



COPIES ARE ONLY VALID ON THE DAY PRINTED

FACILITY:	HSHS St. Vincent Hospital HSHS St. Mary's Hospital HSHS St. Nicholas Hospital HSHS St. Clare Hospital	MANUAL: Medical Staff
TITLE:	Medical Staff and Allied Health Professionals – Health Screening Requirements	ORIGINATING DEPARTMENT: Medical Staff Services
SUPERSEDES:		POLICY NUMBER: MS-024

I. POLICY:

Medical Staff and Allied Health Professionals (AHP) credentialed members are evaluated for specific health requirements. Medical Staff and AHP are required to provide, on a timely basis, proof of compliance with health screening requirements established by the Medical Staff (e.g. TB tests, rubella and mumps).

II. PURPOSE:

1. To comply with regulatory agencies, Center for Disease Control and Prevention (CDC) guidelines, and Wisconsin Department of Health and Family recommendations.
2. To reduce the risk of transmission and to ensure a safe environment for patients, guests, hospital colleagues and other health care workers.
3. To comply with Eastern Wisconsin Division (EWD) hospital policies and directives.

III. SPECIAL INSTRUCTIONS:

A. Proof of health screening can be demonstrated by:

1. Laboratory evidence (Titers) of the required immunity set forth by the Medical Staff, AHP and hospital colleagues' guidelines and policies, or
2. Documentation that appropriate vaccination against the required immunity has been received, or
3. Signed declination, only acceptable for approved medical or religious exemption, except influenza declination, provider can mask.

B. The following health screenings are required:

1. For Tuberculosis (TB/PPD) surveillance – New Medical Staff Appointee or Allied Health Professional:
 - a. Evidence of ~~PPD~~ **T Spot** or ~~TB~~ Quantiferon **TB Gold** (BAMT) performed within the ~~prior~~ **last** 12 months
 - b. If positive, completed sign and symptom form and record of most current chest x-ray (within 12 months)
 - c. If negative, record of results
2. For Tuberculosis (TB/PPD) surveillance – Current Medical Staff Appointee or Allied Health Professional:

If positive, completed sign and symptom form annually

3. **Varicella (Chickenpox):**
 - a. ~~Positive titer, or~~
 - b. Two **immunizations or positive antibody titer** ~~vaccines or~~
 - c. ~~Verification of a history of varicella or herpes zoster by a healthcare provider~~
4. Rubella, Rubeola, and Mumps (MMR) immunity. This can be provided by documentation of:
 - **Rubeola (Measles): Two immunizations or positive antibody titer** ~~doses of live Rubeola and Mumps vaccine~~
 - **Mumps: Two immunizations or positive antibody titer**
 - **Rubella: One immunization or positive antibody titer** ~~vaccine~~
 - ~~Laboratory evidence (titer) of immunity~~
5. **Influenza vaccination, required for all working in hospital/clinic setting during the established flu season, if declination signed, masking required.**

C. Medical Staff and AHP members will be required to follow all Infection Prevention guidelines and policies set forth within the EWD Hospitals.

IV. GUIDELINES/PROCEDURES:

- A. It is the responsibility of the practitioner to provide documentation of the screening requirements in a timely manner.
- B. If the Medical Staff member and Allied Health Professional (AHP) does not have the appropriate documentation of required health screening outlined for credentialing, then the member can contact the EWD Medical Staff Services Department to obtain a laboratory order to one of the EWD hospitals' laboratories at no cost to the Medical Staff member and AHP.
- C. EWD hospital laboratories will bill EWD Medical Staff Services for these requested tests.
- D. The EWD hospitals will only supplement payment if the test is required by the EWD Medical Staff and AHP Credentialing policies and hospital policies and completed at one of the EWD hospital laboratories.
- E. If the practitioner needs additional tests completed that are not required by the EWD credentialing then the practitioner will need to bring a physician order to one of the EWD laboratories and the practitioner will be billed and responsible for those services at their own expense.
- F. If vaccinations are required due to absence of immunity, the practitioner is required to see their primary care physician to obtain the required immunization at their own costs.