

**St. Luke’s Health System**

**Vendor/Company – On-site Services**

**Umbrella Attestation Packet**

Reviewed/Revised 07/10/2023

## Contract Workers Compliance Requirements Form – On-site Services

**The contract company must have the following documentation requirements on file for each individual who provides services under contract at St. Luke’s before ID badges are approved and services may begin. Email the completed, signed, and dated attestation packet (all pages) to** [**contractormanagement@slhs.org**](mailto:contractormanagement@slhs.org)**. Incomplete and/or illegible forms will be returned and may delay processing.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1: Vendor/Company Information (All fields are required and must be completed by the Vendor/Company):** | | | | | |
| **Date of Request:** | **This request is for (check one):** | | | **The vendor/company has a current contract in place with St. Luke’s.** | |
| **Click here to enter a date.** | New request   Renewal request  **For all requests, review and complete sections 1-5, and submit pages 1-6.** | | | Yes  No If yes, provide the company/vendor name on the contract:  **Click here to enter text.** | |
| If yes, last renewal date of contract: **Click here to enter a date.** | |
|  |  | | |  | |
| **Vendor/Company Representative Information:**  **Company/Vendor Contact Name** | | | | **St. Luke’s Leader Information:** | |
| Company/Vendor Name: | **Click here to enter text.** | | | Department Manager Name (Last/First) | **Click here to enter text.** |
| Representative Name: | **Click here to enter text.** | | | Department Manager Phone # | **Click here to enter text.** |
| Representative Phone Number: | **Click here to enter text.** | | | Department Manager Email Address: | **Click here to enter text.** |
| Representative Email Address: | **Click here to enter text.** | | |  |  |
|  | | | |  |  |
| **Scope of Services Information:** | | | | | |
| Location/s where services will be provided (Boise, Meridian, Nampa, Elmore, WR, MV, McCall, Clinics, etc.) | **Click here to enter text.** | | | Anticipated Length of Project/Work | **Click here to enter text.** |
| Scope of Services Provided (include all service types for all workers) | **Click here to enter text.** | | | St. Luke’s Primary Department Name | **Click here to enter text.** |
| Are licenses, certifications, and/or registrations required for the scope of services provided? | Yes  No  Licenses, certifications, and/or registrations must be maintained and in good standing for the duration of the contract. If driving is required, this also includes driver’s license and vehicle insurance**.** Vendor must provide license, certification, and registration primary source verification within 24 hours upon request or immediately during a survey or audit. | | | If yes, list **all** licenses, certifications, and/or registrations required by the contract, scope of services, and/or by law.  Note: St. Luke’s only accepts resuscitative certifications from American Red Cross and American Heart Association. BLS from AHA and Military Training Network. No exceptions. |  |
| Number of workers who will be providing services | **Click here to enter text.** | | | **The vendor is required to submit an initial list of all individuals who will be providing services at St. Luke’s (see pg. 6). The vendor will also be required to submit updated lists of individuals who are providing services for audit and compliance purposes.** | |
| Are any of the Workers **Current** St. Luke’s Employees? | Yes  No  If Yes, please provide names.  **Click here to enter text.** | | | Are any of the Workers **Former** St. Luke’s Employees? | Yes  No  If Yes, please provide names.  **Click here to enter text.** |  |
|  | | | |  |  |
| **For St. Luke’s Use *ONLY*** | | | | | |
| Vendor/Company Level (1-6) | Level 1  Level 2 | Level 3  Level 4 | Level 5  Level 6 | Reviewed/Completed by: | **Click here to enter text.** |
| TLC Org Code Assigned to Vendor |  | | | Date: | **Click here to enter a date.** |

