<table>
<tr><td>This policy applies to:
☑ Stanford Health
☑ Lucile Packard Children's Hospital/Stanford Children's Health</td><td>Last Revision:

Dec 2018</td></tr>
<tr><td>Name of Policy:
Communicable Disease Screening for Medical Staff</td><td rowspan="2">Page 1 of 5</td></tr>
<tr><td>Departments Affected:
All Medical Staff</td></tr>
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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 Health Care and Stanford Children's Hospital support a strong infection control program. All Medical Staff must comply with the following communicable disease screening and/or immunization requirements. 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 (TB) screening (annual requirement)
- Chest x-ray within the last 3 months for new staff if a history of positive TB test or if newly positive TB screening result
- Influenza (seasonal)
- Measles
- Mumps
- Rubella
- Varicella
- Hepatitis B
- Tdap
- N95 respirator fit testing (annual requirement)

Medical Staff are required to undergo annual TB screening and N95 respirator fit testing. TB screening includes an annual Symptom Review questionnaire and, if applicable, QuantiFERON testing. Skin testing from outside facilities is accepted. N95 respirator testing requires: completion of a respiratory questionnaire, a fit test with the N95 respirator, and/or Controlled Air Purifying Respirator (CAPR) certificate of completion.

III. PROCESS

1. New Applicants:
   a. Tuberculosis
      i. New applicants to the Medical Staff are required to complete tuberculin skin testing (TST) or QuantiFERON assay within 90 days of appointment date.

ii. Failure to submit documentation of current TST or QuantiFERON test will deem an application incomplete.
iii. Occupation Health Services (OHS) will provide, at no charge, TB testing to new applicants in order to complete their application.
iv. Applicants may provide documentation of TB testing if completed in past 90 days. (See 1.e.1. below for more detail.)
v. Medical Staff applicants with a positive TST or QuantiFERON test must either have a chest x-ray completed or provide valid documentation of a chest x-ray completed within 90 days of appointment date.
vi. A 2-step TST is required if prior TB testing is greater than 365 days old.

b. Immunity to Communicable Diseases
   i. New applicants must provide documentation of immunity or vaccination to Measles, Mumps, Rubella, Hepatitis B, Diphtheria, Pertussis, Tetanus and Varicella. OHS will obtain titers on a new applicant if documentation is not available.

2. Current Medical Staff/Advanced Practice Provider Requirements:
   a. Immunity to communicable diseases is required for all Medical Staff and APPs. Proof of immunity with medical documentation of vaccination or positive IgG titers for Measles, Mumps, Rubella, Varicella, Hepatitis B, Diptheria, Pertussis and Tetanus is required to maintain active privileges.
   b. If vaccine documentation or titers are not available, titers will be drawn by OHS. Non-immune individuals must be vaccinated.

IV. ANNUAL REQUIREMENTS

Tuberculosis:

1. Annual TB screening is required for all Medical Staff members and APPs based on appointment date. This includes both the questionnaire and TB testing.
    a. This requirement can be completed in OHS. Medical Staff members and APPs who receive annual TB tests elsewhere may forward results to OHS for inclusion in their medical file.
    b. Medical Staff members will be required to complete the TB questionnaire. Questionnaires from other institutions will be accepted.
    c. Medical Staff members/APPs with a positive TST or QuantiFERON must have either a chest xray or provide valid documentation of chest xray completion within the past 90 days.
    d. In cases where there is discordance between TST and QuantiFERON test results, the medical staff member will undergo a risk assessment by OHS staff.
    e. Medical Staff members who receive annual TB tests elsewhere may forward results to OHS for inclusion in their medical file. The Medical Staff member will be required to complete the TB questionnaire. Questionnaires from other institutions will be accepted.
        1. In cases where there is discordance between TST and QuantiFERON test results, the medical staff member will undergo a risk assessment by OHS staff.
2. Suspension for Non-Compliance:
    a. OHS will notify the Medical Staff member/APP one month prior to due date for TB test completion. If non-compliant by due date, a suspension warning will be issued by OHS stating the provider has one week to complete this requirement. If non-compliant one week after the due date, suspension will occur the following day.
    b. OHS will notify the Medical Staff Office at suspension deadline to suspend privileges and when suspension can be lifted.
    c. Suspensions for up to 90 days will be considered voluntary resignation as per the Medical Staff Bylaws. (APPs reference Human Resource Policy.)

N95 Respirator Fit Testing:

1. Annual N95 respirator fit testing is required for all Medical Staff members and APPs.
2. Annual respiratory questionnaire will be provided during the TB screening. Fit testing with an N95 respirator will be completed. Documentation of completion at an outside facility will be accepted.
3. Those who fail N95 respirator fit testing and those who need to perform high hazard procedures will be trained for CAPR .
    a. Healthstream training for CAPR must be completed prior to CAPR training.
4. Non-compliant providers will be suspended as outlined in 2.c. above.

Influenza:

1. Seasonal influenza immunization is required for all Medical Staff and APPs.
2. Vaccination will be offered by OHS. Medical Staff members and APPs who receive influenza vaccine elsewhere may forward documentation to OHS for inclusion in their medical file.
3. Exemptions: It is the responsibility of the Medical Staff member or APP to notify OHS of a documented exemption to seasonal influenza vaccination. During the flu season, all unvaccinated Medical Staff must wear a mask in patient care areas in accordance with the Santa Clara County mandate.
4. Suspension for Non-Compliance:
    a. If a medical staff member or APP has not 1) received the influenza vaccine at OHS or 2) provided documentation of receipt elsewhere or 3) provided documentation of an exemption by the due date on notifications from OHS, privileges and EHR access will be suspended until requirements are completed.
    b. OHS will notify the Medical Staff Office of non-compliant individuals on the suspension due date and when compliance has been completed to lift suspension.

V. RELATED DOCUMENTS

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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. CDC. Immunization of Health-Care Personnel. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR November 25, 2011.
F. California OSHA Aerosol Transmissible Diseases Standard Title 5199 at http://www.dir.ca.gov/title8/5199.html

VI. 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.
   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
   Dr. Minal Moharir, MD – OHS Medical Director
   December, 2015

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, Jan 2016, Dec 2018
   LPCH Medical Executive Committee September 2012, Jan 2016, Dec 2018
   SHC Board of Directors Oct 2012, Jan 2016, Dec 2018
   LPCH Board of Directors Oct 2012, Jan 2016, Dec 2018