

Office of Origin: Department of Occupational Health Services

## I. PURPOSE

The health care environment presents health risks to HCWs and patients. In order to control and minimize these risks, the Medical Center requires HCWs to be medically screened and to comply with the standards set forth in this document. These requirements follow national and state guidelines and regulations including but not limited to The Joint Commission and California Code of Regulations, Title XXII.

## II. POLICY

### A. Healthcare workers

1. Include persons who:
  - a. Have the potential for exposure to infectious diseases through shared air space or contact with persons with infectious disease while doing paid or unpaid work in healthcare settings
  - b. Have duties that involve face-to-face contact with patients with confirmed disease,
  - c. Enter patient rooms or treatment rooms whether a patient is present or not.
  - d. Participate in aerosol-generating or aerosol-producing procedures (e.g., bronchoscopy, sputum induction, administration of aerosolized medications)
  - e. Participate in specimen handling
  - f. Install, maintain or replace environmental controls in areas in which persons with airborne-transmittable disease are encountered  
This group includes, but is not limited to volunteers, agency personnel, house staff, attendings, students, clinical faculty, clinical fellows and researchers with patient contact. Refer to the [TB Exposure Control Plan](#) for a full list of included job categories.
2. Immunocompromised HCWs may be considered for special assignment or additional training to prevent exposure to pathogens in the workplace. Confidential counseling is available through Occupational Health Services (OHS) and the Department of Hospital Epidemiology and Infection Control (HEIC).
3. Part time, temporary, contract and full-time HCWs are included in communicable disease screening programs.

## B. Communicable Disease Screening

### 1. TUBERCULOSIS (TB)

- a. General Guidelines (Also [see TB Exposure Control Plan](#))
  - a. HCWs who have patient contact or contact with body fluids that may contain TB shall undergo TB screening at the time of their pre-placement evaluation and periodically thereafter.
  - b. Periodic screening may be required every six months for HCWs in certain high-risk departments. These departments are reviewed annually by OHS and the HEIC Department. A list can be found in the TB Exposure Control plan. Other at risk HCWs/house staff/volunteers are tested annually.
  - c. Screening is done on a departmental basis.
  - d. A copy of the testing results is provided to the employee at the time of the testing.
  
- b. Immunocompromised health care worker
  - i. Severely immunocompromised HCWs should avoid exposure to *M. tuberculosis* and should be advised of options for voluntary reassignment to areas and activities in which there is a lower potential risk of exposure.
  - ii. The HCW's immune status will be treated confidentially and OHS will:
    - a) *Counsel the employee regarding the risk of developing TB from an exposure and the risk of rapid progression from latent infection to active disease.*
    - b) *Screen for symptoms of active disease. If symptomatic for TB:*
      - i) **REMOVE FROM PATIENT CARE**
      - ii) *Refer to OHS for evaluation (415) 885-7580.*
      - iii) *Not allow return to work until cleared through OHS*

## 2. VACCINE PREVENTABLE DISEASES

The following policy is based on guidelines published by the Centers for Disease Control (CDC), Immunization Practices Advisory Committee (ACIP), and meet requirements of Title XXII and The Joint Commission guidelines. Established immune status is considered a condition of employment. OHS, HEIC, Human Resources and Medical Center Administration will handle request for waivers on a case-by-case basis.

- a. MUMPS
  - i. Serologic evidence of mumps immunity
  - ii. Documentation of two live mumps vaccinations
- b. RUBEOLA (Measles)
  - i. Serologic evidence of measles immunity
  - ii. Documentation of two live measles vaccinations.
- c. RUBELLA (German Measles)
  - i. Serologic evidence of rubella immunity.
  - ii. Valid documentation of rubella vaccination.
- d. VARICELLA (Chickenpox)
  - i. Serologic evidence of varicella immunity.
  - ii. Valid documentation of varicella vaccination.

HCWs hired prior to 1996 when the varicella vaccine was available are strongly encouraged to adhere to this policy. Existing HCWs of this era found to be susceptible will not be assigned to care for patients with chicken pox or with disseminated herpes zoster. All HCWs hired since 1996 are required to establish immunity.

Exposed susceptible HCWs will be counseled and followed according to the Occupational Health and HEIC policies.

## C. Vaccinations

### 1. HEPATITIS B

- a. Vaccine:  
HCWs whose jobs involve tasks with potential exposure to bloodborne pathogens shall be offered the vaccine series within 10 working days of beginning their assignment. This vaccine is free of charge to the HCW.
- b. Information  
will be provided on the risk of exposure to occupational Hepatitis B and other bloodborne pathogens, as it relates to the individuals job assignment.
- c. Consent/Declination:  
Consent form will be signed prior to beginning the immunization series.

Should an employee choose to decline the vaccine, a declination will be completed and the employee informed that they may be vaccinated at any time in the future.

- d. *Post-vaccination titers*  
are done at 6-8 weeks following the completion of the vaccine series. Once seroconversion is established no further antibody testing is currently recommended. Boosters are no longer recommended. Antibody testing beyond this timeframe is unreliable and therefore not recommended.
- e. *Screening of Dialysis Staff*  
There is no evidence that dialysis staff is at higher risk than other health care workers. There is no recommendation for special testing or screening at this time.

2. IMMUNIZATION (OTHER THAN HEPATITIS B) – The following vaccines are available free of charge to HCW, however, HCWs should generally maintain up-to-date immunization status through their primary health care provider.

- a. Influenza vaccine is offered annually by OHS to individuals who provide direct patient care. Health care workers are strongly encouraged to get immunized to lessen the risk of exposing patients. As of 2007 all HCWs must either document vaccination or sign a declination form.
- b. Measles, Mumps Rubella (MMR) vaccines are available for staff unable to show proof of adequate immunity to rubeola (Measles) or rubella (German Measles) and who may place patients or other staff at risk from these infections
- c. Tetanus and Diphtheria (Td) boosters are available when indicated for work-related injuries
- d. Smallpox vaccination will be offered in accordance with recommendations from the CDC, California and San Francisco Departments of Health and the ACIP.

### III. REFERENCES

*Immunization of Health Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC).* MMWR, December 26, 1997/46(RR-18); 1-42.

*Guidelines for Infection Control in Health Care Personnel, 1998.* American Journal of Infection Control 1998;26:289-354.

Measles, Mumps, and Rubella—Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps; Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR, May 22, 1998/Vol. 47/No. RR-8.*

*Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP).* MMWR, April 14, 2000/49(RR03); 1-30.

*Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients.* MMWR, April 27, 2001/50(RR05); 1-43.

[Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, 2005 MMWR 54/RR-17 \(December 30, 2005\)](#)

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