**Title:** PRE-PLACEMENT SCREENING OF EMPLOYEES, MEDICAL STAFF, VOLUNTEERS, AND CONTRACT PERSONNEL

**Policy #:** PM-19

**Purpose:** To provide guidelines for pre-placement and infection control screening required for each Medical Center employee, student, volunteer, and other non-Beth Israel Deaconess employed health care worker/practitioner upon employment or practice at Beth Israel Deaconess Medical Center.

The health care environment presents health risks to employees and patients. In order to control and minimize these risks BIDMC requires all employees 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 Centers for Disease Control and Prevention (CDC), The Occupational Safety and Health Administration (OSHA), the Massachusetts Department of Public Health (MDPH) and The Joint Commission.

**Policy Statement:**

1. Each new employee, physician, or volunteer at Beth Israel Deaconess Medical Center shall be subject to the completion of pre-placement health screening including initial infection control requirements for new employees established by the Employee Health and Infection Control Working Group and approved by the Environment of Care Committee. Failure to meet these requirements may result in corrective action up to and including termination from employment.

2. The pre-placement health screen also includes brief review of health and occupational history; occupation related immunizations, medical surveillance screening as needed such as animal worker surveillance; and focused physical exam if required.

3. Each student or other non-Beth Israel Deaconess employed health care worker or practitioner planning to work or practice at Beth Israel Deaconess Medical Center shall provide Employee Health Services with written documentation of compliance with Initial mandatory infection control screening requirements.

4. This policy also covers observers, contracted personnel, traveler staff, temporary staff, agency placed staff, students, and all other staff not hired by BIDMC but who are working in the medical center. Failure to comply with requirements will prohibit the student or other non-Beth Israel Deaconess employee from working or practicing at Beth Israel Deaconess Medical Center.

5. Initial mandatory pre-placement and infection control screening requirements shall be completed prior to the employee’s date of hire, except in situations where a condition (such as pregnancy) precludes completion of immunizations. Therefore, if the employee has not completed mandatory requirements, s/he may not start employment until these requirements are completed.

6. If additional medical information is required in order to complete pre-placement
health clearance an employee may be placed on “medical hold” pending EOHS receipt of required documentation.

7. If employee is made aware of a change in practice (DPH, BIDMC, CDC, etc) that affects his/her compliance with immunization standards, there will be a 30 day period to complete the request. If the personnel member does not adhere to request within 30 days, administrative leave of absence may be enacted by EOHS and Human Resources.

8. Influenza vaccination: BIDMC requires staff who have patient contact to be vaccinated annually for influenza as a condition of employment. (Healthcare worker 1,2,3.) Employees who do not have patient contact are required to receive a flu vaccination or formally decline vaccination as a condition of employment.

Flu vaccination is the most effective way to prevent influenza infection and its complications. BIDMC feels that annual flu vaccination for employees with patient contact is the best approach to protecting patients and preventing flu among employees. Flu vaccination of healthcare workers is also a Patient Safety standard of the Joint Commission Mandatory flu vaccination, and is also recommended by several national and local public health agencies and healthcare organizations.

Implementation of influenza vaccination process is outlined later in this policy.

9. Appendix A outlines TB screening and immunization requirements for employees, contractors, volunteers, visiting clinicians and researchers, and students based on length of employment or assignment and degree of patient contact.

- Contractors, visiting clinicians and researchers, and students are required to provide their immunization documents to EOHS as the time of pre-placement health screening. If immunization records do not meet the requirements below the individual will be referred to their home institution, PCP, or the BIDMC travel clinic to have the appropriate lab work or immunizations completed at their own cost.

10. Healthcare Worker Status Definitions: The HCW assignment does not depend on the frequency of work assignment, but rather the nature of the work itself. Categories of Health Care Worker (HCW) are as follows:

   a. **HCW 1**: Regular, day to day contact; both face-to-face and hands-on.
      - **Examples**: physicians with active, daily patient contact at BIDMC, clinical nurses, phlebotomist, medical assistants, PFT tech, and x-techs.

   b. **HCW 2**: Regular, day-to-day contact; face-to-face only.
      - **Examples**: physicians who have daily contact with patients but not hands on; physicians with face-to-face, hands-on patient contact at BIDMC, even if occasionally; front desk receptionist, info desk receptionist, psychiatrist, resource specialists, interpreters, transporters.

   c. **HCW 3**: Regular provision of service in a patient care area.
      - **Examples**: Physicians who have face-to-face contact with patients at
BIDMC, but only occasionally. No hands on patient contact at any point. Unit coordinators, lead coordinator/supervisor, patient liaison, nutrition services, environmental services, registrars, information desks, security, etc.

d. **IHCW (4):** No patient contact, but regular handling of specimens for testing and diagnostics. Physicians in lab settings only; no patient contact at any point.

e. **NHCW (5):** No patient contact. Physicians who at no point see any patients at BIDMC.

