THE CHILDREN'S MERCY HOSPITAL
ADMINISTRATIVE POLICY

TITLE: Facility Access: Medical Vendor Representatives, Non-Medical Vendor Representatives, Construction Personnel and Consultants
NUMBER:
EFFECTIVE:
REVISION DATE: 07/07. 4/14
REVIEWED WITH NO CHANGES:
RETIRED:

PURPOSE: To provide requirements for medical vendor representatives (MVR), non-medical vendor representatives (NMVR), construction workers, and consultants entering Hospital facilities that will protect the individual and assure a safe, secure and confidential environment.

SCOPE: Children's Mercy Hospital, Children's Mercy South Hospital and Children's Mercy Clinics

ACCOUNTABILITIES/RESPONSIBILITIES: Facilities Management

POLICY STATEMENT:
MVR, NMVR, construction workers, and consultants requesting entry into any Hospital facility must follow specific requirements and in some cases must have a Hospital employee or Medical Staff member present while in a Hospital facility. The Hospital reserves the right to limit or deny access to Hospital facilities.

I. NON-MEDICAL VENDOR REPRESENTATIVES

A. General Guidelines

1. NMVR Requests for Visits

a) The Hospital prohibits "cold calls", conducting calls without a scheduled appointment.
b) NMVR must request an appointment.
c) NMVR visits will be limited to only those individuals to whom they have an appointment. Visiting other employees within the same department without an appointment is prohibited.

B. Scheduling of NMVR Visits

1. The Supply Chain department will coordinate all NMVR with Hospital departments located at the Adele Hall Campus (2401 Gillham campus). The Children's Mercy South campus and other Hospital facilities are encouraged to have the NMVR coordinate their initial visits with the Supply Chain department located at the Adele Hall Campus but, in all cases, must have a process that assures compliance with this policy. The individual the NMVR is scheduled to visit will add the NMVR to the Official Visitors List.

2. NMVR who wish to visit more than one individual must schedule appointments for each individual. Security will check the NMVR in for these multiple appointments on arrival.
3. The Supply Chain department will call the individual before sending a NMVR to the individual. For NMVR with multiple visits, each CMH employee being visited will call the next employee with whom the NMVR stats he or she has an appointment before sending the NMVR to that next individual to verify the appointment.
4. If the next individual does not have an appointment with the NMVR, the NMVR will be instructed to leave the premises. Failure of the NMVR to leave the premises must be reported to Security and Supply Chain.
5. If a hospital employee believes that a NMVR should visit with another individual/department while the NMVR is on premises, the employee must contact the other individual/department for approval before sending the NMVR.

C. Hospital Generated NMVR Requests

1. NMVR's who have an established relationship with the Hospital may be contacted directly by the employee for a visit.
2. The requesting employee will add the NMVR to the Official Visitor List.

D. Referring NMVR's to Other Departments

1. Employees contacted by a NMVR who either are not the appropriate person within the Hospital or feel that the NMVR should follow up with another individual or department should:
   a) Provide the appropriate person or department phone number to the NMVR and advise the NMVR to contact that person or department to request an appointment.

II. MEDICAL VENDOR REPRESENTATIVES

A. General Guidelines

1. MVR Requests for Visits

a) The Hospital prohibits "cold calls", conducting calls without a scheduled appointment.
b) MVR must request an appointment.
c) MVR visits will be limited to only those individuals with whom the MVR has an appointment. Visiting other employees without an appointment is prohibited.

B. Scheduling of MVR Visits

1. MVR without a current relationship with the Hospital or clinical area will be directed to the Supply Chain department.
   a) The Supply Chain department will coordinate visits by MVRs without current relationships to clinical areas located at the Adele Hall Campus. The South Campus and other Hospital facilities are encouraged to have the MVR coordinate their initial visits with the

Supply Chain department located at the Adele Hall Campus but, in all cases, must have a process that assures compliance with this policy. The clinical area the NMVR is scheduled to visit will add the MVR to the Official Visitor List.

