

Last Approved 08/2024

Last Revised 08/2024

Next Review 08/2027

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Policy Area Health
Enterprise:
General
Administrative

Applicability UCI Health -
Orange



Occupational Health: Employee Services

I. PURPOSE:

To provide Occupational Health Services to UCI Health that is consistent with current medical practice guidelines, as well as the Requirements of state and federal regulations.

II. POLICY:

A. DESCRIPTION OF PROGRAMS AND SERVICES

Occupational Health Services program will include the following:

1. PRE-PLACEMENT PHYSICAL

All UCI Health applicants must be physically/emotionally capable of performing their job duties as defined in Job Description/Physical Demands.

2. ANNUAL HEALTH ASSESSMENT

All UCI Health employees are required to complete an annual health questionnaire, blood test, skin test or chest x-ray as defined by Center for Disease Control (CDC) or the Orange County Health Care Agency TB Policy. Each employee will be screened in his/her anniversary month via the TB assessment/screening questionnaire.

3. WELLNESS THROUGH PREVENTION PROGRAM

Each UCI Health employee is required to be fit for duty.

4. WORK-RELATED INJURIES AND ILLNESSES

The Occupational Health Program provides assessment and treatment for employees' work-related injuries and illnesses under the scope of its practice.

5. **EMPLOYEE ILLNESS - FIRST VISIT (NON-WORK RELATED)**

To provide assistance and direction for the ill or concerned employee as needed.

6. **HAZARDOUS EXPOSURES - MEDICAL SURVEILLANCE**

All UCI Health employees working with hazardous or toxic substances will receive proper education, training and medical surveillance, as mandated by CAL-OSHA and University guidelines.

UCI Health Environmental Safety and Health Department and/or Departmental Managers will be responsible for notifying Occupational Health of existing or potential exposure of employees to non-infectious health hazards. Occupational Health will contact the Employee, Departmental Manager, Environmental Health and Safety and others as indicated.

7. **RESIDENT PROGRAM**

Residents are subject to the same health and safety standards set for UCI Health employees (except pre-placement physical examination and urine drug screen).

8. **MEDICAL STUDENTS**

Medical students with rotations at any UCI Health facility, hospital, or program are subject to the same health and safety standards set for UCI Health employees (except pre-placement physical examination and urine drug screen).

9. **VOLUNTEERS**

All Volunteers will be referred to Occupational Health by the Volunteer office and complete Health Screening before starting volunteering services and annually thereafter. All volunteers are subject to the same health and safety standards set for UCI Health employees (except urine drug screen).

10. **ATTENDING PHYSICIANS/FACULTY**

Attending physicians and faculty will follow the Medical Staff Policy.

III. PROCEDURES

A. Pre-Placement Evaluation

1. A pre-placement evaluation which will include assessment and physical examination will be completed, and clearance issued prior to employment start date/orientation. This will include the following:

- a. Pre-placement questionnaire/ Job description (Medical Center) / Occupational Health History (Campus Temps)
- b. A Tuberculosis (TB) Screening (including a risk assessment) and QuantiFERON TB Gold plus blood test. A history of previous BCG is not a contraindication for QuantiFERON or Tuberculin Skin Test (TST). Individuals with previous undocumented positive QuantiFERON or undocumented positive TST result are not contraindicated for QuantiFERON or skin testing. An individual at low risk for TB and with no history of previous positive TST or previous positive QuantiFERON who tests positive for quantiFERON on preplacement screening will be referred for chest X-ray (CXR) and may request a repeat quantiFERON if desired. An individual with documentation of positive quantiFERON without recent

CXR (within 1 year of start date) will be referred for CXR. An individual with a documented previous positive TST will undergo baseline QuantiFERON testing and will also be referred for CXR. An individual whose QuantiFERON result is indeterminate will undergo a repeat QuantiFERON and if the repeat QuantiFERON is indeterminate or positive, the individual will be referred for CXR. Pregnant applicants with a positive QuantiFERON will undergo a symptom assessment. If the symptom assessment is negative, a conditional clearance will be issued and CXR will be performed after delivery. If the symptom assessment is positive, the applicant will be referred to their own primary care physician for further evaluation and treatment and clearance will be determined based on review of additional information provided. Applicants may choose a two step TST in lieu of QuantiFERON only if there is a medical contraindication to performing a QuantiFERON.

