**機關團體因應麻疹疫情防治作為檢核表**

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| Measles Epidemic Response Checklist for Organizations  《請依序確認檢核及勾選完成項目，並將附件資料裝訂於後》  (Please check the box next to completed items and attach related materials as appendix.)  1.□成立應變工作小組，完成工作小組人員名單及分工。  Set up a response team, complete the team member list and the assignment of responsibility.  2.□應變工作小組成員包含公司一級主管、廠護或職安人員、人事主管、衛生單位防疫人員、規劃安排出現症狀者就醫之醫院。  The members of the response team should include the company's first-level supervisor, factory or occupational safety personnel, HR supervisor, health authority personnel, and hospital personnel that arrange medical treatment for symptomatic persons.  3.□繪製平面配置圖，標示指標病例、確定病例及出現症狀員工所在位置。  Draw a floor layout to show the locations of index cases, confirmed cases, and symptomatic employees.  4.□清楚麻疹接觸者匡列原則，並列出所屬員工接觸者名單送交衛生單位。  Clearly understand the principle of measles contacts identification, list the names of employees who are contacts of the case and provide the list to the health authority.    5.□發給每位接觸者健康監測通知書並妥為衛教，確認每個人均清楚且能遵循通知書所列應注意事項，確實做好健康監測及防護措施：  Provide the health monitoring notice and sufficient instructions to each contact. Confirm that everyone is clear and can follow the precautions listed in the notice and take health monitoring and protection measures:  □避免接觸小於1歲嬰兒、尚未完成麻疹、腮腺炎、德國麻疹混合疫苗(MMR)接種之幼童、孕婦或免疫不全病人。  Avoid contact with infants under 1 year old, children who have not completed measles, mumps, and rubella vaccine (MMR), pregnant women or patients with immunodeficiency.  □於健康監測期間內，每天早晚各量體溫1次，並詳實記錄體溫。  During the health monitoring period, the body temperature should be measured and recorded once in the morning and once in the evening every day.  □麻疹的初期症狀與感冒相似，有疑似症狀時，勿輕忽及自行就醫。  The early symptoms of measles are similar to those of a cold. Please do not ignore suspected symptoms or seek medical attention on your own.  □出現疑似症狀時，應停止上班，在家休息自我隔離，並通知衛生單位安排就醫，就醫時應全程佩戴口罩。  When suspected symptoms appear, do not go to work. Rest at home and do self-quarantine. Notify the health authority to arrange medical treatment and wear a mask throughout.  □避免出入公共場所，並儘量佩戴口罩。  Avoid going to public places and wear a mask when possible.  6.□於每天上班、下班時安排專人，協助為接觸者量測體溫各1次，如發現發燒者，立即主動通知衛生單位安排就醫。  Appoint a specific person to assist in measuring the body temperature of each contact once on duty and once off duty every day. If a person with fever is found, immediately notify the health authority to arrange medical treatment.  7.□提醒員工遵行呼吸道衛生及咳嗽禮節，並提供口罩予接觸者使用。  Remind employees to follow respiratory hygiene and cough etiquette, and provide masks to contacts.  8.□專責人員每天主動追蹤詢問接觸者健康情形，確認是否出現疑似症狀，落實生病在家休息。（如員工人數眾多，可於各部門各指派1人負責）  The appointed person should proactively follow up on the health conditions of the contact every day to make sure the contact rest at home when experiencing a suspected symptom. (If there is a large number of employees, each department should assign one person for the above task.)  9.□人事部門每天查核員工休假情形及原因，並確認休假員工之健康情形。  The HR department should check the situation and the reasons for employee’s leave every day, and confirms the health status of those employees.  10.□專責人員每天彙整接觸者員工健康監測結果回報衛生單位。  The appointed person should collect health monitoring results of contacts and report to the health authority every day.  11.□調查員工之疫苗接種史、麻疹抗體檢測紀錄(如附表)。  Investigate employee's vaccination history and measles antibody test records (as the  attached table.)  ※疫苗接種史：請確認員工幼時及近期麻疹相關疫苗接種紀錄(接種紀錄應包含有疫苗名稱、接種日期及接種單位等資料)，無接種紀錄者視同未曾接種。  Vaccination history: Please confirm the employee's childhood and recent measles-related vaccination records (the vaccination record should include the name of the vaccine, the date of vaccination and the health organization providing the vaccination.) Those who do not have the vaccination record are deemed not to have been vaccinated.  12.□評估規劃針對員工全面補接種1劑MMR活動(當感染源不明、或無法確切界定個案之接觸者、或已發生次波感染、或經評估有發生次波感染風險時，即應規劃全面補接種疫苗活動) 。  Evaluate and plan the vaccination of one dose of MMR for all employees (when the source of infection is unknown, the contacts of the case cannot be clearly defined, the superinfection has occurred, or there is the risk of superinfection after assessment, then comprehensive vaccination should be planned). |

**機構員工麻疹相關疫苗接種史及抗體檢測結果**

**Measles-related Vaccination History and Antibody Test Results of Organization Employees**

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| 姓名  Name | ID No. | 出生日期  Date of Birth | 麻疹抗體檢測  Measles antibody test | | | 疫苗接種情形  Vaccination history | | | |
| 有/無  Yes/  No | 檢測  日期  Test date | 檢測  結果\*  Test result\* | 第一劑  1st dose | | 第二劑  2nd dose | |
| 接種日期  Vaccination date | 疫苗種類  (MV/MMR)  Vaccine type  (MV/MMR) | 接種日期  Vaccination date | 疫苗種類  (MV/MMR)  Vaccine type  (MV/MMR) |
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\*抗體檢測結果包括陽性、陰性或未確定

\* Antibody test results include positive, negative or not determined.