2. MVRs with an established relationship with the clinical area/individual, may contact the clinical area/individual directly for an appointment.
3. MVRs who wish to visit more than one clinical area/individual must schedule appointments for each clinical area/individual. Security will check them in for these multiple appointments on arrival.
4. For MVRs with multiple visits, each clinical area/individual being visited must call the next clinical area/individual with whom the MVR states he or she has an appointment before sending the MVR to that next clinical area/individual to verify the appointment.
5. If the next clinical area/individual does not have an appointment with the MVR, the MVR will be instructed to leave the premises. Failure of the MVR to leave the premises must be reported to Security and Supply Chain.
6. If a hospital employee believes that a MVR should visit with another clinical area while the MVR is on the premises, the employee must contact the other clinical area for approval before sending the MVR.

C. Hospital Generated Requests for MVR Visits

1. MVRs who have an established relationship with the Hospital may be contacted directly by the applicable clinical area for a visit.

   NOTE: The Supply Chain department and the product champion will evaluate all items being considered for use and contact the appropriate clinical staff (for case specific use), Products Standards Committee (for hospital wide use) or Pharmacy and Therapeutics Committee (for pharmacy use). Products are not allowed to be used for patient care without review by Product Standards Committee or authorized committee designee. The Operating Room Subcommittee of Product Standards Committee may review and approve items to be used on a limited basis within the Operating Room only, following Product Standards Committee review.
2. The requesting employee will add the MVR to the Official Visitor List.

D. Referring MVRs to Other Clinical Areas

1. Employees contacted by a MVR who either are not the appropriate person within the Hospital or feel that the MVR should follow up with another individual or clinical area should:
   a) Provide the appropriate person or department phone number to the MVR and advise the MVR to contact the other person or department to request an appointment.

b) If the information provided would be beneficial to a larger group, the employee may arrange for the MVR to attend a department or clinical area meeting.

2. Requests to Add Items to the Formulary
   a) Pharmacy Formulary Requests
      i. Employees or physicians must **not** direct pharmaceutical MVRs to the Pharmacy department for requests to add specific items to the formulary.
      ii. To add items to the formulary, the employee or physician must make the request to the Pharmacy and Therapeutics Committee.
   b) Formula Formulary Requests
      i. Employees or physicians must **not** direct formula MVRs to the Nutrition or Supply Chain departments for requests to add specific formula to the formulary.
      ii. To add items to the formulary, the employee or physician must make the request to the Nutrition and Food Service Quality Committee.

III. VENDOR REPRESENTATIVES REGISTRATION

A. Vendor Registration

All vendor companies and their representatives are required to register with the Supply Chain department and provide documentation The registration includes but is not limited, to the provision of the following information and actions by the company and representative:

- Company Legal Name and DBA
- Company demographics and contact information
- Tax ID number(s)
- Corporation Type
- Minority Business Status
- Agreement to Comply with CMH Compliance Plan
- Agreement to Comply with CMH Vendor Visitation Standards
- Confirmation of Good Standing in regards to Federal and State Program Debarment Sanctions
- Agreement to Comply with CMH Confidentiality Policy
- When applicable, verification of immunization and health testing (see Section VIII below)

IV. VENDOR SAMPLES, EQUIPMENT, DEVICES and SUPPLIES

The Supply Chain department, prior to use, must approve any samples, equipment, devices or supplies to be evaluated.

A. Drug Samples

1. Drug samples are **not permitted**, with the exception of approved projects at the Teen Clinic.
2. NMVR or the MVR are not allowed to stock sample closets or be allowed into patient care areas to deliver samples. Samples must be left with staff

to process. Samples should inventoried by lot number and a record of which patients received the products must be maintained for reference in the event of a drug recall.

B. Non-drug Samples

1. Formula Samples
   a) Formula samples will be limited to patient use only.
   b) Amounts distributed shall be limited to a few days' supply. NOTE: If there is an ongoing patient financial need, please contact Social Work for an assessment.
2. Product Samples
   a) Product Samples are limited to patient use or for Hospital evaluation only.
   b) Amounts distributed to patients shall be limited to a few days' supply.
   NOTE: If there is an ongoing patient financial need, please contact Social Work for an assessment.
3. NMVR or the MVR are not allowed to stock sample closets or be allowed into patient care areas to deliver samples. Samples must be left with staff to process. Samples should inventoried by lot number and a record of which patients received the products must be maintained for reference in the event of a product recall.

