Office of the Executive Vice President for Health Affairs

OCH-002: Occupational Health Screening and Maintenance

Date: July 1, 2019

Applies To: The Medical Center, the School of Medicine, the School of Nursing, Claude Moore Health Sciences Library, Transitional Care Hospital, the Health System Development Office/UVA Health Foundation (“Health System Development Office”), and the University of Virginia Physicians Group (“UPG”).

Reason for Policy: To identify the requirements for health screening, vaccinations and inoculations applicable to all Team Members within the Health System, and to identify requirements for respiratory fit testing, in order to maintain a safe environment for patients, students, Team Members, and visitors.

Definition of Terms: Grounds – the University of Virginia campus located in Charlottesville, Virginia.

Health System - for purposes of this and all other Health System policies, the term “Health System” shall refer to the following entities: the Medical Center, the School of Medicine, the School of Nursing, Claude Moore Health Sciences Library, Transitional Care Hospital, the Health System Development Office, and UPG (hereinafter collectively referred to as “Entities” or each individually as an “Entity”).

Health System Facilities – includes all facilities operated by, or otherwise under the control of, the Medical Center, the School of Nursing, the School of Medicine, the Transitional Care Hospital and UPG, including those facilities leased by an Entity from the University of Virginia or UPG.

Team Members – All persons providing clinical, educational, research, administrative or other services within or for the benefit of the Health System (including School of Medicine and School of Nursing faculty and staff), regardless of employer.

Policy Statement: All Team Members in the Health System shall be required to undergo such screening, vaccinations, or tests as are described in this policy. All Team Members shall also be required to undergo such additional screening, vaccinations or tests as may be determined by the Medical Center Hospital Epidemiologist to be necessary for infection control and patient safety.

For purposes of this Policy, Team Members shall fall within one of two categories:

Tier 1: Team Members whose job related activities require them to be present in Health System Facilities at any time in a given calendar year.

Tier 2: Team Members whose job related activities do not require them to be present in Health System Facilities at any time in a given calendar year.

I. Requirements for Screenings, Vaccinations and Tests; oversight:
Employee Health/UVA-WorkMed shall oversee and coordinate all screenings, vaccinations and tests required for/made available to Team Members as per this policy, including respiratory fit testing.
Unless otherwise stated, all required documentation described below shall be submitted to, and maintained by, Employee Health/WorkMed.

EXEMPTIONS:

Team Members claiming medical or other exemption from any requirement specified in this Policy, or from any additional requirement imposed by the Medical Center Hospital Epidemiologist, shall provide grounds supporting their claim via email or other written communication to Employee Health/Work Med.

A. Tier 1: Subject to the applicable Implementation Phase described in Appendix 1, Tier 1 Team Members are required to obtain the following screening tests and vaccinations:

i. Measles:

All Tier I Team Members, regardless of date of hire, shall be evaluated for measles (rubeola) immunity. A Tier I Team Member shall be considered immune if he/she has a positive rubeola titer or has received two doses of rubeola vaccine (which can include MMR vaccine). Copies of rubeola vaccination/titer records may be provided as evidence of immunity.

EXEMPTIONS:

a. A Tier I Team Member shall be exempt from required vaccination if he/she can provide to Employee Health/Work Med medical documentation of one of the contraindications for MMR vaccine as defined by the CDC (www.cdc.gov). Tier 1 Team Members are also responsible for informing Employee Health/WorkMed of other claimed grounds for exemption.

b. If exempt from vaccination, the Team Member may be furloughed, at the discretion of the Hospital Epidemiologist, if he/she is exposed to measles or if a measles outbreak occurs.

ii. Mumps and Rubella:

a. All newly hired or rehired Tier I Team Members must be evaluated for mumps and rubella immunity.

b. Vaccination against mumps and rubella is encouraged for all other Tier I Team Members.

c. If a Tier I Team Member is not vaccinated or immune (evidenced by positive titers), he/she may be furloughed, at the discretion of the Hospital Epidemiologist, if he/she is exposed or if a mumps or rubella outbreak occurs.

d. Copies of mumps/rubella vaccination/titer records may be provided as evidence of immunity.
iii. **Tdap (Tetanus, Diphtheria, and Pertussis):**

All Tier I Team Members, regardless of date of hire, must have received one Tetanus, Diphtheria, Pertussis (Tdap) vaccine as an adult. All Tier 1 Team Members are recommended to receive a booster dose of tetanus-diphtheria (Td) vaccine within 10 years of receiving adult Tdap vaccination.