**Section 2: Contract Worker Onboarding Checklist – Background Checks, Health Assessments & Vaccinations:**

|  |
| --- |
| **Background Checks:**  ***Required for all Roles: Background check clearance with check performed to St. Luke’s criteria*** |
| St. Luke’s Health System contract workers providing services must pass a background check meeting all St. Luke’s criteria prior to services beginning. The company must retain documentation from a qualified background checking entity proving successful completion of a background check in the personnel files of each individual who provides services at St. Luke’s for the duration of the contract and in accordance with Company’s record retention policies thereafter and made available to St. Luke's immediately upon request. **Companies and contract workers are solely responsible for all costs associated with background checks of their employees. Instant background checks are not accepted.**   |  |  |  |  | | --- | --- | --- | --- | | **Requirements:** | | | | | **At a minimum, the background check must include:** | | | | | * National and state/county search for any criminal convictions (felony and misdemeanor) during the preceding 7 years | | | | | * National and current state sex offender registry search | | | | | * Search of the Office of Inspector General (OIG) list of individuals excluded from participating in government healthcare programs | | | | | * Search of System for Award Management Excluded Parties List | | | | | * Social Security Number Validation | | | | | * Name and address trace * Fingerprinting as required by role (i.e., Mental/Behavioral Health (Inpatient and Outpatient), Home Care/Hospice, Child Care, CARES Program, Long-Term Care, Skilled Nursing, Inpatient Rehab, etc.) | | | | | **Criteria:** | | | | | **No history OR criminal record allowed for any of these crimes, whether a felony or misdemeanor (includes conviction, plea agreement, or withheld judgment):** | | | | | * Sexual assault * Rape * Indecent exposure * Lewd and lascivious behavior * Any crime involving non-consensual sexual conduct * Child abuse or child neglect * Sexual exploitation of children * Child abduction * Drug trafficking | * Contributing to the delinquency or neglect of a child * Enticement of a child for immoral purposes * Exposing a minor to pornography or other harmful materials * Incest * Any other crime involving children as victims or participants * Vulnerable adult abuse, neglect, or exploitation or misappropriation of property * Homicide * Other felony convictions | | | | **Contract workers on any of the following lists are excluded from providing services:** | | | | | * Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) * 9b0 the General Services Administration (GSA) | | * 9c0 Excluded Parties List System (EPLS) * Any applicable state health care programs | | | **No history within the prior five (5) years of:** | | | | | * Assault * Battery * Other offenses involving narcotics * Misdemeanor theft or grand theft | * Other crimes involving dishonesty (i.e., substantial misrepresentation of any material fact, including embezzlement, bribery, fraud, racketeering, etc.) | | | | **No history within the prior two (2) years of:** | | | | | * Driving under the influence if the contract worker’s duties involve driving | | | | |

