

Mumps - one of the following must be submitted: (Once upon employment)
- Signed physician’s record documenting immunization (MMR) OR
- Laboratory report on immune serum antibody titer AND

Varicella - immunity by: (Once upon employment)
- Verbal history OR
- Documentation of 2 doses of Varicella vaccine in the past AND
- Positive titer AND

Hepatitis B (HB) - immunity by: (Once upon employment)
- Three doses of HB vaccine in the past AND a positive titer after at least one month from the third vaccine dose OR
- Documentation of positive HB antibody titer in the past OR
- Signature of refusal of vaccine AND

Tuberculosis (TB) - Screening requires submission of: (Once upon employment & Every 4 years)
- Completion of departmental TB Questionnaire and TB Baseline screening AND
- Results of radiography of the chest for those with a history of a positive TST or treated TB in the past.

Tetanus-diphtheria toxoid is highly recommended by the CDC to be given every 10 years. Td with acellular pertussis (Tdap) is recommended for HCW once in the adult life, 2 years from the last Td.

Upon initiation of employment all employees are expected to provide proof of immunization or obtain the required immunizations. Employees must complete the enclosed forms and attach a copy of their previous record.