- c. N-95 Mask fit testing will be done on applicants with potential exposure to airborne pathogens (as defined by Epidemiology and Infection Prevention (EIP)).

- d. Lab tests: The following labs will be included:

- i. Hepatitis B Antibody: All applicants with occupational exposure to blood and body fluids will be tested for Hepatitis B Antibody unless they have prior documentation of a positive Hepatitis B Antibody titer. If applicant has been previously immunized but has no record of titer, a titer will be drawn. If titer indicates no immunity, then immunization series is indicated.

For all health care workers with exposure to blood and body fluids who have not been immunized, or are documented to have no immunity, the Hepatitis B immunization series will be offered. If declined, document and have employee sign Hepatitis B Declination form, to be kept in Occupational Health file. Hepatitis B Antibody titer will be drawn one to two months after immunizations are completed.

- ii. Hepatitis C Antibody: All applicants with occupational exposure to blood and body fluids will be tested for Hepatitis C Antibody.
- iii. Measles, Mumps, and Rubella (MMR): Rubella, Mumps, and Measles immunity is mandatory. Titers will be drawn unless applicant provides written documentation of two previous vaccinations after the age of one year, or documented serologic immunity.
- iv. Urine drug screening is done on all pre-placement exams with the exception of UCI Health transfers without a break in service with a negative drug test on record. Drug testing must be done at the time of physical examination. . Shy bladder protocol will be followed if needed (see Attachment I). Failure to complete drug testing on the date of examination will result a

determination of not meeting criteria of the pre-placement examination. See the Drug Screening: Post Offer policy for additional information.

- v. Varicella: Varicella immunity is mandatory. Titers will be drawn unless serologic proof of immunity is provided, or documentation of two previous vaccinations. History of prior chickenpox is not acceptable as evidence of varicella immunity.
- e. Additional Lab tests required: If further lab testing is indicated in order to ensure applicant is free of infectious disease, applicant will be referred to his/her own physician to provide Occupational Health with written documentation, prior to being cleared for hire.
- f. Vaccines:
 - i. MMR is given to all staff with no written documentation of immunity or no history of immunization. (Two doses of MMR, four weeks apart, if there are no contraindications). If there is documentation of one MMR after age one, only one MMR booster will be given. Employee will be provided with a Vaccine information sheet (VIS) and will sign a consent form*
 - ii. Varicella (Chickenpox) immunization is given to all staff with no written documentation of immunity or no history of immunization. (Two doses of Varicella vaccine, four weeks apart, if there are no contraindications). If there is documentation of one Varicella vaccine, only one Varicella vaccine booster will be given. Employee will be provided with a Vaccine information sheet (VIS) and will sign a consent form*.
 - iii. Hepatitis B Immunization: All health care workers (HCW) with exposure to blood and body fluids are eligible. Hepatitis B vaccination series immunization is provided, within ten days of hire, to employees who have potential occupational exposure to blood/body fluids, and who have not received the immunization series, or do not demonstrate immunity through titer results. Employees who have a documented series of Hepatitis B vaccine with negative or equivocal titers are eligible for a second series of Hepatitis B vaccine. Employee will be provided with a VIS and will sign a consent form*.

Hepatitis B titers will be drawn on employees, one to two months after completion of the series by Occupational Health.

Declination: If a susceptible employee declines Hepatitis B immunization, he/she will be required to complete a Hepatitis B Declination Form, which will be maintained in the employee's Occupational Health record. The employee will remain eligible for Hepatitis B immunization, free of charge, at any time in the future while still an employee.

