

| | |
|---|--|
| <p><i>This policy applies to: Stanford Health Care Lucile Packard Children’s Hospital Stanford Stanford Health Care Tri-Valley</i></p> | <p>Last Approval Date: April 2025</p> |
| <p>Name of Policy: Communicable Disease Screening for Medical Staff</p> | <p>Page 1 of 5</p> |
| <p>Departments Affected: All Departments</p> | |

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 (SHC), Stanford Health Care Tri-Valley (SHC Tri-Valley) and Stanford Medicine Children’s Health (SMCH) support a strong infection control program. All credentialed Medical Staff, Advanced Practice Providers, and Allied Health Professionals (i.e., Administrative, Refer and Follow, Telehealth, Telemedicine, and Teleradiology providers, Affiliate, and Office-Based are exempt) must comply with the communicable disease screening and/or immunization requirements regulated by hospital policy, by the Santa Clara County Health Department or Alameda County Department of Public Health, by the State of California Department of Health (title 22), and by The Joint Commission:

Credentialed Providers (i.e., Medical Staff, Advanced Practice Providers [APP], *Allied Health Professionals [AHP]) are required to undergo annual Tuberculosis (TB) screening and respirator fit testing. TB screening includes an annual TB Surveillance Questionnaire and, if applicable, Interferon-Gamma Release Assay (IGRA) testing. Skin testing from outside facilities is accepted, however an IGRA is preferred. Respirator testing requires completion of a respiratory questionnaire, a fit test with an N95 respirator, and/or Controlled Air Purifying Respirator (CAPR) certificate of completion (excluding SHC Tri-Valley).

*Allied Health Professionals (AHP) credentialed at SHC Tri-Valley who are not employed by SHC Tri-Valley are required to comply with these requirements.

III. PROCESS

1. New Applicants:

a. Tuberculosis

- i. New applicants to the Medical Staff are required to complete tuberculin skin testing (TST) or IGRA assay within 90 days of appointment date.
- ii. Failure to submit documentation of current TST or IGRA test will deem an application incomplete.

| | |
|---|---|
| <p><i>This policy applies to: Stanford Health Care Lucile Packard Children’s Hospital Stanford Stanford Health Care Tri-Valley</i></p> | <p>Last Approval Date: April 2025</p> |
| <p>Name of Policy: Communicable Disease Screening for Medical Staff</p> | <p style="text-align: center;">Page 2 of 5</p> |
| <p>Departments Affected: All Departments</p> | |

- iii. Workforce Health and Wellness (WHW) will provide, at no charge, TB testing to new applicants to complete their application.
- iv. Credentialed Provider applicants with a positive TST or IGRA 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.

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. SHC Tri-Valley offers the Tdap vaccine if the provider has not had it. The provider can also sign a declination form at SHC Tri-Valley. WHW will perform titer testing on a new applicant if documentation is not available and offer a Tdap vaccine.
- ii. SHC Tri-Valley: MMR (measles, mumps, rubella) requirement is 2 vaccines or positive titers, varicella requirement is 2 vaccines or positive titers, Hep B is three vaccines and a positive titer.

2. Current Credentialed Medical Staff/APP /AHP Requirements:

- a. Immunity to communicable diseases is required for all Credentialed Providers and APPs. Proof of immunity with medical documentation of vaccination for Measles, Mumps, Rubella, Varicella, Hepatitis B, Diphtheria, Pertussis, and Tetanus.
- b. If vaccine documentation or titers are not available, WHW will perform titer testing.

IV. ANNUAL REQUIREMENTS

Tuberculosis:

- 1. Annual TB screening is required for all Credentialed Providers based on appointment date. This includes both the questionnaire and TB testing, which can be completed in a WHW clinic.
 - a. Credentialed Providers who receive annual TB tests elsewhere may forward results to WHW for inclusion in their employee health record.

| | |
|---|---|
| <p><i>This policy applies to: Stanford Health Care Lucile Packard Children’s Hospital Stanford Stanford Health Care Tri-Valley</i></p> | <p>Last Approval Date: April 2025</p> |
| <p>Name of Policy: Communicable Disease Screening for Medical Staff</p> | <p style="text-align: center;">Page 3 of 5</p> |
| <p>Departments Affected: All Departments</p> | |