|  |  |
| --- | --- |
| **Contract Worker Onboarding Checklist** | **Required for All Roles Unless Otherwise Noted Below** |
| **Health Assessments and Vaccinations:**  ***Documentation of health requirements below must be maintained on file for with the contract company in the personnel files for each individual who provides services at St. Luke’s for the duration of the contract and in accordance with Company’s record retention policies thereafter*** ***and made available to St. Luke's immediately upon request.***  ***Each member of your staff who provides services at St. Luke's must comply with St. Luke’s vaccination requirements. Vaccine exemption and/or accommodation requests must be submitted to and approved by the employer of record.  Should a worker have a valid medical or religious reason for being unable to receive a vaccination, he or she may decline the vaccine. However, the employer of record is required to maintain documentation that the exemption has been granted.***  **Companies and contract workers are solely responsible for all costs associated with health assessments and vaccinations for their employees.** | | |
| 1. Negative medical professional drug screen. Drug screen must include the following: 6-Acetylmorphine, Amphetamine/Methamphetamine, Barbiturates, Benzodiazepines, Benzoylecgonine-Cocaine Metabolite, Extended Opiates, Marijuana Metabolite, MDMA/MDA, Methadone, Phencyclidine, Propoxyphene, Oxycodone.   Instants are not required but acceptable as long as they meet the above requirements. | **X** |
| 1. Annual Influenza vaccination: one dose given between Fall and Spring (end date will be announced each year). Workers with approved exemptions will be required to comply with St. Luke’s mask-wearing guidelines and policies. | **X** |
| 1. Hepatitis B immunity: Hep B vaccine (3 dose series of Engerix, Recombivax, or Twinrix or 2 dose series of Heplisav B) and proof of immunity by positive antibody titer.   If worker declines, a declination form with OSHA language is required and must be signed. After completion of shot series, proof of immunity by positive quantitative titer recommended. | **X**  **Strongly recommended for workers with occupational exposure to blood or body fluids.** |
| 1. Meningococcal vaccination: Give both MenACWY and MenB to individuals who are routinely exposed to isolates of Neisseria meningitidis. As long as risk continues: boost with MenB after 1 year, then every 2–3 years thereafter. Boost with MenACWY every 5 years.    If worker declines, a declination form is required and must be signed. | **X**  **Strongly recommended for Lab workers with occupational exposure to isolates of Neisseria meningitidis** |
| 1. Documentation of N95 respirator fit test done within previous 12 months with a 3M N95 if the worker may have occupational exposure to airborne pathogens. **The Halyard and 3M 8210 N95 masks will no longer be available effective May 1st, 2023.**   In addition to the Mask Fit test the following are required:   1. Attestation from the Supplier is provided on Supplier letterhead stating that the worker has been trained on the requirements of the OSHA respiratory protection regulation 1910.134. 2. Prior to fit testing, the worker must have a written recommendation regarding the workers ability to use a respirator. The recommendation should be from a physician or other licensed healthcare personnel (plhcp). It must state that the worker has been approved or cleared to wear a respirator. 3. Workers with a failed fit test will need to be PAPR trained. 4. The OSHA training is the Company’s (i.e. employer of record) responsibility to provide the required OSHA training, document the training, and maintain the documentation. 5. Contractors must obtain their N95 mask fit testing either outside of St. Luke’s and prior to their assignment start date, or once onsite through St. Luke’s Occupational Health **before providing patient care or services.** | **X**  **For workers with occupational exposure to airborne disease** |
| 1. MMR (measles, mumps, rubella): Positive titers or two documented MMR vaccinations administered per CDC guidelines. If beginning series, workers may start pending series completion. Completion of the 2-shot series at least 28 days apart. The worker may begin assignment if just starting the shot series pending completion.  *Vaccines given in a country outside of the U.S. are not acceptable (excluding military personnel that receive a vaccine in another country that is provided by the US government). Individuals who received their MMR vaccines outside of the U.S. will either need to complete another vaccine series or have a titer drawn.* | **X** |
| 1. Chicken Pox immunity: Positive titer or two Varicella vaccinations administered per CDC guidelines. Completion of the 2-shot series at least 28 days apart. The worker may begin assignment if just starting shot series pending completion.  *Vaccines given in a country outside of the U.S. are not acceptable (excluding military personnel that receive a vaccine in another country that is provided by the US government). Individuals who received their Varicella vaccines outside of the U.S. will either need to complete another vaccine series or have a titer drawn.* | **X** |
| 1. Tdap (tetanus, diphtheria, and acellular pertussis vaccination; one documented dose (received at 11 years old or older) one-time vaccine. Tdap or Td vaccine is required every 10 years thereafter.  *Vaccines* *given in a country outside of the U.S. is not acceptable (excluding military personnel that receive a vaccine in another country that is provided by the US government).* *Individuals who received their Tdap vaccines outside of the U.S. will need to receive another vaccine.* | **X** |
| 1. Negative tuberculosis (TB) test: Negative IGRA T-SPOT or Quantiferon-Gold lab, required to be completed within **60 days** prior to start of assignment and must be accompanied by a symptom evaluation. The symptom screening should include this information: <https://www.cdc.gov/tb/topic/basics/signsandsymptoms.htm>.   For the symptom evaluation, if all “no” answers are selected, the individual can start. If they have “yes” answers they will need further assessment to rule out active TB disease. If an individual has signs and symptoms consistent with active TB disease, they could be contagious. Further assessment would be talking to a medical professional to assess their status and make recommendations on whether they need further testing and diagnostics.  **OR *(updated 4/16/21)***     1. Positive tuberculosis (TB) test: Must have documentation of evaluation/ treatment and clearance, chest x-ray excluding TB disease and must have no signs or symptoms of active TB disease. Completed documentation should include the following: Patient name, DOB, date of TB test, the agency completing the test (name, address, phone number), type of TB test and results, statement of treatment completion.    2. Positive tuberculosis (TB) test without documentation of evaluation/treatment: Must complete a symptom screening and must have no signs or symptoms of active TB disease. In addition, worker must have a chest x-ray that rules out the possibility of pulmonary TB. Recommendation to follow-up with TB clinician to discuss possible treatment options. If the individual does not have documentation of treatment, then a TB questionnaire is required to be completed annually. | **X** |
| 1. COVID-19 vaccination: Is not required but strongly recommended. Per CMS requirements, reporting of COVID vaccines in Long-Term Care and Rehab facilities is still expected when available. | **X** |

