

<b>IMMUNIZATION</b>	<b>SCHEDULE</b>	<b>INTERPRETATION – (See Swedish Policy – Employee Health Services)</b>	<b>RESPONSIBLE PARTY</b> Contractor is responsible for ensuring immunizations requirements are met. Swedish Manager must verify by reviewing documentation provided by Contractor.
Hepatitis B	3 doses are required 2 doses, 4 weeks apart; 3 <sup>rd</sup> dose 5 months after 2 <sup>nd</sup> ;	If your employee can reasonably expect potential exposure to blood and bodily fluids in the course of completing their job, then by law their employer must have on file documentation of 3 doses Hepatitis B vaccination (at appropriate intervals), serologic proof of immunity or declination of the series of vaccines signed by the ASSIGNED STAFF. Evidence that the series of vaccines has started and progressing on schedule is acceptable.	
MMR (Measles, Mumps, Rubella)	MMR- two doses are required: One dose; second dose no sooner than 28 days later	Employer must have on file that the employee has documentation of 2 MMR vaccines with dates <b>OR</b> evidence of immunity by lab tests with dates <b>OR</b> documentation from a MD indicating previous illness with measles, mumps or rubella. No vaccine or titer is required for those individuals born prior to 1957.	
Chickenpox immunity	Two doses of vaccine 4-8 weeks apart.	Employer must have on file that the employee has documentation from a MD or statement of previous history of disease <b>OR</b> evidence of lab immunity with dates <b>OR</b> documentation of vaccine with dates.	
Tetanus-Diphtheria vaccine	Recommended, but not required	Recommended documentation of booster vaccine in last 10 years.	
Tuberculosis Screening Test (TST)	If placed in a patient care area, annually unless individual has a prior history of a positive TST	Contractor will provide documentation: -For PPD skin test negative individuals, two PPD skin tests done one week apart. Only one PPD skin test is required if individual has documentation of a negative PPD within the last 12 months. - PPD-positive individuals must provide documentation of their previously positive PPD and a chest x-ray report. TST skin test negative – two TST skin tests done one week apart (Two step TST). Only one TST skin test is required if employer has documentation that employee has a negative PPD within the last 18 months.	
<b>REGULATORY REQUIREMENTS</b>	<b>SCHEDULE</b>	<b>INTERPRETATION</b>	
Infection Control Safety including hazardous materials	Annual Education	Contractor will provide documentation of annual education on safety, universal precautions, occupational exposure to blood borne pathogens, HIPAA regulations, hazardous materials and disposal meeting the standards of the Swedish policies on Infection Prevention and Control Program.	
Abuse Reporting	Annual Education	For those individuals who are or may be placed in a clinical care setting, Contractor will provide documentation of annual education on signs of abuse and abuse reporting responsibilities.	
Bloodborne Pathogens Exposure	Annual Education	Contractor will provide documentation of	

