

NUMBER 4.5.18**DATE: 08/18/1995****REVISION: 06/01/2005; 8/24/2011; 09/14/2020; 05/12/2021****PAGE: 1 of 9**

SECTION: HUMAN RESOURCES**AREA: EMPLOYMENT****SUBJECT: EMPLOYMENT MEDICAL SCREENING**

PURPOSE

To establish and communicate the procedures used at the University of Arkansas for Medical Sciences (“UAMS”) to minimize potential infectious disease exposure.

DEFINITIONS

Health Care Personnel (“HCP”) shall mean all individuals working at UAMS, paid or unpaid, who have the potential for exposure to patients and/or infectious materials, including blood and body fluids, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP includes, but is not limited to, physicians, nurses, medical assistants, therapist, technicians, dental personnel, pharmacists, laboratory personnel, security, research personnel, housekeeping, maintenance, administrative, billing, volunteers, visiting students, trainees, contractual staff not employed by UAMS, and persons not involved with direct patient care.

- **Exemption.** Certain UAMS non-employees who do not participate in direct patient care, do not work on campus, **and** do not have a UAMS ID badge are exempt from the definition of HCP for purposes of this policy (e.g. off-site radiologists and pharmacists).

Special Program Participants shall mean individuals participating in special programs such as summer camps.

Interferon Gamma Release Assay [“IGRA”] is a blood test that screens for exposure to tuberculosis (“TB”).

SCOPE

All UAMS HCP and Special Program Participants.

POLICY

The safety of patients, visitors, students, and employees is critical to the UAMS mission. As such, UAMS shall require medical screening and evaluation of HCP and Special Program Participants to minimize the threat of infectious disease exposure to patients, visitors, students, and employees.

PROCEDURE

I. REQUIRED EXAMS

A. HCP Medical Screening/Evaluation

All UAMS HCP are required to undergo medical screening and evaluation as set forth in [Appendix A](#) in this policy. Supervisors must allow “released, paid time” from work for any HCP to fulfill the medical screening/evaluation requirements. It is the responsibility of the department head to notify HCP that they are required to attend orientation and complete their New Employee Screening and Annual Medical Evaluations.

1. New Employee Medical Screening (“NEMS”)

New Employee Medical Screening (“NEMS”) is a condition of HCP employment. It must occur within thirty-one calendar days of the date of hire for all new HCP. The NEMS consists of (1) an initial TB screening and (2) a review of vaccine-preventable infection immunizations as described in [Appendix A](#). Specific work areas may have additional requirements, determined by Student and Employee Health Services (“SEHS”) and the HCP’s department (e.g., an audiology exam for HCP exposed to loud noises or specific tests for HCP exposed to research animal labs).

2. Annual Medical Evaluation

Annual Medical Evaluation consists of online TB education, TB symptom questionnaire, review of job related exposures, and review of the HCP’s immunizations as described in [Appendix A](#). Evaluations must be completed annually, 12 months from the date of the HCP’s hire date or last annual evaluations. Specific work areas may have additional requirements, determined by SEHS and the HCP’s department.

3. Records

All medical records, including the results of all initial screenings and annual medical evaluations, will be confidentially maintained by SEHS in the Student and Employee Health database. HCP may request and obtain a copy of the medical record from the SEHS office. These medical records are not part of a personnel file. However, SEHS will send notices of non-compliance with this policy to department heads for enforcement and to Human Resources for the HCP’s personnel file.

II. LOCATIONS AND COMPLIANCE WITH REQUIREMENTS

A. Screening/Evaluation Locations

1. New Employment Medical Screenings will be conducted for those HCP stationed in Pulaski County at SEHS clinic located on the ground floor of the Central Building in room G600.

2. HCP working outside of Pulaski County must be screened, either at SEHS or, with consent of their supervisor, by making their own arrangements with a Regional Programs employee health nurse or with their private physician. All required documentation must be provided to SEHS with thirty-one calendar days from their date of hire.
3. Annual Medical Evaluations are completed online.