**Section 3: Contract Worker Onboarding Checklist – Licenses, Certifications & Other Attestations:**

|  |  |
| --- | --- |
| **Contract Worker Onboarding Checklist** | **Required Unless Otherwise Noted Below** |
| 1. Service requirements, scope of role and agency/vendor job descriptions are current and reflect duties to be performed | **X** |
| 1. Professional license(s) and/or certifications and/or education primary source verification completed prior to the start of services based on service requirements, scope of role and/or agency/vendor job description requirements.(1) **Licenses, certifications, and registrations required by the contract, scope of services, or by** **law must be maintained and in good standing for the duration of the contract. If driving is required, this also includes driver’s license and vehicle insurance. Vendor will provide license, certification, and registration primary source verification within 24 hours upon request or immediately during a survey or audit.**   **NOTE: Acceptable agencies for resuscitation training are the American Heart Association (AHA) and American Red Cross (ARC). If eCard is pending within 14 days, a CPR Verification Letter can be submitted stating name of agency sponsoring course, name of course taken, course date, and instructor name.**  **If providing online version of AHA BLS, ACLS or PALS certification, it must be the version with the eCard Code to validate online.** | **X (1)**  If required by contract, scope of work, or by law. |
| 1. Job-related competency assessment (if contract worker uses equipment for job scope at St. Luke’s, include training documentation on equipment used and competency review of contract worker with any equipment used for services provided at St. Luke’s) | **X** |
| 1. See Appendices - section II. Contract Worker hospital orientation/education modules are current in the approved St. Luke’s learning center.**(1)** | **X (2)** |

**Section 4: Contract Worker Additional Requirements for Renewals:**

|  |  |
| --- | --- |
| **Contract Worker Additional Requirements** | **Required for All Roles unless noted otherwise** |
| 1. Service requirements and scope of role are current and reflect duties to be performed | **X** |
| 1. For clinical roles, performance evaluation completed within 12 months | **X** |
| 1. Professional license(s) and/or certifications and/or education primary source verification completed prior to the start of services based on service requirements, scope of role and/or agency/vendor job description requirements. **Licenses, certifications, and registrations required by the contract, scope of services, or by law must be maintained and in good standing for the duration of the contract. If driving is required, this also includes driver’s license and vehicle insurance. Vendor will provide license, certification, and registration primary source verification within 24 hours upon request or immediately during a survey or audit.**   **NOTE: Acceptable agencies for resuscitation training are the American Heart Association (AHA) and American Red Cross (ARC). If eCard is pending within 14 days, a CPR Verification Letter can be submitted stating name of agency sponsoring course, name of course taken, course date, and instructor name.**  **If providing online version of AHA BLS, ACLS or PALS certification, it must be the version with the eCard Code to validate online.** |  |
| 1. See Appendices - section II. Contract Worker hospital orientation/education modules are current in St Luke’s approved learning center. **(1)** | **X (2)** |

**(1) Contract Workers with expired education or privacy requirements in our Learning Center are ineligible for badge renewal until expired requirements are current.** **New Contract Workers are required to complete all Learning Center learning modules before a badge can be issued.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List ALL Current and New Workers Providing Services Requests  (Please complete for all workers providing services)** | | | | | | | ***For St. Luke’s Use Only*** | | |
| **Worker Name (Last, First):** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name (Last, First):** | **Click here to enter text.** | **Location/s Where Services will be provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name (Last, First):** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name (Last, First):** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name  (Last, First)** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name  (Last, First)** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name  (Last, First)** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name  (Last, First)** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name  (Last, First)** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |
| **Worker Name  (Last, First)** | **Click here to enter text.** | **Location/s Where Services will be Provided:** | **Click here to enter text.** | **Start date of services** | **Click here to enter a date.** | **Level (1-6)** | | **Click here to enter text.** |

***Packet continues on the next page for required signatures.***

**Section 4: Attestation, Signature, and Date**

|  |
| --- |
| **I, the undersigned, attest all individuals completed, and are compliant with, the regulatory compliance requirements outlined as “required for all roles” and the following which are specifically required for the role/s being performed by these individuals as determined by the St. Luke’s business leader (please specify): Click here to enter text.**  **I, the undersigned, agree to submit an initial list of all individuals on the following page who will be providing services at St. Luke’s and to provide regularly updated lists of individuals who are providing services at St. Luke’s as requested for audit and compliance purposes.**  **I, the undersigned, agree to collect and return all St. Luke’s property, including badges. Badges should be returned to the appropriate access control office (s*ee pg. 5 for locations)* when services are no longer being provided by a contract worker.**  **The information provided is current and accurate. The contract company can provide copies of requested documentation within 24 hours during internal audits, or immediately upon request during regulatory surveys. I permit St. Luke’s to audit company documentation to obtain evidence of completion of, and compliance with, requirements listed above.**  **This attestation is effective as of the representative signature date below, is valid until the end of the month in which the assignment ends and must be renewed annually.  The vendor is required to provide a current list of workers 30 days prior to the attestation renewal.** |
| Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click here to enter a date**  Representative Name (please print): **Click here to enter text.** Title: **Click here to enter text.** |