Control Plan		annual education of the Swedish Bloodborne Pathogens Exposure Control Plan	
<b>CERTIFICATIONS AND OTHER CREDENTIALS</b>	<b>SCHEDULE</b>	<b>INTERPRETATION</b>	<b>RESPONSIBLE PARTY</b>
Criminal Background Check	Upon start of each position and annually if individual remains in a position for more than one year	Contractor will conduct a Washington State Patrol criminal background check for criminal convictions and a search of any other court findings that would exclude an applicant or individual from working in a health care setting, including but not limited to findings and convictions made in accordance with the Child and Adult Abuse Information Act (RCW 43.43.834). No individual may be placed on Swedish premises without a clean background check unless approved in advance by Swedish. <u>The criminal background check is not required if individuals providing services will not be placed on Swedish premises.</u>	
State License, Certification or Registration (when required)	<b>Per Swedish Policy – Verification of Licensure, Certification, Registration or Permit</b>	Contractor is responsible for the verification of professional credentials and clinical certifications of individuals assigned to Swedish and must provide proof of such verification to Swedish prior to the individual’s start date at Swedish and upon request. <u>This requirement does not apply for those services that may be provided by state or federal law without a license, certificate, registration or permit and where the Swedish job description does not require such license, certificate, registration or permit.</u>	Swedish is responsible per policy “Supervisor/Manager/Director Responsibilities”
Employment Eligibility Verification	Upon hire and if documents expire	Contractor will provide documentation of employment eligibility as evidenced by a completed I9 and the appropriate INS required documentation on every individual prior to his or her start date, in compliance with the Immigration Reform and Control Act of 1986. Contractor agrees to require each individual providing services to Swedish to immediately notify his/her Swedish manager and Contractor of any event that may affect employment eligibility (i.e., criminal conviction or other court findings, visa status change, issues renewing required licenses, certifications, permits or registrations).	
Drug Screen	Upon hire and within previous six months	Contractor will provide documentation of a clean drug screen for each individual prior to placement at Swedish. The required screen is a 10-panel screen, with alcohol.	
<b>Confidentiality Agreement</b>	<b>Per Swedish Policy -</b>	Contractor will ensure that each individual placed by Contractor signs the Swedish Information Confidentiality Agreement.	Manager will obtain a signed copy of the Swedish Information Confidentiality Agreement prior to the individual’s assumption of duties.

**Swedish Health Services**  
**Employee Health Services**

**PRICE LIST**

<b><u>VACCINATIONS</u></b>	<b><u>FEES</u></b>
MMR (Measles, Mumps and Rubella)	\$55
VARIVAX (Chickenpox)	\$80
HEPATITIS B (per dose)	\$50
HEPATITIS A (per dose)	\$60
TUBERCULIN SKIN TEST (PPD)	\$15
TETANUS-DIPHTHERIA	\$30
INFLUENZA VACCINE	\$20
ADACEL (Tdap)	\$50

**LABORATORY TESTING**

HEPATITIS B Surface Antibody	\$20
VARICELLA (Chickenpox) IGG	\$35
RUBELLA (German Measles) IGG	\$20
RUBEOLA SCREEN IGG	\$20
MUMPS IGG	\$32
<u>Add lab blood DRAW FEE</u>	\$10

**MEDICAL IMAGING**

CHEST X RAY	\$80
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**Payment by check endorsed to Swedish Medical Center or cash**

For further information, please contact Employee Health Services 1<sup>st</sup> Hill Campus  
(206) 386-6048, Cherry Hill Campus (206) 320-2845 or Ballard (206) 781-6140

*Rev, 2/16/06 pricelist*

## **USCIS Changes Vaccination Requirements To Adjust Status To Legal Permanent Resident**

Washington – U.S. Citizenship and Immigration Services (USCIS) announced today a revised list of vaccines required for applicants seeking to adjust status to become legal permanent residents. This revision follows guidance from the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).

CDC's revised *Technical Instructions to Civil Surgeons for Vaccination Requirements* require the following age-appropriate additional vaccinations to adjust status to legal permanent resident:

- Rotavirus
- Hepatitis A
- Meningococcal
- Human papillomavirus
- Zoster

The requirements for these new vaccines went into effect on July 1, 2008, however CDC approved a 30-day grace period for any medical exam conducted before August 1, 2008. At that time the new vaccinations, if appropriate, must be administered in order for USCIS to approve the applicant for adjustment of status.

# Swedish Medical Center Tuberculosis Skin Test Information

## **Why do new employees need a Tuberculosis Skin Test (TST)?**

To see if you've been exposed to tuberculosis (TB).

## **Why is it required?**

Washington state law requires a TST of all newly hired health-care staff who have had a negative TST or who have never had a TST. TST-positive individuals do not need to have a TST, but must provide documentation to Employee Health Services of their previous positive TST and a chest X-ray taken after the TST conversion.

