



CAROLINAS HEALTHCARE SYSTEM

POLICY ON OCCUPATIONAL HEALTH SERVICES FOR PHYSICIANS AND ALLIED HEALTH PROFESSIONALS

SUMMARY OF POLICY:

This policy sets forth the objectives and parameters of the CHS Occupational Health Services Program (the “Program”), which is applicable to all physicians seeking or holding membership on the medical staff at any CHS hospital facility as well as all allied health professionals seeking or exercising clinical privileges at any CHS hospital facility. This policy also sets forth mandatory reporting requirements applicable at the time of initial appointment and reappointment for physicians and at the time of application for the granting or renewal of clinical privileges for allied health professionals, which requirements support one of the Program’s primary goals of preventing and minimizing infectious disease exposure and transmission.

CHS OCCUPATIONAL HEALTH SERVICES PROGRAM OVERVIEW:

The goals of the Program are as follows:

1. To prevent, or minimize if prevention is not possible, the exposure and transmission of infectious diseases among physicians and allied health professionals in the hospital setting; and
2. To educate physicians and allied health professionals regarding the principles of infection control and the need for individual accountability for infection control.

PROGRAM OFFERINGS:

Educational programs regarding infection control will be offered periodically at the CHS hospital facilities. In addition, the Program, in conjunction with CHS Employee Health, will offer an annual influenza vaccine to all physicians and allied health professionals; to the extent the vaccine is available.

PROGRAM REQUIREMENTS:

Initial appointees: Each physician seeking initial appointment to the medical staff at any CHS hospital facility, and each allied health professional applying for initial clinical privileges at any CHS hospital facility, must complete the Immunization History Questionnaire attached to this policy as Exhibit A and must submit the Questionnaire to the Medical Staff Services Office at or before the time of the submission of the application. Failure to complete and submit the Questionnaire will result in the application being deemed incomplete, and the application will not be processed.

Reappointees: Each physician seeking reappointment to the medical staff at any CHS hospital facility, and each allied health professional applying for renewed clinical privileges at any CHS hospital facility, must produce documentation of one of the following and submit such documentation to the Medical Staff Services Office:

- a. A copy of the record and results of the most current TST within the last year or complete the attached TST screening completed by re-appointment date; or
- b. A copy of the record and results of a negative tuberculin skin test completed between the date of submission of the reapplication and the date of expiration of the then current membership or clinical privileges period; or
- c. If previous positive TST please complete attached Immunization History Questionnaire to include no current symptoms of active tuberculosis disease.

Failure to provide the documentation indicated above will result in the reapplication being deemed incomplete and the reapplication will not be processed.

Confidentiality: The information and documentation provided by appointees and reappointees in accordance with this policy shall be kept in the physician's or allied health professional's confidential peer review file in the Medical Staff Services Office.

QUESTIONS REGARDING PROGRAM:

Any questions regarding the Program goals, offerings or requirements should be directed to CHS Employee Health 704-444-3134.

Approval:

Carolinas Medical Center – Medical Executive Committee: 04/08/08
Carolinas Medical Center-Mercy – Medical Executive Committee: 04/14/08
Carolinas Medical Center-University – Medical Executive Committee: 04/08/08
Carolinas Rehabilitation – Medical Executive Committee: 04/03/08

EXHIBIT A
IMMUNIZATION HISTORY QUESTIONNAIRE

Name: #Name FML#, #Title-*:M#

1. Date of last (TST) tuberculin skin test _____ / _____ / _____ (mm/dd/yyyy)
- a. If negative and within the past year, no further testing required. Please arrange an annual TST in the month of your birth either through your practice or by contacting CHS Employee Health.
- b. If negative and not within the past 12 months, please arrange a repeat TST either through your practice or with CHS Employee Health and note the result here.

Date given _____ Date Read _____ (48-72 hrs)
Signature of reader (MD, PA, NP, RN, LPN) _____
Negative _____ Positive** _____ / _____ mm Equivocal _____

****If the answer to question b. is "positive", then please complete the questions below (c. and d.):**

- c. If the previous TST was positive, was a chest x-ray performed? Yes No
Results and treatment (if any) _____
- d. I have no current symptoms suggestive of active tuberculosis disease Yes No
2. Have you been fit-tested for an appropriate NIOSH-approved respirator by Carolinas Medical Center/Carolinas Healthcare System? Yes No

If "No", please arrange for NIOSH-approved respirator fit-testing either through your practice or by contacting CHS Employee Health if applicable for your specialty.

**All practitioners employed by Carolinas HealthCare System will be contacted by their coordinator in Physician Services to schedule a full Health Assessment. This Health Assessment will include your fit-test.

3. Have you received the Hepatitis B vaccine series? Yes No
- a. Did you respond with a positive Hepatitis B surface antibody test?
 Yes No Unknown
4. Have you ever had chickenpox? Yes No
- a. Have you received the varicella vaccine? Yes No
5. Year of last tetanus toxoid booster or tetanus/diphtheria toxoid booster: _____
- a. If ≥ 10 years ago, arrange for a booster through your practice or by contacting CHS Employee Health and enter year here _____
6. Have you received the MMR vaccine? Yes No
- a. If "No", were you born before 1957? Yes No

NOTE: Birth before 1957 does not exempt women of childbearing age from the rubella vaccine. The rubella vaccine is still indicated unless there is laboratory evidence of immunity.