***For new and renewal attestation packets, please complete and submit all pages 1 – 7 to*** [***contractormanagement@slhs.org***](mailto:contractormanagement@slhs.org)***.***

***For updated lists of current and new workers, please complete and submit pages 2, 6 and 7 to*** [***contractormanagement@slhs.org***](mailto:contractormanagement@slhs.org)***.*** ***The most current version of the attestation packet that is in effect with St. Luke’s will apply to the updated list of current and new workers.***

**Appendices: For Reference Only (updated 9/20/2022)**

1. **Occupational Health**

Contract companies may contact St. Luke’s Employer Services department at [employerservices@slhs.org](mailto:employerservices@slhs.org) if they would like to have an account with St. Luke’s Occupational Health set up. Once an account has been set up, physicals, immunizations, and fit testing may be scheduled by contacting one of the following St. Luke’s Occupational Health clinics:

* Boise: 411 N. 1st Street, 2nd floor, Boise, ID 83702; (208) 706-7500
* Meridian: 520 S. Eagle Rd., Suite 2213, Meridian, ID 83642; (208) 706-5447
* Nampa: 9850 W. St. Luke's Drive #207, Nampa, ID 83687; (208) 505-2711
* Elmore: 840 N. 4th East, Mountain Home, ID 83647; (208) 587-1850
* Magic Valley: 625 Pole Line Rd W #1b, Twin Falls, ID 83301; (208) 814-8100
* Jerome: 115 5th Ave W, Jerome ID,83338; (208) 814-9840

1. **Online Education and Training Modules:**

Contract Worker complete hospital orientation/education modules in our Talent Learning Center (TLC). New Contract Workers are required to complete all CURIO learning modules before being issued a contractor badge (if needed) or commencing applicable services. Contract Workers with expired education or privacy requirements in the CURIO learning center are ineligible for badge renewal until expired requirements are current.

Visit [here](https://www.stlukesonline.org/for-contractors) under the ‘Required Online Training’ section. The options to create an account can be accessed by following the instructions.

1. **Badge Renewal Information:**

Organization representatives/contract workers are responsible for notifying Contractor Management ([contractormanagement@slhs.org](mailto:contractormanagement@slhs.org)) upon reassignment within St. Luke’s or termination of contract work. Organization representatives must collect St. Luke’s contract worker badges when individuals are no longer providing services and return to St. Luke’s Access Control to ensure the safety of patients, visitors, and staff. Access Control will not process any badge requests, new or renewal, without prior approval. Contract Workers presenting at Access Control without their expired badge will be assessed a badge replacement fee at the time of service.

|  |  |  |
| --- | --- | --- |
| **Boise** | Monday – Friday, 7:00 am – 3:15 pm, Access Control, Boise Hospital,140 E. Jefferson St., 208-381-2852  Monday – Friday, 7:00 am – 3:00 pm, Access Control, St. Luke’s Plaza, 720 E. Park Blvd, 208-381-1529 | Badge Number in bold at the bottom of the badge:  cid:image007.png@01D38DE6.1E1BA8C0 |
| **Meridian** | Monday – Friday, 7:30 am – 3:30 pm, Access Control, Meridian Hospital, 520 S. Eagle Rd.,  Suite 2100, 208-706-1003, *appointment required* |
| **Magic Valley/Jerome** | Monday – Friday, 9:00 am – 7:00 pm, Security, Magic Valley, Magic Valley Hospital, 208-814-1050 |
| **Wood River** | Monday –Thursday, 7:00 am – 5:00 pm, Building Services, 100 Hospital Dr., 208-727-8703*, appointment required* |
| **McCall** | Monday – Friday, 8:00 am – 5:00 pm, Human Resources 200 Forrest St., Allen Nokes Bldg, North Entrance, 208-630-2256 |
| **Elmore** | Monday – Friday, 7:30 am – 6 pm, Building Services, 895 N 6th East, Mountain Home, 208-580-2674 |