

<i>Title</i>	Standard Health Requirements Policy	<i>Policy No.</i>	900.1.131
<i>Department</i>	Employee Health	<i>Effective Date</i>	09-26-17
<i>Approved By</i>	System Policy Committee	<i>Page Number</i>	1 of 5

<i>Last Review</i>	Acute Care	09-26-17	Critical Access	09-26-17
<i>Next Review</i>	Acute Care	09-26-20	Critical Access	09-26-18

SCOPE

This policy applies to the PeaceHealth Divisions (PHDs), checked below:

- Cottage Grove Medical Center
- Ketchikan Medical Center
- Peace Harbor Medical Center
- PeaceHealth Medical Group
- PeaceHealth Laboratories
- Peace Island Medical Center
- Sacred Heart River Bend
- Sacred Heart University District
- Southwest Medical Center
- St. John Medical Center
- St. Joseph Medical Center
- United General Medical Center
- Shared Services Center

PURPOSE

The purpose of this policy is to identify the processes that ensures the protection of PeaceHealth patients, caregivers, volunteers, contractors, and other healthcare workers from acquiring communicable diseases and to reduce the risk of nosocomial transmission to patients.

POLICY

It is the policy of PeaceHealth to assure healthcare workers at all PeaceHealth facilities will participate in pre-placement, annual, and periodic immunization and screening programs. Maintenance of immunity is an essential part of prevention and infection control programs. Healthcare personnel have a responsibility to obtain vaccinations to protect from the transmission of diseases to patients, co-workers, and family members.

1. Tuberculosis

- 1.1. Healthcare workers will be evaluated for tuberculosis upon employment, following exposure and annually if indicated.
 - 1.1.1. New healthcare workers will receive baseline testing.
 - 1.1.2. An IGRA performed previously from another entity or facility will be evaluated to determine if it is valid.
- 1.2. New healthcare workers with a past positive TST or IGRA will provide a normal Chest X-ray report or physician clearance documentation and document no current TB symptoms. If documentation of a normal chest x-ray is not available documented treatment of latent TB infection (LTBI) is an acceptable substitute.

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<i>Approved By</i>	System Policy Committee	<i>Page Number</i>	2 of 5

1.2.1. These individuals will complete an annual TB Risk Factor Screening questionnaire and return it to Employee Health to be part of their Employee Health file.

1.3. Healthcare workers may be required to have a TST or IGRA annually as determined by the TB Risk Assessment conducted in accordance with CDC guidelines and by the infection prevention and control assessment.

2. Measles, Mumps, Rubella (MMR)

2.1. Healthcare workers susceptible to Measles, Mumps, and Rubella will be identified and vaccinations given when appropriate at no cost through Employee Health services.

2.2. Immunity to Measles, Mumps, and Rubella will be demonstrated as follows:

2.2.1. Laboratory evidence of immunity.

2.2.2. Documentation of two Measles, Mumps, and Rubella (MMR) immunizations, given at least four (4) weeks apart;

3. Varicella

3.1. Healthcare workers susceptible to Varicella will be identified and vaccinations given when appropriate at no cost through Employee Health services.

3.2. Immunity to Varicella will be demonstrated as follows:

3.2.1. Laboratory evidence of immunity.

3.2.2. Documentation of two doses of Varicella vaccine at least four (4) weeks apart.

3.2.3. Shingles / Zoster vaccine can be counted as a dose of Varicella vaccine for evidence of immunity as it contains the same live attenuated varicella zoster virus as varicella vaccine but at a higher concentration.

4. Influenza

4.1. Healthcare workers will be offered vaccination at no cost through Employee Health services.

4.2. Healthcare workers will be required to participate in the annual Influenza vaccine program as recommended by Infection Prevention, the Health Department and Centers for Disease Control and Prevention (CDC). See Infection Management of Influenza-Like Illness SYS.82.22.