B. Compliance

1. New Employment Medical Screening is a condition of UAMS employment and must be commenced 31 days from hire date.
2. If a new HCP does not commence the NEMS in 31 days, SEHS will notify HR and the HCP's department head and the HCP will be terminated.
3. If a new employee HCP has commenced but not completed the TB screening portion of the NEMS within 31 days, the HCP will not be allowed to continue to work until completing the TB screening process.
4. Annual Medical Evaluation is a condition of employment and must be completed 12 months from HCP's hire date or 12 months from their most recent Annual Medical Evaluation.
5. If HCP fails to complete the required Annual Medical Evaluation within the 12 month window, they will be suspended without pay or terminated.
6. HCP with an approved exemption, as described in [Appendix A](#), must wear protective masks and/or coverings during influenza season or other infectious outbreaks. Influenza season and other infectious outbreaks will be defined by the UAMS University Hospital Infection Control Committee chair or their designee. Those unwilling to comply with special requirements may be furloughed for medical reasons for the duration of the season or outbreak or may be reassigned to a non-patient care area for the duration of the season/outbreak at the discretion of the appropriate Division Director, or at the request of Hospital Administration.

C. Notification

1. SEHS will send reports to campus leadership and HR listing HCP upcoming compliance deadlines and non-compliant HCP.
2. Campus leadership will notify the HCP's supervisor or manager of upcoming deadlines and non-compliant HCP.
3. The supervisor or manager will notify the HCP of upcoming compliance deadlines and any non-compliance.

D. Additional Information

1. If an HCP disagrees with the medical screening report, the HCP may elect to secure a second opinion at their own expense. Documented results must be reported to SEHS within two weeks of notification to SEHS of the HCP's request for the second opinion. If the two medical opinions disagree, UAMS Medical Center's Medical Director will make the final determination on the medical status of the HCP. The Medical Director

- will report their determination to the HCP and SEHS, in writing, within two weeks following receipt of the second opinion.
2. For employees, the costs associated with New Employee Medical Screenings and Annual Medical Evaluations will be paid by UAMS.
 3. For non-employees, SEHS will charge the non-employee and/or their insurance for screenings and evaluations.
 4. For questions on this policy, call Student Employee Health Services at 501-686-6565.

REFERENCES

[Appendix A](#)

[Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2020, MMWR Morb Mortal Wkly Rep 2020; 69: 133-135.](#)

[Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019](#)

NQF #0431 Influenza Vaccination Coverage Amount Healthcare Personnel

CDC Morbidity and Mortality Weekly Report – Recommendations and Reports/Vol.60/No.7
November 25, 2011.

Signature: _____

A handwritten signature in black ink, appearing to read "C. A. Smith", is written over a horizontal line.

Date: May 12, 2021

APPENDIX “A”

Required HCP Screenings and Immunization

I. TUBERCULOSIS (“TB”)

A. Initial TB screening and testing (part of the NEMS)

All new HCP must have a baseline TB screening including those with prior Bacille Calmette Guerin (“BCG”) vaccination. The screening will involve a discussion with SEHS staff and review of pertinent documentation, if any.

1. HCP with NO recent (within 12 months) two-step TB testing or Interferon Gamma Release Assay (“IGRA”)
 - a. HCP will have blood drawn for an IGRA; or
 - b. The HCP will undergo two-step TB testing.
2. HCP with documented NEGATIVE two-step TB testing or IGRA
 - a. New HCP may provide documented proof of two-step TB skin test (“TST”) performed within twelve (12) months prior to UAMS hire date.
 - b. In the alternative, new HCP may also provide an IGRA performed within 12 months prior to UAMS hire date.
3. HCP with previous POSITIVE TB testing
 - a. New HCP who report a prior positive TST or IGRA must provide documented proof which must include the name and address of provider, date applied, size (in millimeters) of induration, date read, and signature of provider.
 - b. Documentation of chest radiography must include the name and address of provider, date performed, interpretation, interpreter’s signature, printed or typed name of interpreter, and identification of interpreter’s medical specialty (which must be radiology, pulmonology, or infectious disease).
 - c. If no documented proof of past, positive TB testing is available, an IGRA will be performed.
 - d. New HCP with a previous, documented positive TB screening **and** new, negative IGRA must complete the TB annual evaluation when starting work and the annual TB evaluation questionnaire to continue to be cleared for work.
4. HCP with new POSITIVE TB testing (including new, positive IGRA following previous positive test)
 - a. New HCP with a positive TB screening will be referred to the Arkansas Department of Health (“ADH”) for further evaluation and preventive therapy.
 - b. The specialist at the ADH will determine whether the HCP has an active case of TB. If no signs of active TB are found, ADH will notify UAMS the HCP is cleared to work.
 - c. New HCP with a new positive TB screen are required to have a radiograph which

meets with the requirements of the TB Control Officer for the State of Arkansas.