C. Equipment Evaluation

Any equipment requested for evaluation must be coordinated with the Supply Chain and Clinical Engineering departments.

D. Delivery of Equipment

A purchase order is required before delivery of equipment or supplies can be made to the Hospital for items to be used by staff for patient care.

E. Equipment Inspection

All medical equipment must be inspected by the Clinical Engineering department prior to use or demonstration.

F. Defective Devices or Hardware

Known or suspected defective devices or hardware removed from a patient during a procedure cannot be taken by the MVR from Hospital property without a completed written authorization and approval from the Legal Affairs department.

V. CONSTRUCTION PERSONNEL

A. General Guidelines

1. The Facilities department will coordinate all on-site work of construction personnel.

2. Once a contract is awarded for construction or repair work, the Facilities Planning and Design or the Plant Operations departments will coordinate activities with the contractor.
3. Awarded contracts will contain information regarding contractors' responsibilities for their employees compliance with Hospital policies and procedures.

VI. CONSULTANTS

A. General Guidelines

1. The department responsible for establishing the consultant relationship will coordinate all on-site work of the consultant.
2. Once a relationship is established with the consultant firm/individual, the department responsible will coordinate activities with the consultant. The responsible department will provide the consultant with information about the Hospital policies and procedures.

VII. FACILITY PHYSICAL ACCESS

A. Security Check In Posts

1. Security Check In posts are available only at the Adele Hall Campus and the South Campus.
2. MVR, NMVR, construction workers, and consultants will abide by the Security Check In process.
   NOTE: This process does a sexual offender check. The Facility Access: Criminal Offenders Access, Restriction, Denial or Banning Policy will be followed.
3. Individuals not listed in the Official Visitor List will not be admitted.
4. Security Pass must be worn while on Hospital property.

B. Clinic and Offices Outside of Areas Controlled by Security Check In Posts

1. MVR, NMVR, construction workers, and consultants can proceed directly to the location of their appointment/assignment.
2. MVRs and/or NMVRs who arrive without an appointment will be informed by staff that cold calling is prohibited and asked to leave the premises.
   a) Staff must call Security if the MVR or the NMVR refuses to leave the premises promptly.

C. Access to Patient Care, Clinical Care, Clinical Procedure or Restricted Areas and Participation in Patient Care

1. All visitors must be escorted by a staff member when in patient care, clinical care, clinical procedure or restricted areas.
2. **Non-Participation in Patient Care**
   MVRs cannot participate in the patient care or scrub in. The MVR is present solely as a resource for hospital staff and physicians. MVR will only observe and provide information. For items that have not been used by CMH staff, MVR will provide training prior to the start of the patient

procedure for involved staff. MVR will act as a resource throughout item usage.

3. **Infection Control**
   Outside containers and bags will not be brought into the clinical procedure area. Carts and non-sterile equipment will be wiped with a disinfectant before entering a clinical procedure area. All MVR will follow Standard Infection Control Precautions.
4. **Patient Confidentiality**
   Patient confidentiality will be maintained. Information regarding procedures and patients will not be discussed with anyone other than the direct patient care providers. MVRs shall not obtain or remove any patient specific information without the prior written authorization by the legal guardian.

D. Visitors with Ongoing Relationship/Work with the Hospital

1. MVR, NMVR, construction workers, and consultants who are projected to be on-site sixty (60) days or more in a twelve month period may be eligible for a Visitor's Badge. The Hospital department or individual sponsoring the individual will submit the request for the Visitor Badge.
2. Before a Visitor Badge will be issued, the individual will provide the required Health Screening information if applicable (see Section VIII).
4. A local and state criminal background check that verifies no convictions at any time for crimes against a person, and evidence that the individual is not listed as a sex offender in any county will be obtained and maintained in security.