**Guideline(s) for Implementation** *(the process for administering vaccines, obtaining serologies, and tuberculosis screening are outlined in separate EOHS policies and procedures.)*

A. **Measles, Rubella, Mumps**

1. Staff shall provide documentation of immunity to measles, mumps, and rubella based on the following acceptable documentation of immunity:

   i. **Measles:**
      1. Blood titer showing immunity to measles or
      2. Documentation of two doses of MMR vaccine, given at least 4 weeks apart and beginning at ≥12 months of age. A written record which includes month and year of vaccination must be provided.

   ii. **Mumps:**
      1. Blood titer showing immunity to mumps or
      2. Vaccination with two doses of MMR vaccine. A written record which includes month and year of vaccination must be provided.

   iii. **Rubella**
      1. Blood titer showing immunity to rubella or
      2. Vaccination with 1 dose of MMR vaccine. A written record which includes month and year of vaccination must be provided.

B. **Varicella**

1. Staff shall provide documentation of immunity to varicella (chickenpox) based on the following acceptable documentation of immunity:

   i. Blood titer showing immunity to varicella

   ii. Vaccination with two doses of varivax (varicella) vaccine.

   iii. Health care provider documented history of disease (chickenpox or shingles)
iv. BIDMC employees who are unable to provide documentation of titer or immunization will be offered serologic testing and/or immunization during their preplacement screen visit.

v. Requests for medical exemption will be managed on a case by case basis. This may affect the employee’s ability to work in certain areas of the institution.

C. Tetanus Diptheria Pertussis

1. At the time of the pre-employment assessment by EOHS personnel each new employee will be requested to provide documentation of immunization for Tetanus Diptheria booster and/or Tetanus Diptheria Pertussis vaccination

2. Receipt of Tetanus, Diphtheria, Pertussis (Tdap) vaccination is strongly recommended. Tdap vaccination will be offered to all staff who do not provide documentation of previous Tdap vaccination.

D. Hepatitis B

1. Employees with direct patient contact and/or potential exposure to human blood, body fluids, tissues, and cell lines will be offered Hepatitis B vaccination series and serologic testing per current CDC guidelines and OSHA requirements.

2. Employees who decline vaccination will be required to sign an OSHA mandated declination statement. These employees will be advised that they are eligible to receive the vaccine at any time in the future if they change their mind.

3. Healthcare workers with HBV, HCV, HIV infection will be counseled regarding personal health and job related precautions. Necessary precautions and workplace accommodation will be reviewed by an Expert Panel, as recommended by SHEA (Society for Healthcare Epidemiology of America) that will include EOHS, Infection Control, Infectious Diseases, Human Resources, Ethics.

E. Tuberculosis Screening

1. One Test Preferred
   a. IGRA is preferred for non-U.S. born persons from BCG-vaccine administering country and/or who have received BCG (http://www.bcgatlas.org)
   b. TST is preferred for persons born in non-BCG vaccine countries
   c. TST is preferred for serial testing such as for healthcare workers

2. Screening for tuberculosis will be conducted at the preplacement health screening. The following are required for clearance to begin work.
   a. Two Step testing requires:
i. Two negative TB skin tests done within one year of hire. One of the TB skin tests must be done within 3 months of hire.

ii. TB skin testing will be performed during the preplacement visit for those without adequate documentation.

b. If BAMT testing results are available in lieu of TB skin testing, BAMT test results must be from within 3 months of hire.

c. Positive TB skin test results and/or positive BAMT testing will require evaluation for latent tuberculosis infection prior to clearance to begin work.

d. Summer hires, students, contractors, and non employees who will be working for 3 months or less will only be required to have one TST done within 1 year of beginning work at BIDMC.

3. Contact Investigations

a. The same test (IGRA or TST) should be used for initial and repeat (8-10 week post-exposure) testing of contacts

4. Immunocompromised individuals

a. In the case wherein an individual has medical documentation of an immunocompromised state, testing with both IGRA and TST may be indicated to reduce the likelihood of a false-negative test result

5. Positive screening tests will require further evaluation prior to clearance

D. Influenza Vaccination

1. Employees whose health care worker status is HCW 1, 2, or 3, including physicians with patient contact are required to have annual influenza vaccination unless they have a valid medical reason as outlined below.

2. HCW 1, 2, 3 staff and physicians who have received a flu vaccination elsewhere must provide valid documentation from the vaccinating office or institution. This may include a receipt from a retail pharmacy.

3. HCW and physicians with medical contraindications should do the following:

a. HCW 1, 2, 3 must have their medical provider complete the medical exemption form in order to obtain a medical exemption for flu vaccination.

b. The form must be submitted to Employee Occupational Health Services for review.

c. Employees whose medical exemption request does not meet the standard for medical contraindication will be asked to meet with an EOHS clinician to review. Standards for medical contraindication for flu vaccine are derived from most recent flu vaccine and flu vaccination data from the Centers for Disease Control and Prevention.