- d. The HCP may provide documentation that they have completed an adequate course of treatment for latent TB infection along with a negative initial radiograph. This information will be forwarded to the TB Control Officer for the State of Arkansas. Only the TB Control Officer, or their designee, may determine the adequacy of the course of treatment, or documentation of treatment, resulting from a positive TB screening.
- e. If the TB Control Officer determines the HCP has a **latent** TB infection the HCP will not be excluded from the workplace or classroom. They will be required to complete an annual symptom questionnaire.
- f. HCP with radiographic finding consistent with **active** TB disease must seek additional evaluation and/or treatment. The Arkansas Department of Health will notify SEHS and UAMS Infection Control of the HCP's status. The HCP will be notified by UAMS Infection Control department and instructed to leave the workplace until (a) a diagnosis of TB is ruled out or (b) a diagnosis of TB is established, the HCP receives treatment, and a determination has been made that the HCP is non-infectious. Only the TB Control Officer, or their designee, may determine the adequacy of a course of treatment or sufficiency of documentation of treatment for an active case of TB disease.
- g. A diagnosis of non-pulmonary TB (i.e., not in the lungs or larynx) usually does not need to be excluded from workplace.
- h. The nature of the HCP's job, location, and patient contact may dictate the need for more frequent TB screening/testing.

B. Annual Medical Evaluation for TB

Annual online TB symptom/medical questionnaire screening and TB education is required. If indicated based upon the responses, follow the procedure for a new, positive TB test outlined above.

C. TB Screening and the Impact of the Measles, Mumps, and Rubella (“MMR”) Vaccine.

The MMR vaccine should not be given until the day of placement, or following the reading of the 2nd placement of a 2-step TST. If this is not possible, the TST should be postponed for 4-6 weeks because the MMR vaccination may temporarily suppress tuberculin reactivity. IGRA should be performed prior to administration of any live vaccine such as MMR, varicella, or shingles.

II. MEASLES, MUMPS, AND RUBELLA

- A. The MMR vaccine is required for all HCP. Documented proof of the following is required or the vaccine will be administered:
 - 1. Either two doses of live measles vaccine on or after the first birthday (at least one month apart) or laboratory evidence of measles immunity (reactive titer) **and**
 - 2. Single dose of Rubella or MMR vaccine or laboratory evidence of Rubella immunity

- (reactive titer) **and**
3. Two doses of mumps or MMR vaccine or laboratory evidence of Mumps immunity (reactive titer).

***Exemptions:** Pregnancy or anticipated pregnancy within three months following vaccine, previous allergic reaction to the vaccine, persons who have experienced anaphylactic reactions to neomycin, and persons with immune-deficiency diseases and persons with immunosuppression (i.e., leukemia, lymphoma, generalized malignancy, or therapy with alkylating agents, antimetabolites, radiation, or large doses of corticosteroids). Measles vaccine should not be given for at least six weeks to three months after a person has been given IG, whole blood, or anti-body-containing blood products. Minor illnesses, such as a mild upper-respiratory infection, with or without low-grade fever, are not considered a contraindication for the vaccine.*

III. VARICELLA (“Chicken Pox”)

- A. Varicella vaccination is **required** for all UAMS HCP. Documentation of the following is required or the vaccine will be administered:

1. Two doses of varicella vaccine, or
2. Laboratory evidence of immunity to varicella (reactive titer), or
3. Documentation of the varicella or herpes zoster disease by a health-care professional.