- iv. Tetanus/Diphtheria/Pertussis: Tdap vaccine will be required for all employees with direct patient contact and/or who work on campus. Employees will be provided with a VIS and will sign a consent form.* If they have had a previous documented Tdap vaccination within 10 years, they will not need the vaccine. Documentation of a prior Td vaccine within 10 years is not a substitute for documentation of a Tdap vaccine.
- v. Influenza: Influenza vaccine will be given to all new employees during influenza season (usually October through March) at the time of pre-placement evaluation (subject to vaccine availability). Employees will have access to the VIS and sign a consent form*. If the employee declines an influenza vaccine, he/she will be required to sign an influenza vaccine declination form and comply with masking policy. See the Mandatory Seasonal Influenza Vaccination Policy for additional information. <https://uci.policystat.com/policy/13391458/latest>
- vi. COVID-19 (SARS-CoV-2) All employees are required to have documentation of the most recent COVID-19 vaccination dose as recommended by the Centers for Disease Control and Prevention. If the employee declines the COVID-19 vaccine, they will be required to sign a COVID-19 vaccination declination form and comply with masking policy. See the Mandatory SARS-CoV-2 Vaccination Program Participation policy for additional information. <https://uci.policystat.com/policy/13133293/latest>

* In all cases, noted contraindications will be reviewed by Occupational Health nurses and/or physician prior to immunization. (Contraindications for MMR and Varicella vaccines include life-threatening allergic reaction to Neomycin or a component of the vaccine, pregnancy, current or planned, within 3 months, or immunocompromised state. If there is a recent history of immune globulin administration, delay MMR and/or Varicella vaccine administration based on the type of immune globulin given. Another contraindication to Varicella vaccine includes life-threatening allergic reaction to gelatin. Contraindications to Hepatitis B vaccine include life-threatening allergic reaction to yeast or a component of the vaccine. Contraindications to Tdap vaccine include life-threatening allergic reaction to a component of the vaccine or a history of seizures/coma within 7 days of a childhood dose of DTP or DTaP). Individuals who need vaccinations but have contraindications may not pass the medical clearance process.

Tuberculosis: Refer to Tuberculosis Exposure Control Plan in Epidemiology and Infection Prevention Policy and Procedure Manual. New employees with documented positive QuantiFERON (or TST) and negative chest x-ray (CXR) who have

not received treatment for latent TB will be referred to their Primary Care Physician for consideration of prophylactic treatment.

- g. Audiometry: Only as indicated by physician if necessary to assess applicant's ability to perform job functions.
- h. Vision screening: Snellen testing and basic color vision testing will be completed. Titmus testing and/or further evaluation will be included as indicated by physician if necessary to assess applicant's ability to perform job functions. Applicants will need to pass minimal Department of Motor Vehicles (DMV) of California criteria. Correction and/or specialist consultation required to meet criteria will be at the applicant's expense.
- i. Physical Exam: will be done by physician, resident, or advanced practice provider and it will include physical assessment, range of motion and testing as indicated by physician.

2. Occupational Health

- a. Clearing Applicant: If additional medical information is needed to determine the status of new-hire, the following steps will be taken:
 - i. Put a "hold" on internal processing by notifying Human Resources of the hold.
 - ii. Give the job description and a cover letter to applicant for completion by applicant's personal physician.
 - iii. When letter is received from applicant's physician, it will be reviewed by the Occupational Health physician and a recommendation made to Human Resources, by phone or in writing by the Occupational Physician, or as delegated, to clinical staff.
 - iv. Final hiring decision will be made by Human Resources.

UCI Health will not cover any expense incurred in this process.

****** If new employees do not comply with TB testing, required immunizations or declination, they will not be cleared. If MMR/V vaccine series are not completed within one month of the vaccine dose schedule, their manager will be contacted stating that Occupational Health physician has advised that the employee is no longer medically cleared to work until the requirements are met. The manager will then take proper action afterwards.

