# Screening and Immunization Policy for Medical Staff

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

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

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.

<table>
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<th>Screening or Immunization</th>
<th>WHAT IS REQUIRED?</th>
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| **Tuberculosis Skin Test (TST)** | · Tuberculosis Skin Test (TST) OR  
· Two TSTs (baseline two step) if no prior TST in the past 12 months OR  
· Official documentation of positive TST at any time with follow-up X-ray that is negative for Tuberculosis OR  
· QuantiFERON-TB Gold testing OR  
· Positive TST or QuantiFERON-TB Gold testing should not repeat TB testing, but should complete the TB Symptom Questionnaire and submit it to PRMCE Employee Health for further evaluation/recommendations.                                                                                   |
| **Measles (Rubeola)**            | · Official documentation of 2 doses Measles vaccine (after 1968) after first birthday (single antigen or combined as MMR) OR  
· Lab (serologic) proof of immunity to Measles                                                                                                                                                                                                                                                                                                      |
| **German Measles (Rubella)**    | · Official documentation 2 doses of Rubella vaccine (single antigen or combined as MMR) OR  
· Lab (serologic) proof of immunity to Rubella                                                                                                                                                                                                                                                                                                      |
| **Mumps**                        | · Official documentation of 2 doses of mumps vaccine (single antigen or combined as MMR) OR  
· Lab proof of immunity to Mumps                                                                                                                                                                                                                                                                                                               |
| **Varicella (Chickenpox)**       | · Official documentation of 2 doses of Varicella vaccine OR  
· Lab proof of immunity to chickenpox                                                                                                                                                                                                                                                                                                            |
| **Hepatitis B**                  | · Official documentation of completed Hepatitis B vaccine series with positive HBsAb titer OR  

- Positive HBsAg blood test
- Signed declination of receipt of Hepatitis B vaccine series OR
- Start vaccine series with completion due prior to reappointment

**Tdap**
- Official documentation of Tdap vaccine (within the last 10 years) OR
- Signed attestation of receipt of Tdap vaccine as an adult within the last 10 years.

**Influenza**
- Official documentation of influenza vaccine during the current flu season (October through March) OR
- Signed attestation of vaccine OR
- Signed declination
- Upon declination, further restrictions on presence in the facility may be placed on a practitioner based on PRMCE Medical Center policy.

For any of the above diseases, for laboratory proof of immunity, the applying/reapplying practitioner may independently have his blood drawing and serologic testing performed at 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.

If the practitioner desires, the blood drawing can be performed at either of the hospital laboratories or any lab of the provider’s choosing, and sent to the appropriate laboratory for serologic testing. The immunization may be administered in Providence Employee Health without a cost to the practitioner. The practitioner will be responsible for the costs of any laboratory testing and immunizations done outside Providence with the results forwarded to the Medical Staff Office.

If declination of any of the above vaccines is requested for religious or other reasons, the request must be in writing to the medical staff office and is subject to approval of both the Division Chief of the applicant and the credential’s committee. If a declination is accepted, further restrictions on presence in the facility may be placed on the practitioner at any time based upon current exposures, epidemiologic conditions, the population served, or a recommendation by the Health Office of the Snohomish County Health District.

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