***Exemptions:** Pregnancy, allergic reaction to neomycin or gelatin, reaction to previous chickenpox vaccine, immunocompromised, steroid treatment, or recipient of blood products during the past five months.*

IV. HEPATITIS B

- A. All HCP will be offered the Hepatitis B vaccine by SEHS. Generally, HCP who are at increased risk for Hepatitis B infection are in locations or occupations where contact with blood or body fluids from infected patients is frequent. The locations and occupations are as follows:

LOCATIONS:

Blood Banks
Clinical Laboratories
Dental Clinic Dialysis
Pathology Laboratories
Emergency Room
All in-patient units
Operating/Recovery

OCCUPATIONS:

Dentists and Dental Surgeons
Dialysis Technicians
Laboratory Technicians
Nurses (To include APRN, LPN, RN)
Medical Assistants
Physicians
Physician Assistants
Animal Lab Workers
Child Care Workers

*Those not listed above will be evaluated on a case by case basis, by SEHS, to determine if Hepatitis B vaccine will be required.

HCP in locations or occupations listed above are **required** to have documented proof of completing the vaccine series or laboratory evidence of the presence of antibodies (reactive titer), or they will be required to obtain the three-shot series.

Exemptions: Allergic reactions to baker's yeast or a previous Hepatitis B vaccine.

V. INFLUENZA

- A. Seasonal influenza vaccine (or novel influenza vaccine if so recommended by the Center for Disease Control) (INACTIVATED Preferred) is **required** annually for all HCP. Influenza vaccine, both seasonal and/or novel is provided for all HCP on an annual basis. Non-Employee HCP (excluding volunteers) may receive the influenza vaccine from SEHS upon reimbursement agreement with their department or employer. SEHS will hold flu clinics on the main campus and at Central Arkansas locations. Individuals located outside of the Central Arkansas area may visit their Regional Program's Employee Health nurse to receive the vaccine. Individuals who receive their vaccination outside of UAMS Student and Employee Health will be required to provide documentation of vaccination compliance to SEHS. Influenza vaccination compliance reports will be sent to campus leadership weekly. UAMS will strive for a goal of 95% immunization among its employees, non-employees and students. This goal will be evaluated annually using the CDC National Quality Forum Influenza Vaccination Coverage Among Healthcare Personnel form.

Exemptions: Those who have had anaphylactic reaction to a previous dose of influenza vaccine. Flublok is available for those egg allergies. Religious exemptions will be considered. Philosophical exemptions are not accepted. All exemptions must be submitted on the UAMS influenza vaccination exemption request form in order to be considered.

Risk of influenza infection from the INACTIVATED vaccine is zero for any person, pregnant or otherwise. Individuals who received live influenza vaccine (from a source other than UAMS) should not work around immunocompromised patients 2 weeks after immunization.

VI. HEPATITIS A

- A. All HCP whose duties involve the risk of directly contracting and spreading the Hepatitis A virus ("HAV") or with HAV in a research laboratory setting are **required** to receive the Hepatitis A vaccine. The Hepatitis A vaccine requires two immunizations, one of which is to be given six to twelve months from initial immunization.

Exemptions: Persons who have reported an allergic reaction to previous Hepatitis A vaccine. Persons who are moderately or severely ill should wait until they recover. Risk of Hepatitis A infection from the INACTIVATED vaccine is zero for any person, pregnant or otherwise.

VII. TETANUS, DIPHTHERIA, and PERTUSSIS (“Tdap”)

- A. HCP who have not had a primary series of tetanus and diphtheria toxoids or a booster within the past ten (10) years will be required to receive the Tdap booster (containing acellular pertussis vaccine).
- B. Animal lab workers are **required** to have this vaccine.

Exemptions: Allergic reactions to previous Tetanus or any other tetanus and diphtheria vaccine, moderate or severe illness, or pregnancy.

VIII. MENINGOCOCCAL VACCINE

- A. Microbiologists routinely exposed to isolates of *Neisseria meningitidis*, will be offered one meningococcal conjugate (“ACWY”) vaccine and two serogroup B meningococcal vaccine, a minimum of one month apart. Every 5 years boost with the MenACWY vaccine if risk continues.

IX. Additional Screenings

- A. Audiology Screening – Required for those employees exposed to loud noises during their job duties.
- B. Research Animal Screening – Required for those employees who may have exposure to research animals, to include their blood, body fluids or dander, or areas where the animals may be located.