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<i>Approved By</i>	System Policy Committee	<i>Page Number</i>	3 of 5

- 4.3. Written documentation is required and must be sent to Employee Health to be considered compliant.
- 4.4. Any healthcare worker who has NOT been vaccinated will wear a mask per the masking requirements, for the duration of the active influenza season.
- 4.5. A healthcare worker declining influenza vaccine will be required to complete an Influenza Vaccination Declination form.
- 4.6. Failure to be vaccinated, sign a Flu Declination form, or follow the above procedures is considered non-compliance with the infection prevention and patient safety policy and may result in corrective action.

5. Hepatitis B

- 5.1. Hepatitis B vaccine per CDC guidelines will be offered at no cost through the Employee Health Department to all new healthcare workers who do not have documented Hepatitis B immunity, within ten (10) days of employment or assignment where duties may place them at risk of occupational exposure to blood or other potentially infectious materials.
- 5.2. Healthcare workers will sign a declination form if they choose not to be vaccinated.
- 5.3. Healthcare workers in high-risk areas who have documentation of Hepatitis B vaccination and unknown anti-HBs antibody titer will be tested for immunity.
- 5.4. Process for Hepatitis B screening during preplacement – see section no. 9.

6. Tetanus, Diphtheria, Pertussis (Tdap/Td)

- 6.1. Tdap/Td immunization for healthcare workers will be provided according to CDC guidelines and recommendations at no cost through Employee Health services.
- 6.2. Immunity to Tetanus, Diphtheria, and Pertussis will be demonstrated by documentation of vaccination.

7. Compliance

- 7.1. Newly hired healthcare workers, current healthcare workers, transfers, contractors, and medical providers are required to meet standard health requirements as per recommendation of CDC. Newly hired healthcare workers must meet this requirement within four weeks of hire (within two weeks for Ketchikan healthcare workers).

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<i>Approved By</i>	System Policy Committee	<i>Page Number</i>	4 of 5

7.2. Declination: Healthcare Workers may sign a declination document for vaccines; a copy of this policy will be provided prior to signing the declination document. Healthcare Workers may be furloughed during periods of infectious activity for communicable diseases for the vaccine that was declined.

8. Employee Health Records

8.1. All documentation, results, records, or reports will be stored in the Employee Health record.

9. Process for Hepatitis (Hep) B screening during preplacement:

Healthcare Worker Scenario	Proposed Employee Health action
No documentation provided for series	Start series and titer after 3 rd dose
No documentation provided + insists they had series	Start another series and titer after 3 rd dose
No documentation provided + insists they had series + requests to sign declination	Titer only after exposure event
3 dose documentation provided, NO titer history	Draw titer regardless of date of last dose
Less than 3 dose documented history provided	Finish series and titer after 3 rd dose
Titer negative	Give booster dose and titer in 1-2 months
Titer negative after 4 th dose	Add on HBsAg/HBcAb and finish series

DEFINITIONS

Caregiver: Every employee is a valued member of this team and so we refer to all employees as “caregivers” in order to recognize the important care giving role of everyone in the organization.

Healthcare Worker: Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.

Patient: An individual receiving care at a PHD.

PeaceHealth Division (PHD): A medical center, clinic, operating unit, or operating division of PeaceHealth that maintains day-to-day management oversight of a designated portion of

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<i>Approved By</i>	System Policy Committee	<i>Page Number</i>	5 of 5

PeaceHealth System operations. PHDs may be based on a geographic market or dedication to a service line or business.

HELP

Further information may be obtained by contacting Employee Health.

RELATED MATERIAL

PeaceHealth Documents

- 900.3.108 Infection Management of Influenza-Like Illness Policy

Reference Materials

- Center for Disease Control, <http://www.cdc.gov/>, *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 05/08/17*
- Occupational Safety and Health Administration, <https://www.osha.gov/>, *05/08/17*
- Oregon Health Authority, <https://public.health.oregon.gov/DiseasesConditions/osis/Documents/UpdatedGuidanceHCWTBScreening.pdf>, *Guidance and Clarification on Healthcare Worker TB Screening Requirements in Oregon, 05/08/17*

APPROVALS

Initial Approval:

Employee Health counterpart and identified medical directors approved.
System Policy Committee approved on February 28, 2017.

Subsequent Review/Revision(s):

System Policy Committee approved on September 26, 2017