B. Annual Health and Wellness Assessment Description/Procedure

- 1. All employees who have direct or close indirect patient contact are required to complete an annual health assessment through the Occupational Health. Screening will include history of symptoms, review of vaccination status, and a TB risk assessment. Employees with a prior negative or indeterminate QuantiFERON or

negative TST who indicated possible exposure or high risk as part an individual TB Risk Assessment will receive a QuantiFERON or TST. If employee has documented previous positive QuantiFERON (or TST) and negative CXR, only completion of online TB assessment is required annually. Laboratory testing or additional vaccination may be indicated as medical clearance recommendations are updated. Employees in need of additional vaccines will need to have them completed prior to completion of the annual health assessment.

(See Attachment IV for Departments that are Exempt from Annual TB screening).

2. Employees are given a one month "grace period" from the annual due date in which to complete the annual health assessment. Medical center employees must schedule their annual health assessment appointment using the Occupational Health online scheduling system.
3. Once the employee's assessment has been successfully completed, Occupational Health staff will document completion in the online scheduling system. This automatically updates the employee's record in OHDB and sets a new assessment date for the next year. Documentation also results in an automated email to the employee's supervisor indicating that the annual assessment has been completed.
4. Manager/Supervisor
 - a. Management is responsible for tracking employee compliance by viewing their Employee Health Summary reports.
 - b. An employee who does not complete the annual health assessment and TB questionnaire by the end of the identified grace period will be designated "delinquent". The manager/supervisor will take the employee off pay status on the first day of the month following the completion of the grace period. Volunteers who have not complied with the annual health assessment screening requirement will be taken off the volunteer schedule immediately.

C. Wellness Through Prevention Program

1. Immunizations

- a. Pertussis: Tdap vaccine will be required for all employees with patient contact. Employees will be provided with a VIS and will sign a consent form.* If they have had a previous documented Tdap vaccination within 10 years, they will not need the vaccine. Documentation of a prior Td vaccine within 10 years is not a substitute for documentation of a Tdap vaccine. For an employee with documented contraindications to Tdap vaccine, employee may need work restrictions.
- b. Tdap vaccination is provided for work-related injuries ONLY if prescribed by the Occupational Health Physician. Td can be given for an injury if Tdap has been previously given/documented.
- c. Influenza vaccine is required for HCW and is offered during influenza season (usually October to March) to all eligible staff based upon supply available. If the employee declines an influenza vaccine, he/she will be

required to sign an influenza vaccine declination form and follow masking policy.

- d. The most currently recommended COVID-19 vaccine is required for HCW as recommended by the Centers for Disease Control and Prevention and is offered to all eligible staff based upon supply available. If an employee declines the COVID-19 vaccine, they will be required to sign a COVID-19 vaccine declination form and follow masking policy.

D. Exposures to Infectious Disease

1. Occupational Health

- a. In the event of employee exposure to infectious disease, Epidemiology and Infection Prevention will notify Occupational Health and coordinate the treatment and /or referral of actual exposures.

i. Varicella Exposure:

- a. Varicella titer will be drawn on all exposed staff members after an exposure if there is no documented serologic immunity or proof of two doses of the Varicella vaccine.
- b. Immunization will be offered to all identified susceptible staff members if there are no contraindications. Staff will be required to complete an informed consent for Varicella vaccine series or sign a declination form.
- c. Exposed susceptible staff will be placed on administrative leave if alternative work cannot be arranged. Return to work will be determined on an individual basis.

ii. Pertussis Exposure:

- a. Occupational Health provides the Pertussis Exposure questionnaire for each exposed HCW to confirm and document exposure (See Attachment: Pertussis Exposure Questionnaire).
- b. For non-immune HCW confirmed as exposed but asymptomatic the following regimen will be given:
 - i. Azithromycin 500 mg Day 1 followed by 250 mg Daily for 4 days, OR
 - ii. Erythromycin 500 mg. four times per day for 14 days, OR
 - iii. Trimethoprim/sulfamethoxazole (Bactrim) Two regular strength tablet twice per day or 1 double strength tablet twice per day for 14 days, OR

