

Subject: Contract Staff Requirements	
Manual: Human Resources	Policy #: HR1374
Section: General	Page: 1 of 6
Distribution: All HonorHealth Locations	Approved by Executive Staff
Review Dates: 4/1/2016, 12/21/2016, 3/31/2017	Effective Date: 4/1/2016

POLICY:

Non-employed Contract Staff shall meet certain requirements in order to protect the health and safety of HonorHealth patients and employees, and to comply with local, state, and federal regulations and requirements of accrediting bodies. The Responsible Party is responsible for monitoring the Contractor and the Contract Staff to ensure compliance with this policy.

SUPPORTIVE DATA:

AD1418 – Sanctions Screening IC1024 – Required Influenza Vaccine Requirements for Healthcare PersonnelOH1011 – Tuberculosis Screening

PARAMETERS:

1. Definitions

- A. **Contract Staff:** individuals that are not employed by HonorHealth, who provide services at HonorHealth pursuant to a written agreement.
- B. Contract Staff Requirements: the applicable requirements set forth in *Attachment 1* to this policy.
- C. **Contractor:** the entity that HonorHealth has entered into a contract with, which provides Contract Staff.
- D. **Responsible Party:** the HonorHealth manager responsible for overseeing the contract, the Contractor, and the Contract Staff.

2. Procedure

A. Contract Staff are not permitted to provide services at HonorHealth unless they meet the Contract Staff Requirements as set forth in Attachment 1. The specific Contract Staff Requirements that must be met by each Contract Staff will vary depending upon the level

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- of potential contact with patients. Certain HonorHealth departments or units may also have additional specific requirements that Contract Staff must meet.
- B. Responsible Parties must notify the contracting team of any contracts that will provide for Contract Staff so that the Contract Staff Requirements set forth in this policy are incorporated into the applicable contract.
- C. Responsible Parties will ensure compliance of its Contractors with this policy by requiring the Contractor to provide the Responsible Party with verification of full clearance on all of the Contract Staff Requirements to the designated HonorHealth representative at least three (3) business days prior to the individual's first day of providing services at HonorHealth. See *Attachment 2*, *Contractor Verification of Screenings Form*, for a sample verification form.
- D. <u>Orientation</u>. For any Contract Staff working independently, the Responsible Party will ensure that Contract Staff are orientated to the assigned department/unit in which they are working within the first thirty (30) calendar days but no later than the first day any such Contract Staff works independently.
- E. <u>Deviations.</u> Any deviation from the standards in this policy must be approved by the Legal and/or Compliance Department after a risk assessment has been conducted to determine what impact, if any, such deviation may have on HonorHealth's patient population, staff, and the overall organization.

DOCUMENTATION:

None

CONTRIBUTORS/AUTHORS:

Human Resources Legal

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ATTACHMENT 1 Contract Staff Requirements

Contractor shall ensure compliance with all screening requirements for Contract Staff, which will includes that each individual providing services at HonorHealth under the agreement meet the following:

1. Background/Drug Screenings.

- a. Have completed a criminal background check, within the last year, going back seven (7) years to include every county within which the individual has resided. HonorHealth will not accept any individual who has been convicted of a felony or healthcare fraud.
- b. Completed a check, within the last year, of the National Sex Offender Public Website coordinated by the U.S. Department of Justice, the Department of Health and Human Services Office of Inspector General's List of Excluded Individual and Entities (LEIE) and the General Services Administration (GSA) sanction list included in the System for Award Management (GSA Debarment List). Any individual who is currently excluded from participation in any health care program or debarred by the GSA cannot provide services at HonorHealth.
- c. Contractor will be offered the opportunity to contract with HonorHealth's current background check provider, Universal Background Screening, to conduct these screenings or use another screening company. Below is the process if you want to partner with Universal Background:
- Agency/Contractor needs to sign up for their own Universal Background Screening account by contacting Jocelyn McCanse at jmccanse@universalbackground.com.
- Upon receipt of the agency/contractors email, Jocelyn will send the agency/contractor the non-binding agreement and pricing exhibit for signature.
- Once Jocelyn receives the signed paperwork from the agency/contractor, she will submit it for their account set up. This takes about 2 business days.
- Once their account is set up, the agency/contractor will be contacted immediately for training on how to place their orders.
- d. Have passed, within the last year, a drug screen using a standard panel that includes the substances listed below:
 - Amphetamine
 - Barbiturate
 - Benzodiazepine
 - Cannabinoids
 - Cocaine or metabolites
 - Methadone
 - Opiates
 - Oxycodone
 - Phencyclidine

