I. PURPOSE

To ensure a safe hospital environment for patients, personnel, and visitors, and to reduce the rate of hospital-associated infections.

II. POLICY STATEMENT

Stanford Hospital and Clinics and Lucile Packard Children’s Hospital supports a strong infection control program. All new and current medical staff must comply with the following communicable disease screening and/or immunization. These requirements are regulated by hospital policy, by the Santa Clara County Health Department, by the State of California Department of Health (title 22) and by The Joint Commission.

- Tuberculosis (annual requirement)
- Chest x-ray within the last 3 months for new staff if a history of positive TB tests or if newly positive TB screening result
- Influenza (seasonal)
- Measles
- Mumps
- Rubella
- Varicella
- Hepatitis B
- Tdap

Medical Staff are required to have annual TB screening. Screening includes an annual Symptom Review and Quantiferon testing. Skin testing from outside facilities is accepted. Occupational Health Services uses QuantiFERON instead of the TB skin test for baseline and annual testing of all medical staff unless unavailable or contraindicated.

In addition, all medical staff must provide proof of immunity with medical documentation of vaccination or positive IgG titers for Hepatitis B, Measles, Mumps, Rubella, and Varicella. If re-vaccination is necessary it will be provided by Occupational Health Services.
### III. PROCEDURES

#### A. Tuberculosis for New Appointees

New appointees to the Medical Staff(s) are required to provide documentation of or undergo annual TB testing. If annual TB skin testing or QuantiFERON assay has not been done, QuantiFERON blood draw must be performed at the time of appointment.

1. Failure to submit a current TST or QuantiFERON test will deem an application incomplete.
2. OHS will provide, at no charge, TB testing (QuantiFERON Assay) to those individuals in order to complete their application(s).
3. Medical Staff with a positive TST or Quantiferon test must have a chest x-ray unless they can provide valid documentation of a chest x-ray within the last 3 months.

#### B. Annual TB screening is required for all Medical Staff

1. Annual TB tests will be offered by Occupational Health Services to Medical Staff based on their medical staff privileges renewal date.
2. Written notification will be sent from Occupational Health to Medical Staff who do not have a current TB screening result in their file.
3. Medical Staff members who receive annual TB tests elsewhere may forward results to Occupational Health Services for inclusion in their medical file.
   a. In cases where there is discordance between TST and QuantiFERON test results; the medical staff member will undergo a risk assessment by OHS staff.
4. Failure to provide documentation of annual renewal of the TB test may result in suspension from the Medical Staff.

#### C. Influenza immunization is required for all Medical Staff

1. Medical staff may sign a declination for medical or religious concerns. During the flu season, all unvaccinated Medical Staff must wear a mask in patient care areas in accordance with the Santa Clara County mandate.

#### D. Immunity to communicable diseases is required for all Medical Staff

1. Medical staff are required to submit valid documentation of vaccines or IgG titers for measles, mumps, rubella, and varicella.
2. If titers are not available, titers will be drawn by Occupational Health Services.
E. All Medical staff are required to be immune to Hepatitis B or sign a refusal form
   1. Hepatitis vaccine is offered by Occupational Health Services at no charge for all Medical Staff
   2. Immunity will be checked post vaccination series
F. Tetanus, Diphtheria, Pertussis (Tdap) is required for all Medical Staff
   1. Medical staff may sign a declination for medical or religious concerns

IV. RELATED DOCUMENTS
   A. SHC and LPCH Medical Staff Bylaws and Rules and Regulations
   B. Medical Staff Credentialing Policies
   C. The Joint Commission (TJC)
   D. Title 22
   E. Recommended Adult Immunization Schedule, U.S.
   F. California OSHA Aerosol Transmissible Diseases Standard Title 5199 at http://www.dir.ca.gov/title8/5199.html

V. DOCUMENT INFORMATION
   A. Legal Authority/References
      1. The Joint Commission
      2. Title 22
   B. Original Date
      April, 2004
   C. Gatekeeper of Original Document
      Occupational Health Services Policy Manual
   D. Distribution and Training Requirements
      1. This policy resides in the Administrative Manuals of both hospitals and in the Medical Staff Services policy manual.
This policy applies to:
- Stanford Hospital and Clinics
- Lucile Packard Children’s Hospital
- Stanford Medical Outpatient Clinics

Last Revision: Oct 2012

Name of Policy: Communicable Disease Screening for Medical Staff

Departments Affected: All Medical Staff

2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.

E. Review and Renewal Requirements
This policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History
Robert Norris, MD – Chief, Emergency Medicine
September, 2005
Kelly Murphy, MD – OHS Medical Director
April, 2007
Kathleen Nava, RN, CIC – OHS Manager
Mary Spangler, RN, COHN, Director, Occupational Health Services
July, 2012
Dr. Anthony Dubose, MD – OHS Medical Director
July, 2012

G. Approvals
Beverley Tobias, MBA, RN, COHN-S, CCM, FAAOHN, OHS Director
April, 2007
Kelly Murphy, MD – OHS Medical Director
April, 2007; April 2010
Dr. Anthony Dubose, MD – OHS Medical Director
July, 2012
SHC Medical Executive Committee October 2012

LPCH Medical Executive Committee September 2012

SHC Board of Directors Oct 2012

LPCH Board of Directors Oct 2012

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