

HEALTH SCREENING REQUIREMENTS FOR VENDORS, CONTRACTORS AND SUPPLIERS

Supplier will comply with the health screening requirements set forth below, as applicable.

A. Definitions:

“*Customer*” means a Kaiser Permanente entity purchasing goods or services from Supplier.

“*Healthcare worker*” means a contractor or employee of Supplier if one or more of the following criteria are met:

1. The individual has duties that require a regular presence (50% or more of work time) in a Medical Center or Medical Office Building (e.g. a building in which in-person patient care is provided); or
2. The individual has direct contact with patients and/or patient specimens.

“*Non-Healthcare worker*” means a contractor or employee of Supplier who is working in a Medical Center or Medical Office Building (e.g. a building in which in-person patient care is provided) in areas or under conditions that place him or her at low risk for transmission of infectious diseases. Examples include: (i) a vendor who provides products for use or resale outside of patient care areas; and (ii) a construction worker in a vacant suite inside a Medical Office Building.

“*Kaiser Permanente*” or “*KP*” means the integrated health care delivery organization doing business as Kaiser Permanente, which includes Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, Inc., Kaiser Permanente Insurance Company, The Permanente Federation, the Permanente Medical Groups, and the subsidiaries, partners and successors of the foregoing.

“*Supplier*” means a vendor, contractor or supplier who is providing goods or services to a Customer.

B. Requirements. Supplier must ensure that each of Supplier’s personnel who meets the definition of a “*Healthcare worker*” has met the requirements set forth in the Health Screening Checklist attached below.

C. Modifications. The health screening requirements set forth herein are subject to change by Customer from time to time to reflect changes in Customer’s health screening requirements for its employees. These requirements shall not be construed to require any violation of federal or state law or collective bargaining agreements.

Attachment: *Health Screening Checklist*

Alternate 1	Alternate 2	Done
TB SCREENING		
<ul style="list-style-type: none"> • 2 negative TB skin tests. <ul style="list-style-type: none"> (a) If no history of TB skin testing within 2 years, then 2 TB skin tests are needed as: <ul style="list-style-type: none"> i. A negative 2 step TB test before start of KP assignment; OR ii. A negative TB blood test before start of KP Assignment. (b) If a history of prior TB Skin Testing, then 2 TB skin tests are needed within 2 years (24 months) of the start date of the KP assignment, as: <ul style="list-style-type: none"> i. A negative TB Skin Test within 1 year; and ii. A second negative TB skin test within 2 years. • TB testing is needed every 12 months to maintain clearance. • Documentation of history and exam negative for TB symptoms or findings within last 30 days. • If documentation of a positive skin test or INH therapy in the past, then (i) need a negative chest x-ray within the past 12 months of starting KP assignment, and (ii) if assignment at KP is longer than 12 months, TB screening survey annually during KP assignment, and based on answers to the survey, a chest x-ray may also be required if indicated. 	Negative TB blood test within 12 months of starting KP assignment.	<input type="checkbox"/> Documentation of 2 negative skin tests OR <input type="checkbox"/> Documentation of negative blood test OR <input type="checkbox"/> If positive tests, then (i) negative chest x-ray plus documentation of negative history and physical, and (ii) if assignment at KP is longer than 12 months, an annual TB screening survey is required. No additional chest x-rays are needed if survey is normal. Need proof of official chest x-ray report and survey.
HEPATITIS B		
Vaccinations (X3) 1 st , 2 nd , 3 rd vaccination 1 st and 2 nd , > 1 month apart 2 nd and 3 rd , > 5 months apart PLUS Hepatitis B surface antibody blood test positive titer <i>Note: Everyone must do Hepatitis B surface antibody blood test if no historical proof of Hep B surface antibody.</i>	Declination to Hepatitis B PLUS Hepatitis B surface antibody blood test titer (result may be + or – for Hep B surface AB, but counseling based on results)	<input type="checkbox"/> Documentation of vaccinations plus + Hep B s AB test OR <input type="checkbox"/> Declination documented plus + Hep B s AB test
MEASLES (RUBEOLA)		
Vaccinations, “MMR”, (X2) one month or more apart <i>Note: must start vaccination series before cleared to work.</i>	Positive blood titer showing immunity. Declination not allowed	<input type="checkbox"/> Documentation of vaccinations OR <input type="checkbox"/> Documentation of positive blood titer
MUMPS		
Vaccinations, “MMR”, (X2) one month or more apart <i>Note: must start vaccination series before cleared to work.</i>	Positive blood titer showing immunity. Declination not allowed	<input type="checkbox"/> Documentation of vaccinations OR <input type="checkbox"/> Documentation of positive blood titer

Alternate 1	Alternate 2	Done
RUBELLA		
Vaccination, "MMR", (X1)	Positive blood titer showing immunity. Declination not allowed	<input type="checkbox"/> Documentation of vaccination OR <input type="checkbox"/> Documentation of positive blood titer
VARICELLA		
Vaccinations (X2) one month or more apart <i>Note: must start vaccination series before cleared to work.</i>	Positive blood titer showing immunity. Declination not allowed	<input type="checkbox"/> Documentation of vaccinations OR <input type="checkbox"/> Documentation of positive blood titer
PERTUSIS		
Vaccination (X1)	Declination to Tdap vaccination.	<input type="checkbox"/> Documentation of vaccination OR <input type="checkbox"/> Declination documented
HEPATITIS A (if applicable to job)		
If the individual's main duties involve preparing or serving food or facility/stationary engineers that work with (or can be exposed to) brown water. Vaccinations (X2) 6 months apart OR Blood test results demonstrating immunity to hepatitis A <i>Note: Vaccination will be recommended for any individual who lacks immunity.</i>	Declination to Hepatitis A vaccination.	<input type="checkbox"/> Documentation of vaccinations OR <input type="checkbox"/> Received first vaccination for Hepatitis A and maintain clearance by returning within 7 months for second vaccination OR <input type="checkbox"/> Blood test demonstrating immunity to Hepatitis A OR <input type="checkbox"/> Declination of vaccination (documentation not required)
INFLUENZA VACCINE		

Proof of flu vaccination between August 1 and March 31, if available.	Declination to flu vaccination (before March 31 st for current season).	<input type="checkbox"/> Documentation of vaccination OR <input type="checkbox"/> Declination documented AND <input type="checkbox"/> Explain masking requirement
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Alternate 1	Done
HISTORY AND PHYSICAL	
Normal pre-placement job related history and physical	<input type="checkbox"/> Normal history and physical
RESPIRATOR (if applicable to job)	
Respirator Clearance	<input type="checkbox"/> Respirator clearance exam completion
RESPIRATOR FIT TESTING DOCUMENTATION PLUS FIT TESTING QUESTIONNAIRE (if applicable to job)	
Respirator fit testing documentation PLUS Fit testing questionnaire	<input type="checkbox"/> Documented normal respirator fit test