- iv. Clarithromycin 15-20 mg/kg per day in 2 divided doses (maximum 1g/day) for 7 days.
- c. Provide Tdap booster to health care worker.
- d. Chemoprophylaxis initiated > 3 weeks after exposure has limited value for contacts and therefore is not offered.
- e. Instruct exposed HCW to report any symptoms consistent with Pertussis that develop within 21 days of the exposure to Occupational Health.
- f. For HCW confirmed as exposed and onset of symptoms greater than 4 days from date of exposure (runny nose, sneezing, low-grade fever, or cough). Exclude from work for the first 5 days of a full course of antimicrobial therapy.
- g. HCW with symptoms of Pertussis who cannot or refuse to take antimicrobial therapy should be excluded from work for 21 days from onset of cough.
- h. Obtain posterior nasopharyngeal specimens from each symptomatic HCW, as dictated by EIP Committee. Specimens are sent to the laboratory for culture identification of B. Pertussis. Additionally, in select circumstances, the Chief of EIP may advise specimens to be sent for PCR testing.

iii. TB Exposure:

- a. When an exposure incident occurs, the employees with unprotected exposure will be identified and referred to Occupational Health for follow-up and medical evaluation.
- b. EIP, Occupational Health and Nursing Administration assist in identifying all exposed employees and immediately provide a QuantiFERON test as well as perform follow up QuantiFERON testing 8-10 weeks after exposure, to detect conversion. If the QuantiFERON converts to positive, a CXR will be done. Exposed employees who have a history of a positive QuantiFERON will complete a TB questionnaire and additional testing/evaluation will be provided as required.

For an employee whose QuantiFERON converts to positive, the employee will be referred to the Occupational Health Physician for evaluation; if the employee requires latent tuberculosis infection treatment on an occupational basis, the employee should complete Workers' Compensation paperwork to document the conversion is work-related.

- i. Occupational Health will coordinate the exposure follow-up.

- ii. Any employee suspecting that he/she has been involved in an unprotected exposure must report to his/her supervisor and to Occupational Health. Occupational Health will interact with EIP to evaluate the incident.
- iii. Scabies/Lice Exposure
 - a. EIP will notify Occupational Health and affected departments/employees upon exposure.
 - b. Employee will be seen by Occupational Health and document specific exposure signs or symptoms on the Exposure Questionnaire.
 - c. Evaluation by Occupational Health physician, and if exposure occurred as a result of an exposure at work, treat as work-related illness per current medical guidelines. If exposure is work related, treatment will be dispensed.
 - d. If exposure is not work related and treatment is needed, employee is referred to personal physician for further evaluation.
 - e. In all cases of diagnosed scabies, employee is returned to work after clearance through Occupational Health.

E. Responsibilities: Infectious Conditions or Sign/Symptoms (This section analogous to Working Well Policy)

1. Employee

a. Signs and Symptoms of Communicable Disease

- i. Any employee with fever (100 F or greater), vomiting, diarrhea, or cough/flu symptoms that cannot be contained, are recommended to stay home.
- ii. An employee with coughing/sneezing without fever who feels well enough to be at work, should wear a mask.
- iii. Employees with questions regarding their return to work can contact Occupational Health at (714) 456-8300 or at (949) 824-7212. Individual health concerns and all non-work-related illness or injuries will be referred to private provider.
- iv. Employees with active skin lesions, draining wounds, or rash that cannot be covered and may contribute to the spread of communicable pathogen (e.g., shingles, lacerations, abscesses, cellulitis, see Attachment IV, Table 1) OR who are unable to comply with strict hand hygiene should notify their supervisors and not work in clinical care activities.
- v. Employees referred to Occupational Health for concerns of skin issues will have a determination made about whether work

restrictions need to be immediately applied due to the potential for contagious spread. The employee will be referred to their private provider for assessment and care and will provide Occupational Health with that assessment. Occupational Health reserves final determination of return- to-work criteria.