VIII. HEALTH SCREENING REQUIREMENTS

A. All MVR, NMVR, construction workers, and consultants covered by Section VII.D. will provide documentation of medical screenings identified in Attachment A prior to accessing the facilities.

IX. INAPPROPRIATE BEHAVIOR

All MVR, NMVR, construction workers, and consultants are required to be professional and respectful to staff and of their time. Inappropriate behavior should be reported to Supply Chain. In the event that a visitor refuses to leave after being requested to do so, and in any case of where a visitor's conduct is threatening, hostile or harassing, Security must be contacted immediately.

X. MONITORING AND AUDITING

A. The sponsor or the department that has the contact or relationship with a visitor will be responsible for ongoing monitoring to ensure that the requirements of this policy are met and renewed as indicated.

DEFINITIONS:

Clinical Procedure Area: Any inpatient or outpatient area providing direct patient care, including but not limited to Operating Room, Cardiac Catheterization Laboratory, Emergency Department, Radiology and Gastrointestinal Procedure Room.

Construction Personnel: An individual working for a construction company with whom the Hospital has awarded a contract for construction or repair work.

Consultant: An individual with whom the Hospital contracts to provide a specific service. (i.e.; public accounting firms, outside legal counsel, project managers, IT contractors, etc.).

Hepatitis A vaccine: Documentation of two hepatitis A vaccinations or three Twinrix Hep A/B combined.

Hepatitis B vaccine: Documentation of 3 vaccinations (Hepatitis B or Twinrix Hep A/B combined) and a positive hepatitis B surface antibody titer. If negative titer post series, repeat series of three with HbSab titer 4-8 weeks post completions. If 2nd negative titer, no further vaccinations are recommended. PEP protocol will be implemented if exposed.

Official Visitors List: List of scheduled appointments with all business and personal representatives, which includes the date, time, department visiting and department contact.

Medical Vendor Representative (MVR): Vendor representatives from pharmaceutical companies, manufacturers and distributors of medical devices and durable medical equipment, Home health and other patient care vendors. These individuals may or may not have exposure to blood borne pathogens.

MMR: Documentation of 2 MMR vaccinations or serological proof of immunity

Pass: A disposable self-adhesive badge provided after clearance by Security to a non-employee requesting access to the Hospital.

Non- Medical Vendor Representatives (NMVR): Those individuals or groups who function on behalf of non-medical vendors, manufacturers or distributors to promote or sell items or services used by the Hospital. These individuals will not have exposure to blood borne pathogens.

Restricted Area: Any areas where confidential and proprietary information is maintained or stored and areas under construction or where safety equipment is required; Representatives must be accompanied by a Hospital employee or Medical Staff member unless pre-approved for construction by the Facilities Director.

Seasonal Influenza Vaccine during flu season: Flu vaccine/shot obtained during the period of time determined by the CDC.

TB Testing- Level 1: Quanitferon Gold IGRA testing upon affiliation, performed by CMH laboratory

TB Testing- Level 2: Two tuberculin skin tests within 12 month of each other and the last test no greater than 90 days prior to affiliation or interferon-gamma release assay testing for latent tuberculosis (e.g. Quantiferon Gold or T- spot) within 90 days of affiliation. Anyone claiming past positive tuberculosis testing must have original documentation of the positive test and or treatment for latent tuberculosis and a negative chest x-ray report post positive test. In addition, they must be free of signs and symptoms of active tuberculosis.

Tdap: Documentation of tetanus, diphtheria, acellular pertussis vaccine (Adacel or Boostrix) since 2005.

Varicella (Chicken Pox): Documentation of 2 Varivax vaccinations or serological proof of immunity.

EXCEPTIONS: Requests for exceptions should be directed to the VP of Facilities Management.