**EXEMPTIONS:**

a. A Tier I Team Member shall be exempt from required vaccination if he/she can provide to Employee Health/WorkMed medical documentation of one of the contraindications for Tetanus Diphtheria or Tdap vaccine as defined by the CDC ([www.cdc.gov](http://www.cdc.gov)). Tier 1 Team Members are also responsible for informing Employee Health/WorkMed of other claimed grounds for exemption.

b. If exempt from vaccination, the Team Member may be furloughed, at the discretion of the Hospital Epidemiologist, if he or she is exposed to pertussis or a pertussis outbreak occurs.

iv. **Flu (Influenza):**

a. All Tier I Team Members must be vaccinated annually.

b. Annual Flu vaccination shall be made available and administered at Health System Facilities as per annual communications from the Chief Medical Officer of the Medical Center/Hospital Epidemiologist/other executive leadership. Tier 1 Team Members who are vaccinated through non-Health System providers (i.e., private physicians, local pharmacies, etc.) must submit evidence of vaccination to Employee Health/Work Med.

**EXEMPTIONS:**

A Tier I Team Member shall be exempt from required vaccination if he/she can provide to Employee Health/WorkMed medical documentation of one of the contraindications for influenza vaccine as defined by the CDC ([www.cdc.gov](http://www.cdc.gov)). Tier 1 Team Members are also responsible for informing Employee Health/WorkMed of other claimed grounds for exemption.

v. **Varicella:**

a. All newly hired or rehired Tier I Team Members must be evaluated for Varicella (chicken pox) immunity.

b. Vaccination against varicella is encouraged for all other Tier I Team Members.
c. If a Tier I Team Member is not vaccinated or immune (evidenced by positive titers), he/she may be furloughed, at the discretion of the Hospital Epidemiologist, if he/she is exposed or if a varicella outbreak occurs.

d. Copies of varicella vaccination/titer records may be provided as evidence of immunity.

vi. **Tuberculosis Screening:**

a. Annual screening: Regardless of date of hire, all Tier I pulmonology and infectious disease physicians, nurse practitioners and physician assistants and all respiratory therapists, shall undergo annual Tuberculosis screening (i.e., TST, and/or symptom review, or such other standard as determined appropriate by the Hospital Epidemiologist). The categories of Team Members requiring such annual screening may be modified from time to time as deemed necessary by the Hospital Epidemiologist.

b. All other Tier 1 Team Members shall be screened:

1. at time of hire or rehire
2. if Employee Health/WorkMed have no record of TB screening, Team Members for whom no such record exists shall be screened by June 30, 2020. This is a one-time requirement.

c. Screening shall also be required for Team Members who have a TB exposure or who exhibit symptoms of TB

Team members not required to be screened for TB, but wishing to be tested, can still be screened and should request a test through their employee/occupational health provider. Employees of UVA Health System, may contact Employee Health or UVA-WorkMed.

c. **Respiratory Fit Testing (RFT):**

Tier 1 Team Members who provide patient care within University Hospital, at TCH, or within any ambulatory clinic with a negative pressure room are required to undergo annual RFT, as per OSHA standard 190.134.[CDS9N1]. As may be determined necessary by the Hospital Epidemiologist, providers at other Medical Center outpatient clinics and UPG clinics who may provide care to patients with disease transmissible via a respiratory route shall also be required to undergo RFT. Providers at off Grounds Medical Center outpatient clinics and UPG clinics can also have RFT upon request.