- vi. It is the employee's responsibility to comply with appointments and obtain the necessary documentation requested by Occupational Health.

2. Managers/Supervisors/Co-workers

a. Identification and Referral of Co-Workers to Occupational Health for Evaluation

- i. Managers, supervisors, or coworkers who become aware of a health care worker who has an illness that prevents them from being able to work should send that worker home and to their primary care provider for evaluation.
- ii. If a manager, supervisor, or coworker is concerned about spread of a contagious illness by an employee that employee should also be referred to Occupational Health for evaluation and EIP should be notified.
- iii. In addition to signs and symptoms of contagious illness noted in the Employee section above, examples of skin conditions that may increase risk of transmitting communicable can be reviewed in Attachment IV, Table 1.
- iv. Supervisors may exercise their ability to reassign an employee's work duties based upon employee's condition.
- v. Supervisors with questions regarding the potential need for removal of the employee from clinical care activities should send the employee to Occupational Health for evaluation.

3. Occupational Health

- a. Occupational Health will refer any employee identified as having a communicable illness or an acute/chronic condition that increases the employee's risk of transmitting communicable pathogen to their private provider for treatment and work restrictions.
- b. If Occupational Health perceives a direct health risk to patients and/or employees, a Supervisor's Notification will be written. Occupational Health has final authority to decide whether the employee can return to work. See Attachment IV for EIP Notification Protocol for Skin Conditions.

4. Managers/Supervisors

a. Fitness for Duty

- i. Referral for Fitness for Duty Exam (refer to Fitness for Duty Policy).

5. Blood or Fluid Exposure

- a. All employees with work-related blood or body fluid exposure will be evaluated and treated per current medical practice and state and federal regulation. Refer to policy, Exposure to Blood borne Pathogens. These are considered work-related exposures for the purposes of Workers' Compensation.

6. Employee Illness or Injury - Work Related

a. Employee

- i. The injury is to be reported immediately to the employee's supervisor (or available supervisor if absent). An incident report should also be filed.

b. Supervisor

- i. If an obvious emergency exists, the employee is to be transported or escorted to Emergency Department, regardless of whether condition is work-related or not. Employees with all other injuries should report to Occupational Health 7:30-5:00 p.m., Monday-Friday. For injuries after 5:00 p.m., weekends and holidays, that do not require immediate treatment, please contact Occupational Health the next business day.
- ii. All employees with work related injuries or illness must clear through Occupational Health prior to returning to work.

c. Occupational Health

- i. Occupational Health will provide the supervisor with employee's Work Health Status Report prior to returning employee to work.

7. Employee Illness-First Visit/Non-Work Related

a. Supervisor/Employee/Occupational Health

- i. Employee with non-work-related illness will be referred to his/her Primary Care physician.
- ii. A note may be required from provider as indicated by policy, upon return to work.

b. Occupational Health

- i. Supervisor is notified of employee's work status (including restrictions) prior to returning employee to work. A Supervisor's Notification is issued to employee and a copy is sent to the supervisor by Occupational Health.
- ii. All work restrictions must clear through Occupational Health prior to returning to work.
- iii. Consults by Occupational Medicine Physician may be made with Infectious Disease Fellow, Chief of EIP, Orange County Health Department and/or other medical personnel as indicated to

assess employee's fitness for work.

8. Hazardous Exposures - Medical Surveillance Occupational Health

a. Department Manager/ Environmental Health and Safety

- i. Occupational Health will be notified of all anticipated contacts with hazardous substances.

b. Department Manager

- i. Employee is referred to Occupational Health for initial, routine, or ongoing medical surveillance as indicated.

c. Departmental Supervisor, Manager, House Supervisor or Employee

- i. Acute exposures to hazardous materials are referred to Emergency Department if an emergency or if event occurs after hours, otherwise to Occupational Health 7:30 AM-5:00 PM Monday through Friday.