RELATED POLICIES:
Facility Access: Entertainment/Tour
Facility Access: Visitors Requesting Access to the Clinical Procedure Areas
Facility Access: Visitor Badges
Facility Access: Visitor and Patient Access
New Products and Equipment in Patient Care Areas
Educational Participation at CMH
Dialysis Program Visitor Policy
PICU Visitation Guidelines
Patient Owned or Rented Equipment During Inpatient Care
Clinical Engineering Policy: Testing of All Incoming or New Equipment
Vendor Registry
New Non-Employed Worker Health Screening Policy

RELATED FORMS:

REFERENCES:

REGULATIONS:

POLICY CONTENT OWNER:
Lonnie M. Breaux, VP Facilities Management

ADMINISTRATIVE COUNCIL SPONSOR:
Lonnie M. Breaux, VP Facilities Management

REVIEWED BY:
Mikki Massey, Corporate Compliance
Phil Lawler, Security
Steve Elzey, Supply Chain
Cheri Hunt, Patient Care Services
Steve Cazzell, Bio-Medical Engineering
Ricky Ogden, Pharmacy
Susan Mecklenburg, Operating Room
Robin Carroll, Nutrition and Lactation Services
Deb Rivera, Occupational Health
Mary Ann Jackson, MD, Infectious Disease

REVIEW PERIOD: 3 years unless required more frequently by regulatory or accreditation requirements.

APPROVED:

Infection Control Committee:	2/14
Medical Staff Executive Committee:	3/5/14
Administrative Council:	3/20/14

_____ _____
John Sommerauer, MD Date
Medical Staff President

_____ _____
Randall L. O'Donnell, Ph.D. Date
President & Chief Executive Officer

ATTACHMENT A

	MMR	Varicella (Chicken Pox)	Tdap	Hepatitis B	Hepatitis A	TB Testing - level 1	TB Testing - level 2	Seasonal Influenza Vaccine	Confident History of MMR vaccines & varicella vaccines or history of disease.
MVR, NMVR, construction workers, and consultants - Exposure risk blood borne pathogen (BBP)	✔	✔	✔	✔	☐	✔	☐	✔	☐
MVR, NMVR, construction workers, and consultants - No Exposure risk (BBP)	✔	✔	✔	☐	☐	☐	✔	✔	☐
MVR, NMVR, construction workers, and consultants - No Exposure risk (BBP) - less than 15 calendar days in the workplace	☐	☐	☐	☐	☐	☐	☐	✔	✔

✔ Required

Definitions	
MMR	**Documentation of 2 MMR vaccinations or serological proof of immunity**
Varicella (Chicken Pox)	**Documentation of 2 Varivax vaccinations or serological proof of immunity.**
Tdap	**Documentation of tetanus, diphtheria, acellular pertussis vaccine (Adacel or Boostrix) since 2005.**
Hepatitis B vaccine	**Documentation of 3 vaccinations (Hepatitis B or Twinrix Hep A/B combined) and a positive hepatitis B surface antibody titer. If negative titer post series, repeat series of three with HbSab titer 4-8 weeks post completions. If 2nd negative titer, no further vaccinations are recommended. PEP protocol will be implemented if exposed.**
Hepatitis A vaccine	**Documentation of two hepatitis A vaccinations or three Twinrix Hep A/B combined.**
TB Testing- Level 1	**Quanitferon Gold IGRA testing upon affiliation, performed by CMH laboratory**
TB Testing- Level 2	**Two tuberculin skin tests within 12 month of each other and the last test no greater than 90 days prior to affiliation or interferon-gamma release assay testing for latent tuberculosis (e.g. Quantiferon Gold or T-spot) within 90 days of affiliation. Anyone claiming past positive tuberculosis testing must have original documentation of the positive test and or treatment for latent tuberculosis and a negative chest x-ray report post positive test. In addition they must be free of signs and symptoms of active tuberculosis.**
Seasonal Influenza Vaccine during flu season	**Condition of affiliation**

REVIEWED BY:
Mikki Massey, Corporate Compliance
Phil Lawler, Security
Steve Elzey, Supply Chain
Cheri Hunt, Patient Care Services
Steve Cazzell, Bio-Medical Engineering
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John Sommerauer, MD
Medical Staff President

3/31/14
Date

Randall L. O'Donnell, Ph.D.
President & Chief Executive Officer

4/4/2014
Date