

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i> <input checked="" type="checkbox"/> <i>Stanford Medical Outpatient Clinics</i>	Last Revision: July 2010
Name of Policy: Communicable Disease Screening for Medical Staff	Page 1 of 4
Departments Affected: All Medical Staff	

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. 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.

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

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 Gold instead of the TB skin test for baseline and annual testing of all medical staff unless unavailable or contraindicated.

In addition, all medical staff should provide proof of immunity to Hepatitis B, Measles, Mumps, Rubella, and Varicella. If re-vaccination is necessary it will be provided by Occupational Health Services.

III. PROCEDURES

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i> <input checked="" type="checkbox"/> <i>Stanford Medical Outpatient Clinics</i>	Last Revision: July 2010
Name of Policy: Communicable Disease Screening for Medical Staff	Page 2 of 4
Departments Affected: All Medical Staff	

- A. 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 Gold assay has not been done, QuantiFERON Gold blood draw must be performed at the time of appointment.
 - 1. Failure to submit a current TST or QuantiFERON Gold test will deem an application incomplete.
 - 2. OHS will provide, at no charge, TB testing (QuantiFERON Gold 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. Notices 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 Gold test results; the medical staff member will be referred to the Infectious Disease service for consultation.
 - 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
- 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

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i> <input checked="" type="checkbox"/> <i>Stanford Medical Outpatient Clinics</i>	Last Revision: July 2010
Name of Policy: Communicable Disease Screening for Medical Staff	Page 3 of 4
Departments Affected: All Medical Staff	

- F. Tetanus, Diphtheria, Pertussis Vaccine (Tdap) is required for all Medical Staff
 - 1. Medical staff may sign a declination for medical or religious concerns
 - 2. Persons who have had a tetanus vaccine within the last 2 years will be asked to sign a declination form

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

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.
 - 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 applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i> <input checked="" type="checkbox"/> <i>Stanford Medical Outpatient Clinics</i>	Last Revision: July 2010
Name of Policy: Communicable Disease Screening for Medical Staff	Page 4 of 4
Departments Affected: All Medical Staff	

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
- G. Approvals
 - Beverley Tobias, MBA, RN, COHN-S, CCM, FAAOHN, OHS Director
April, 2007
 - Kelly Murphy, MD – OHS Medical Director
April, 2007; April 2010
 - LPCH Policy Committee – June 2010
 - LPCH and SHC Credentials Committee – June 2010
 - SHC Medical Executive Committee – July 2010

 - LPCH Medical Executive Committee – June 2010

 - SHC Board of Directors – July 2010

 - LPCH Board of Directors June 2010

LAST ON DOCUMENT

This document is intended for use by staff of Stanford Hospital & Clinics and/or Lucile Packard Children's Hospital.
No representations or warranties are made for outside use.
Not for outside reproduction or publication without permission.