9. Resident Program

a. Occupational Health

- i. Occupational Health will inform all on-boarding residents of the health clearance requirements after acceptance to UCI Health Medical Center.
- ii. Occupational Health will inform Resident Coordinator and Senior leadership of the status of Health Clearance process 1 week prior to start date.
- iii. Health records and reports obtained by and created by Occupational Health are to remain confidentially in Occupational Health.

b. Resident

- i. A pre-placement Health Clearance evaluation will be completed prior to employment start date/orientation. Components of the Resident Health Clearance include the following:
 - Immunization/Immunity Clearance
- ii. Documentation of Immunity to Measles, Mumps and Rubella (either positive titers or documentation or 2 MMR vaccinations after the age of one year).
- iii. Documentation of Immunity to Varicella (either positive titers or documentation or 2 Varicella vaccinations).
- iv. Tdap Vaccination.
- v. Hepatitis B – Either a positive Hepatitis B Surface Antibody titer or signed declination.
- vi. Hepatitis C - Hepatitis C Antibody Titer within 1 month of

application submission.

- vii. Influenza - Documentation of an annual influenza vaccine or a signed declination and follow masking policy.
- viii. COVID-19 Documentation of most current COVID-19 vaccine recommended by the Centers for Disease Control and Prevention or a signed declination and follow masking policy.
- ix. TB Assessment – Completion of TB screening questionnaire and documentation of negative quantiFERON within 3 months of start date or documentation of 2 negative TSTs, one within one year of start date and one within 2 months of start date. For those with a previous positive quantiFERON or positive TST, documentation of those results and recent negative CXR (within 1 year) will be required. Additional testing may be required at the discretion of Occupational Health.
- x. N95 Mask Fit Testing – Completed at UCI Health by Occupational Health Staff.
- xi. Report all work-incurred injuries/illnesses immediately to Resident Coordinator; report to Occupational Health immediately for evaluation/treatment unless treatment in Emergency Department is indicated.

10. Medical Students

a. Medical Students

- i. Third and Fourth Year Medical Students are provided with TB assessment and N95 Mask Fit Testing. They are also provided an annual flu vaccine.
- ii. No QuantiFERON test will be provided by Occupational Health.
- iii. Student Health Services is responsible for maintaining the medical student's immunization records and documentation of immunity to Measles, Mumps, Rubella, Varicella and Hepatitis B and Tdap.
- iv. Report all work-incurred blood and body fluid exposures immediately to Student Affairs; report to Occupational Health immediately for evaluation/treatment or report to emergency room if after hours.

b. Occupational Health

- i. Student Affairs will provide Occupational Health Medical Students roster annually.
- ii. IT will add the Medical Students information in the database.
- iii. Occupational Health will provide the dates and times for TB assessment and N-95 Mask fit test to Student Affairs after that information is received.

- iv. Students Affairs to notify the Medical Students and have them come to Occupational Health during the designated time.
- v. The TB assessment and N95 Mask Fit Testing record will be kept in Occupational Health electronic database.
- vi. During Flu Campaign, Medical Students will be provided the flu vaccine in Occupational Health or in any pre-arranged vaccine events that are held in the Medical Center or Student Health.

11. Clinical Laboratory Scientist and Phlebotomy Trainees

- a. Clinical Laboratory Scientist trainees will provide the following to Occupational Health:
 - i. Current QuantiFERON, TB skin test or chest x-ray results.
 - ii. Documented Measles, Mumps and Rubella immunity. Titers will be drawn unless applicant provides written documentation of previous immunization after the age of one year (2 doses) or prior immunity.
 - iii. Varicella (Chickenpox) titers demonstrating immunity, or documentation of two vaccines.
 - iv. Documentation of a positive Hepatitis B Surface Antibody titer or signed declination.
 - v. Tdap is required if they have not received Tdap previously. A one-time administration of 1-dose Tdap is mandatory unless medically contraindicated. They will be given VIS and will sign a consent form.