viii. **Hepatitis B:**

a. All Tier 1 Team Members are encouraged to be evaluated for Hepatitis B, regardless of job function. However, serologic evidence of hepatitis B immunity must be obtained by valid documentation or testing of Tier I Members at risk
for occupational exposure to blood borne pathogens (e.g., without limitation, RNs, LIPs, respiratory therapists).

b. If the Tier 1 Team Member does not demonstrate hepatitis B immunity by documentation or testing, evaluation for active hepatitis B infection shall be performed. Individuals who are non-infected and non-immune shall be offered HBV immunization.

c. Tier 1 Team Members with active hepatitis B infection shall be managed as outlined in Medical Center Policy No. 0134, Transmissible Bloodborne Pathogens.

d. Vaccination can be refused through a signed declination statement per OSHA regulations.

B. Tier 2:

a. All Tier 2 Team Members are encouraged to have annual flu vaccinations.

b. Annual Flu vaccination shall be made available and administered at Health System Facilities as per annual communications from the Chief Medical Officer of the Medical Center/Hospital Epidemiologist/other executive leadership.

C. Meningococcal vaccine:

Meningococcal vaccine will be provided to any Team Member, regardless of Tier, who is routinely exposed to isolates of *N. meningitidis* (e.g., without limitation, clinical laboratorians).

Procedures:

1. Employee Health/Work Med shall facilitate the completion of all requirements of this Policy.

2. Team Members are responsible for ensuring their compliance with the requirements of this Policy, and failure to comply may result in disciplinary action up to and including termination in accordance with applicable policies and procedures. Additionally, for members of the Clinical Staffs at the Medical Center and TCH, failure to comply with the requirements of this policy shall constitute grounds for non-renewal of privileges in accordance with the Bylaws of the Clinical Staff for each of these hospitals.

Related Information: CDC Reference: [Recommended Vaccines for Healthcare Workers](#)

Approved by/Date: Executive Vice President for Health Affairs/ September 2018
Health System Leadership/ September 2018
Health System Policy Committee/ August 2018

Revision History: N/A
Policy Implementation Phases:

- **Phase A**

  Effective **January 1, 2019**, all Tier 1 Team Members:

  1. employed by the Medical Center and providing services at the Medical Center, its ambulatory clinics, or TCH, and

  2. all Licensed Independent Practitioners and Allied Health Professionals providing services at the Medical Center, its ambulatory clinics, or TCH, regardless of employer shall comply with the requirements of this Policy. Initial tests/screens for newly hired Tier 1 Team Members in Phase A shall be conducted as a condition of employment.

- **Phase B**

  Effective **July 1, 2019**, all other Tier 1 Team Members and all Tier 2 Team Members shall comply with the requirements of this Policy. Initial tests/screens for newly hired Tier 1 Team Members in Phase B shall be conducted as a condition of employment. These requirements shall be completed by June 30, 2020, except that all Team Members in Phase B must be vaccinated for flu for the 2019-2020 flu season in accordance with the timeline established by the Hospital Epidemiologist.

**Examples of how Implementation Phases Might Apply:**

A. **A Tier 1 Medical Center administrator who has been employed since 2010**: she will be required to comply with this policy on January 1, 2019 in **Phase A**.

B. **A Tier 1 Team Member employed in the School of Medicine’s Controller’s Office since 2016**: he will be required to comply with this policy on July 1, 2019 in **Phase B**.  
C. **A Tier 1 nurse hired on November 1, 2018 who will provide services at the Emily Couric Clinical Cancer Center**: she will be required to comply with all aspects of this policy effective upon that date of hire, including initial tests/screens, because she will be providing clinical services at the Medical Center when **Phase A** begins on January 1, 2019.

D. **A Tier 1 physician hired on September 1, 2018 who will provide services at TCH**: she will be required to comply with this policy on January 1, 2019 in **Phase A**.

E. **A Tier 1 UPG physician hired on September 1, 2018 who will provide services ONLY at a UPG-owned clinic**: he will be required to comply with this policy on July 1, 2019 in **Phase B**.  
F. **A Tier 1 administrative assistant hired within the School of Nursing on November 1, 2018**: he will be required to comply with this policy on July 1, 2019 in **Phase B**.