



Title: Immunity Status – Credentialed Staff
(Compliant with Spokane Regional Health District Requirements)

New Policy
Approved PSHMC & PHF MEC Leadership 5/2015
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ALL CREDENTIALLED STAFF MUST REVIEW THIS POLICY AND COMPLETE THE ATTESTATION/DECLINATION STATEMENTS SECTION AT THE END OF THE POLICY.

PURPOSE: This policy is developed to protect patients, members of the medical staff, employees, and visitors from communicable disease and to comply with requirements from the Spokane Regional Health District.

PROVIDERS REQUIRED TO PROVIDE DOCUMENTATION OF IMMUNITY

- All Providers being credentialed after 3/1/2016 (other than those exempted below) must complete this form and provide verification of immunity status with their application materials.
- All Providence employed providers must provide documentation of immunity status – PHC Employee Health manages employed Providers' documentation.
- Non-employed groups with the following hospital contracts (Emergency Department, ICU, PICU, hospitalists) must complete this form and provide verification of immunity status to the Medical Staff Office, as practice in these areas has highest risk of exposure.
- The above providers have the option to decline immunization for health reasons (see declination statement below). If exposed, the provider will be furloughed from practice in any PHC clinical settings, as outlined in this policy.

Providers not currently required to provide documentation must be aware of limitation to practice (summarized below) within any PHC facility if they are exposed and proof of immunity has not been provided.

The following credentialed providers who do not provide patient care on site are exempt from this policy:

Community Associate and Medico-Administrative staff members who do not clinically practice in the hospital, members without clinical privileges, and physicians who provide telemedicine, radiology, or pathology services from remote sites.

Mumps, Rubeola and Rubella:

1. Provide documentation of two doses of MMR vaccine or copy of positive titer results for each. (We can accept childhood vaccination records, if available, for immunity verification for MMR).

OR

2. Receive two doses of MMR vaccine.
 - a. Practitioners that are unable to take the MMR due to health reasons must sign a declination. By signing a declination, they agree that in the event they are involved in an exposure situation to a Mumps, Rubella, or Rubeola infection, they will be required to stay out of the hospital for the duration of the incubation period (Mumps 9-26 days post exposure; Rubella 7-21 days post exposure; Rubeola (measles) 5-21 days post exposure.)

Varicella:

1. Provide documentation of two doses of Varicella vaccine OR copy of positive titer result. (We can accept childhood varicella vaccination records, if available, for immunity verification).

OR

2. Receive two doses of Varicella vaccine.
 - a. Practitioners that are unable to take the Varicella vaccine due to health reasons must sign a declination. By signing a declination, it is agreed that in the event of practitioners involved in an exposure situation to the Varicella infection, the provider will be required to stay out of the hospital for the duration of the incubation period as stated above.
 - b. Individuals who develop a rash from the vaccine itself must also stay out of the hospital unit the rash disappears in 2 to 3 days.
 - i. The development of a rash is rare. Injection site rash occurs in 3% of those vaccinated. Generalized rash occurs in 5.5% of those vaccinated per Centers for Disease Control and Prevention.

Tetanus, Diphtheria, Pertussis Vaccine (Tdap)¹

1. Practitioners are requested to document one vaccination with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) received after the age of 18. **Vaccinations received during childhood are not sufficient to meet this requirement**
 - a. Practitioners that are unable to document vaccination with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) due to health reasons must sign a declination. By signing a declination the provider will be required to stay out of the hospital for the duration of the incubation period (as stated above).
 - b. Post exposure antimicrobial prophylaxis is recommended for all practitioners that have an unprotected close contact exposure to pertussis. Practitioners who decline drug therapy post exposure need to monitor themselves for 21 days after the pertussis exposure and be treated at the onset of signs and symptoms of pertussis. If a practitioner becomes symptomatic, they will be excluded from work until 5 days after the start of effective antibiotic treatment.

MEDICAL STAFF VACCINATION ATTESTATION/DECLINATION STATEMENT

You must indicate either #1 or #2

- I have fully reviewed this policy and am not currently required to provide documentation. I decline to provide documentation at this time but fully understand I will be furloughed as outlined if I have an exposure. My partners/call group understand that they may be obligated to provide continuing care on behalf of my patients.
- I am attaching my current proof of immunity as outlined in this policy. If not providing all proofs of immunity as requested, please complete the following:
 - I decline or am unable to take the Measles/Mumps/Rubella vaccine due to health reasons. I agree that in the event I am involved in an exposure situation to the Mumps, Rubella or Rubeola infection I am required to stay out of the hospital for the duration of the incubation periods as stated above.
 - I am declining the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) vaccination. If I choose to decline drug therapy after an exposure to Pertussis and become symptomatic, I agree to stay out of the hospital until completion of 5 days of effective antibiotic treatment.
 - I decline or am unable to take the Varicella vaccine due to health reasons. I agree that in the event I am involved in an exposure to chicken pox, I am required to stay out of the hospital for the duration of the incubation period (as stated above.)

Comments or clarifications, if any: (Submitted documentation will be reviewed by PHC Employee Health Services if special review is needed-they will contact you if additional information or clarification is needed.) _____

Practitioner Signature: _____ **Date:** _____

Print Name: _____

¹ 1The ACIP recommends that all healthcare personnel, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose.

Tdap is not currently licensed for multiple administrations. After receipt of Tdap, practitioners should receive routine booster immunization against tetanus and diphtheria according to previously published guidelines.