12. Volunteer Program

- a. Volunteer Director/Volunteer
 - i. Refer applicant volunteer to Occupational Health with the referral form if they are over 18 years of age.
- b. Occupational Health
 - i. If the volunteer is ages 18-29, they will obtain TB Assessment.
 - a. A Tuberculosis (TB) Screening (including a risk assessment) and quantiFERON TB Gold plus blood test or 2 step tuberculin skin test.
 - b. They will be provided a copy of the "Volunteer Medical Clearance Form" by the Volunteer Office to be filled out by a licensed healthcare professional to complete and return to the Volunteer Office.
 - c. Volunteer will obtain annual flu vaccine or sign a declination and follow masking policy.
 - d. Volunteer will obtain the most current COVID-19 vaccine recommended by the Centers for Disease

Control and Prevention or sign a declination and follow masking policy.

ii. If the volunteer is 30 and over, they will obtain:

- a. A Tuberculosis (TB) Screening (including a risk assessment) and quantiFERON TB Gold plus blood test or 2 step tuberculin skin test.
- b. Immunization/Medical Clearance.
- c. Documentation of Immunity to Measles, Mumps and Rubella (either positive titers or documentation or 2 MMR vaccinations).
- d. Documentation of Immunity to Varicella (either positive titers or documentation or 2 Varicella vaccinations).
- e. Tdap Vaccination if indicated.
- f. Volunteer will obtain annual flu vaccine or sign a declination and following masking policy.
- g. Volunteer will obtain the most current COVID-19 vaccine recommended by the Centers for Disease Control and Prevention or sign a declination and follow masking policy.
- h. The volunteer program is covered by the UCI Health Worker's Compensation program. Work-related injuries should be reported and referred in the same manner as employees.

13. Attending Physicians/Faculty

a. Attending Physician/ Faculty

- i. Attending physicians and staff credentialed through the Medical Staff Office will follow the Medical Staff policy.

14. Clinical Observer Applicants

- a. UCI Occupational Health does not provide service for the clearance of Clinical Observers.
- b. Health Clearance for Clinical Observers are provided by the OR Clinical Observer Program, orvisitors@hs.uci.edu.

15. Other Groups/Trainees/Interns

a. Occupational Health

- i. UCI Occupational Health does not provide service to individuals that are not employed either by UCI Medical Center or UCI School of Medicine or has not been specifically addressed in this scope of service.

- ii. Those individuals should be referred back to their primary care provider / employer / school for service.

IV. REFERENCES:

- A. Center for Disease Control (CDC) U.S. Department of Health and Human Services Public Health Service.
- B. Barclays California Code of Regulations Title 22, Section 7072
- C. CDC: Guideline for Infection Control in Health Care Personnel, 1998
- D. MMWR-Recommended adult Immunization Schedule-United States, October 2004-September 2005
- E. Apic Position Paper: Immunization, 1998
- F. Department of Health and Human Services, Center for Disease Control and Prevention. Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, 2005
- G. County of Orange Health Care Agency recommended expanded use of the Tdap vaccine due to the pertussis epidemic, July 19th, 2010.
- H. Barclays California Code of Regulations Title 8, Section 5199 Aerosol Transmissible Diseases

Attachments

[Attachment I: Shy Bladder Log5.pdf](#)

[Attachment II: Departments](#)

[Attachment III: Contact Questionnaire](#)

[Attachment IV: Occupational Health Skin Notification.pdf](#)

Approval Signatures

Step Description	Approver	Date
Governing Body	Governing Body [AR]	08/2024
Policy & Communications Committee	Policy & Communications Cte [JL]	07/2024

Applicability

UCI Health - Orange

COPY