- b. Credentialed Providers will be required to complete the TB questionnaire.
 - c. Credentialed Providers with a positive TST or IGRA must have either a chest x-ray or provide valid documentation of chest x-ray completion within the past 90 days. SHCTV requires anyone with a positive TB test to complete a questionnaire.
 - d. Credentialed Providers who receive annual TB tests elsewhere may forward results to WHW for inclusion in their employee health record. The Credentialed Provider will be required to complete the TB questionnaire.
2. Suspension for Non-Compliance:
- a. WHW will notify the Credentialed Provider one month prior to due date for TB test completion.
 - b. If non-compliant one week after the due date, suspension will occur the following day. WHW will notify the Medical Staff Services Department at suspension deadline to suspend privileges and when the testing requirement has been met.
 - c. WHW will notify the Medical Staff Services Department at suspension deadline of failure to comply with requirements.
 - d. Suspensions for up to 90 days will be considered voluntary resignation as per the Medical Staff Bylaws. (APPs/AHPs reference Human Resource Policy.)

Respirator Fit Testing:

- 1. Annual respirator fit testing is required for all Credentialed Providers.
- 2. Annual respiratory questionnaire will be provided during the TB screening at a WHW clinic. Fit testing with a respirator will be completed. Documentation of completion at an outside facility will be accepted and records maintained within the employee health record.

- V. Those who fail N95 respirator fit testing and those who need to perform high hazard procedures will be trained for PAPR (PAPR training is not offered at SHC-VC).
 - a. Healthstream training for CAPR must be completed prior to CAPR training.
 - b. Non-compliant providers will be suspended as outlined in 2.c. above.

Influenza: refer to SHC/SHC Tri-Valley and SMCH Medical Staff Seasonal Influenza Plan

| | |
|--|---|
| <p><i>This policy applies to:</i> <i>Stanford Health Care</i> <i>Lucile Packard Children’s Hospital Stanford</i> <i>Stanford Health Care Tri-Valley</i></p> | <p>Last Approval Date: April 2025</p> |
| <p>Name of Policy: Communicable Disease Screening for Medical Staff</p> | <p style="text-align: center;">Page 4 of 5</p> |
| <p>Departments Affected: All Departments</p> | |

COVID Vaccinations:

1. COVID-19 vaccines are offered to all HCP free of charge through WHW.
2. Stanford Medicine WHW will implement COVID-19 regulations as mandated by county, State, and federal bodies.

VI. RELATED DOCUMENTS

- A. SHC, SHC Tri-Valley and SMCH Medical Staff Bylaws and Rules and Regulations
- B. Medical Staff Credentialing Policies
- C. The Joint Commission (TJC)
- D. Title 22
Recommended Adult Immunization Schedule, U.S. CDC. Immunization of
- E. 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>

VII. 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 all 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

| | |
|---|--|
| <p><i>This policy applies to: Stanford Health Care Lucile Packard Children’s Hospital Stanford Stanford Health Care Tri-Valley</i></p> | <p>Last Approval Date: April 2025</p> |
| <p>Name of Policy: Communicable Disease Screening for Medical Staff</p> | <p>Page 5 of 5</p> |
| <p>Departments Affected: All Departments</p> | |

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
Megan Mahoney, MD, Chief of Staff Stanford Health Care, July 2020
Jennifer Belmore, OHS, SHC-VC Dec 2019
Lauren Destino, MD and Megan Mahoney MD, July 2021
Maddalena Vitanza, Patient Care Manager – Workforce Health and Wellness – June 2024,
September 2024
Bryan Bohman, MD, Chief Medical Officer – Workforce Health and Wellness – July 2024
Anita Petagara, Manager – Occupational Health and Employee Health – July 2024

- G. Approvals
Beverly 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, July 2020, July 2021, April 2023, October 2024, 4/25
SHCTV Medical Executive Committee, Mar 2021; Jul 2021, April 2023, October 2024, 4/25
SMCH Medical Executive Committee September 2012, Jan 2016, Dec 2018, July 2020, July 2021, April 2023, November 2024, 4/25
SHC Board of Directors Oct 2012, Jan 2016, Dec 2018, July 2020, July 2021, May 2023, October 2024, 4/25
SHCTV Board of Directors, Mar 2021, July 2021, April 2023, October 2024, 4/25
SMCH Board of Directors Oct 2012, Jan 2016, Dec 2018, July 2020, July 2021, April 2023, November 2024, 4/25