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Propoxyphene

- 2. <u>Health Screenings.</u> For Contract Staff providing services at HonorHealth's licensed health care facilities, Contractor must ensure there is documentation from a health provider evidencing that Contract Staff:
 - a. Have received a two-step negative TB skin test within three (3) months of the date of assignment to HonorHealth or have completed a current TB Questionnaire and provide proof of a negative chest x-ray within six (6) months of date of assignment if history of positive TB skin test.
 - b. Have received two (2) Measles/Mumps/Rubella (MMR) and two (2) Varicella immunizations, or positive titers, or documentation of date of disease. Proof of Measles/Mumps/Rubella can be met by providing the dates of the two MMR immunizations or the date of MMR Titers showing positive immunity. Proof of Varicella can be met by providing any one of the following: dates of two Varicella immunizations, date of Varicella Titer showing positive immunity, or date of Varicella disease documented by a health care provider.
 - c. Have received the current seasonal influenza vaccine prior to December 1 of the flu season or have an accepted exemption (this is a seasonal requirement based on HonorHealth policy).
 - d. Have received the Tdap (tetanus, diphtheria, and pertussis) vaccine or signed a declination.
 - e. Have received a Hepatitis B immunization or signed declination (for any staff involved with direct patient care and potentially Blood and Body Fluids, such as an RN or a sitter) and an appropriate level of education required for the individual's participation concerning OSHA Bloodborne Pathogen Regulations and Universal Blood and Body Fluids Precautions.
 - f. Contractor will be offered the opportunity use HonorHealth's Corporate Health Department to fulfill these health requirements at Contractor's expense or Contractor may use other companies to provide such services. Results of any screenings provided by Corporate Health will be provided to the Contractor. Please contact Barbara.Scott@HonorHealth.com to get this screen completed, should you elect to use HonorHealth's Corporate Health Department.

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ATTACHMENT 2 Verification of Screenings Form Requirements for Contract Staff

Individual Name:	Start Date:	
		0
Contractor Name:	 ~?	

<u>PART I</u>. For all Individuals (check box to confirm completion):

- ∆ Background checks no older than one year that goes back the prior 7 years and includes every county within which the individual has resided and includes: criminal check with felony or healthcare fraud conviction results; National Sex Offender Public Website coordinated by the U.S. Department of Justice; HHS OIG Search; and GSA EPLS Search. Cleared consistent with HonorHealth standards as outlined in agreement or contract with HonorHealth.
- Δ Drug screen no older than one year using a standard 10 panel test that screens for the following substances: Amphetamine, Barbiturate, Benzodiazepine, Cannabinoids, Cocaine or metabolites, Methadone, Opiates, Oxycodone and Phencyclidine, Propoxyphene.
- <u>PART II</u>. The following Part II requirements apply to individuals who will be providing services at HonorHealth's licensed health care facilities (check box to confirm completion). If above-named individual will <u>not</u> be providing services at HonorHealth's licensed health care facilities, skip this Part II and sign below.
- Δ Received a two-step negative TB skin test within three (3) months of the date of assignment to HonorHealth or have completed a current TB Questionnaire and provide proof of a negative chest x-ray within six (6) months of date of assignment if history of positive TB skin test.
- Δ Received two (2) Measles/Mumps/Rubella (MMR) and two (2) Varicella immunizations, or positive titers, or documentation of date of disease.
- Δ Received the current seasonal influenza vaccine prior to December 1 of the flu season or have an accepted exemption (this is a seasonal requirement based on HonorHealth policy).
- Δ Received the Tdap (tetanus, diphtheria, and pertussis) vaccine or signed a declination.
- Δ Received a Hepatitis B immunization or signed declination (for any staff involved with direct patient care and potentially Blood and Body Fluids, such as an RN or a sitter) and an appropriate level of education required for the individual's participation concerning OSHA Bloodborne Pathogen Regulations and Universal Blood and Body Fluids Precautions.

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Confirmation of Clearance:		_
I, an authorized representative of the Contractor, confirm the above information is correct and that documentation of any of the foregoing will be provided to HonorHealth upon request.		
		A
Representative Name (Please Print) Si	gnature Date	

THIS FORM MUST BE COMPLETED and SUBMITTED TO THE DEPARTMENT LEADER TO WHOM THE INDIVIDUAL WILL BE REPORTING.

THREE (3) BUSINESS DAYS PRIOR TO START DATE.

ID BADGE AND ACCESS TO ALL IT SYSTEMS WILL NOT BE GRANTED UNTIL INDIVIDUAL IS FULLY CLEARED AND THIS FORM IS SUBMITTED.