4. Those who provide history of egg allergy will be referred to the BIDMC Allergy clinic for allergy consultation.

5. HCW who wish to decline flu vaccination when they do not have a valid medical contraindication, or religious, or other reason will be referred to Employee Relations.

6. Those who are HCWI or NHCW status, meaning these staff do not have patient contact, are required to:

a. Receive a vaccination at BIDMC

b. Provide documentation of vaccination elsewhere
c. Formally decline by completing mandatory education on Flu Central on the BiDMC Portal and then completing a declination form.

7. Implementation:
   a. Each year the Flu Steering Committee will plan for employee and patient influenza vaccination programs. The Flu Steering Committee will monitor the availability and supply of influenza vaccine that the hospital will be receiving.
   b. Implementation of this policy will be dependent upon the supply of vaccine available. In the event of vaccine shortages the Flu Steering Committee will inform hospital employees and medical staff of vaccine availability.
   c. The Flu Steering team will plan for hospital wide flu vaccination clinics that give all staff an opportunity to receive a flu vaccination. Each year the Flu Steering team will make all appropriate forms and steps for compliance available on “Flu Central” which is found on the BiDMC Portal.
   d. Flu vaccination requirements are subject to change based on institutional requirements as well as state and federal mandates.

E. Other Infectious Diseases

1. Vaccination and/or counseling will be provided to staff who will be working with the potential hazards according to their job title and department:
   a) Meningococcal exposure (Neisseria meningitides)
   b) Research specific pathogens including, but not restricted to the following. See Research EOHS policies for details:
      ▪ Rabies
      ▪ Vaccinia
      ▪ Herpes B (simian herpes)

F. Medical Clearance for Specific Duties

Special screening procedures are provided for:

1. Pathology Laboratory Personnel
   a. Color perception screening
   b. Two vaccines for Meningococcal vaccination for microbiology technicians is offered (See EOHS Meningococcal Vaccination Guideline)
   c.

2. Animal handlers and research laboratory personnel working with animals
   a. Animal allergy sensitivity questionnaire and review of exposures to specific pathogens for potential vaccination or booster. (See EOHS policy for animal handler screening)

3. Personnel with suspected latex sensitivity shall be offered latex RAST testing
4. Respiratory Fit testing medical clearance for N95 respirator or other appropriate respirator

5. Chemo profile baseline questionnaire for employees who handle Chemotherapeutics.

6. Chemotherapeutic post exposure evaluation program is in place for employees

7. Medical evaluation and/or functional testing for Fitness for Duty clearance for individuals with existing medical conditions that could compromise the employee’s ability to perform essential job functions.

8. Medical surveillance programs will be established as needed for employees, including but not limited to asbestos and hearing

9. Fitness for Duty Evaluation for BIDMC Police Officers:
   a. Preplacement fitness for duty evaluation will be required including but not limited to complete physical examination, psychological evaluation, and pre-employment drug screening.
   b. Fitness for duty evaluations including but not limited to physical examination and drug testing are required on an annual basis.
   c. Fitness for duty evaluations will be conducted for post-accident and for reasonable suspicion. The evaluation will include but is not limited to physical exam and drug testing.
   d. Random drug screening will be required as determined necessary by the Sr. Vice President of Capital Facilities and Engineering and the Chief of Police.
   e. Participation in fitness for duty evaluation is a condition of employment. Refusal by an employee to comply with the fitness for duty evaluation requirement will result in immediate termination as a BIDMC police officer.
   f. Fitness for duty evaluation documentation will be maintained in EOHS in the employee’s health record.
   g. Refer to Policy #EOC-23 BIDMC Police Officer Fitness for Duty Policy for further details of fitness for duty requirements for police officers

G. Non-Employees

10. Non employees include:
   a. Contractors (i.e.: Maintenance)
   b. Temporary agency and travel nursing employees
   c. Students
   d. Visiting clinicians and researchers

Non-employees shall provide medical documentation of compliance with all initial mandatory infection control screening requirements. If length of assignment
at BIDMC is longer than three months, then the subject must meet all requirements that apply to BIDMC employees, regardless of patient contact level. If the length of assignment is less than three months, and there is the possibility of patient contact, or work in a patient care area, then a TB test within one year of the start date is required. If length of stay is less than three months, and there is no patient contact, or work in a patient care area, then no immunization record is necessary for clearance. All personnel will report to EOHS to receive clearance, regardless of work assignment or length of stay.

EOHS will provide TB screening for these personnel, but any further pre-employment screening (MMRs, HepB, etc.) will require a charge to the subject’s home employer or may be done via their PCP or their school’s student health services.

H. Non Compliance with Employment Screening Requirements

All new employees must complete all employment screening requirements. EOHS staff will provide HR specialist with email notification for any new employee with outstanding requirements. The new hire will complete all outstanding requirements within the first 5 days of start date.

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☐ EOC Committee: 6/10/15

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