Medical Staff Screening and Immunization Policy

SCOPE:

Applies to all members of the Medical Staff of the Providence St. Joseph Health and Affiliate Hospitals within Washington & Montana Region.

PURPOSE:

Providence strives to provide a safe and healthful environment for employees, patients, members of the medical staff and visitors to the medical center.

POLICY:

Practitioners applying or reapplying for privileges on the Medical Staff will be required to show proof of immunity or an approved alternative for each of the vaccine preventable diseases in the table below. No waiver of the proof of immunity or required immunizations shall be permitted for any practitioner exercising privileges in any area operating under the hospital license.

Immunizations may be waived with respect to practitioners who are given emergent privileges for two weeks or less or who will not be present in areas operating under the hospital license, such as telemedicine.

| Screening or Immunization | WHAT IS REQUIRED? |
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| Tuberculosis | Initial applicants: Must provide documentation of 2 step TST or Quantiferon Gold within the past 12 months. If not available, a baseline 2 step TST or Quantiferon Gold testing is required. |
| | If there is documented history of a positive TST or Quantiferon Gold, must provide evidence of a clear chest x-ray within the last 5 years after the positive screen. Re-applicants: |
| | If <u>NO</u> history of a positive TB test (skin testing or Quantiferon Gold) TB testing is not required unless specifically mandated (exposure). Quantiferon Gold is required during exposure as directed by Infection Prevention. A positive conversion requires documentation of a clear chest x-ray and/or treatment. |
| | • If re-applicant <u>has</u> a history of positive TB testing, applicant must complete the TB Symptom Questionnaire from Caregiver Health Services, who will determine if further evaluation is required. |

| Measles (Rubeola) | Documentation of 2 doses Measles vaccine (single antigen or |
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| | combined as MMR) <i>OR</i> Lab proof of immunity to Measles |
| German Measles (Rubella) | Documentation 2 doses of Rubella vaccine (single antigen or combined as MMR) <i>OR</i> Lab proof of immunity to Rubella |
| Mumps | Documentation of 2 doses of mumps vaccine (single antigen or combined as MMR) <i>OR</i> Lab proof of immunity to Mumps |
| Varicella (Chickenpox) | Documentation of 2 doses of Varicella vaccine <i>OR</i> Lab proof of immunity to chickenpox |
| Hepatitis B | Documentation of completed Hepatitis B vaccine series with positive HBsAb titer, OR Positive HBsAg titer, OR Documentation of initiation of vaccine series with completion prior to appointment/reappointment |
| Tdap | Documentation of Tdap vaccine as an adult |
| Influenza | Documentation of influenza vaccine during the current flu season (October through March), <i>OR</i> Signed declination if unable to receive the vaccine |

The applying/reapplying practitioner may have blood drawn and serologic testing performed at either of the hospital laboratories or the laboratory of his/her choice. A copy of the test results should be sent to the Medical Staff Coordinator handling the application/reapplication process.

Practitioners are responsible for the costs of any laboratory testing and immunizations.