## **Where do I get the TST taken and read?**

**First Hill:** Employee Health Services, 4th floor Northeast

*Hours:* 7:30 a.m.-noon and 1-4 p.m., Monday through Friday

*Phone:* 206-386-6048

**Ballard:** Cardiopulmonary Care, 2 North; or Employee Health, 2nd floor between the Emergency Department and Medical Records

*Hours:* Please call Employee Health for hours and availability. Page a respiratory therapist if one is not available in the department by dialing "0."

*Phone:* 206-781-6140

**Cherry Hill:** Employee Health Services, 115 West (in the former Childbirth Center, next to the cafeteria)

*Hours:* 7:30 a.m.-noon and 1-4 p.m., Monday through Friday

*Phone:* 206-320-2845

## **When do I get my first test read and second test taken?**

If you do not have written documentation of receiving a TST within the last 12 months, you will need to have two TSTs taken. Your first TST will be taken during your interview with the Employee Health Nurse. You will need to return in one week to the location noted on the reminder sheet to have your first TST read and the second TST taken.

If you have documentation of a TST done in the previous 12 months, that will count as your first test. You will receive one TST during New Employee Orientation and will need to return in 48-72 hours to the location noted on the reminder for a test reading.

## **Why are two TSTs necessary?**

The first test will "wake up" your antibodies and the second test gives you an accurate reading.

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## **Is it safe for a pregnant or breastfeeding woman to have a TST?**

The Centers for Disease Control and Prevention guidelines state that pregnancy and breastfeeding should not exclude a female health-care worker from being skin-tested. Millions of pregnant

women have been TB skin-tested since this test was devised; thus far, no documented episodes of fetal harm have resulted from the use of the tuberculin test.

**What happens if I don't have my test read by Respiratory Care or Employee Health?**

You will have to repeat it.

**What happens if I don't get my TST taken within the first month of employment?**

State law requires you be taken off your work schedule until it is done.

**Will I ever have to get another TST?**

All health-care personnel working in patient-care areas with previously negative TSTs should take one TST annually. Health-care workers who work in areas that have frequent contact with TB patients (such as the Emergency Department, Gastroenterology and Patient Registration) should be tested every six months. Also, in the event of an exposure, a follow-up TST will need to be done.

**I believe I am already TST-positive. Am I still required to get a TST?**

Individuals providing written documentation of a previously positive TST are not required to receive another TST. Please report any symptoms of tuberculosis, such as chronic cough, fever, unexplained weight loss or night sweats, to either your private physician or Employee Health Services for evaluation.

**I previously received a BCG vaccine. What is BCG?**

The following quotes are taken directly from the Centers for Disease Control and Prevention:

“BCG is a TB vaccine used in many parts of the world. Vaccination with Bacille of Calmette and Guerin (BCG) probably does not affect the risk for infection; rather, it decreases the risk for progressing from latent TB infection to active TB.”\*

**If I had a BCG vaccine, do I still need a TST?**

“During the pre-employment physical or when applying for hospital privileges, **health-care workers who have potential for exposure to *M. tuberculosis*, including those with a history of BCG vaccination, should have baseline TST skin testing performed.**”\*

**More information about the BCG vaccine**

The BCG vaccine is not totally protective against TB. It is possible to become infected with TB and develop active infectious TB even if you have had the BCG vaccine. If you are a health-care worker with prior BCG vaccination, there are advantages to documenting the size of your baseline TST reaction. If your baseline TST reaction result is small, it is likely from BCG. If later on you have a work-related exposure to TB, and your repeat TST reaction is large, this may mean you have been infected with TB at work, despite prior vaccination. You may benefit from preventive antibiotics, and you would be referred to an infectious disease specialist. Without a baseline TST, this comparison is not possible. If you have had BCG many years ago, and your initial baseline TST at Swedish is very large, it probably means you have had a previous TB infection even though you received BCG. You should consider yourself TST positive. The Employee Health nurse will provide TST-positive employees with an informational pamphlet about TB.

**For more information about TSTs, call Employee Health Services at Ballard 206-781-6140, First Hill 206-386-6048, or Cherry Hill 206-320-4776.**

\* *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Facilities*, Centers for Disease Control and Prevention 1994.