

Policy	Associate Health Program	
Department(s):	Policies-HR Associate Health, Policies-Infection Prevention	
Approved By:	John Jeter	Approval Date: 07/17/2017

Purpose

The purpose of this document is to provide guidelines for pre-employment screening, evaluation of Associate illnesses and injuries, post injury on the job or exposure consultations, and appropriate treatments with follow-up.

Responsibility

The Infection Control Officer/Associate Health Nurse is responsible for developing, implementing, and managing (maintaining) this policy. The Chief Executive Officer is responsible for approving this policy.

It is the responsibility of all HaysMed Associates to satisfy Associate health requirements and the responsibility of department managers to ensure Associates meet Associate health requirements and for Associate Health and Infection Prevention to provide those guidelines and requirements.

Scope

This document applies to all HaysMed Associates, Physicians, Advanced Practice Providers, Instructors, Contract Personnel, Volunteers, and Students.

Definitions

OPIM – Other Potentially Infectious Materials

Policy

It is the policy of HaysMed to provide an Associate Health Program, which ensures that Associates are capable of performing the essential elements of their position duties and are sufficiently free of communicable diseases.

The program has been designed to meet the above objectives through pre-employment and on-going health assessments, as well as follow-up of any health-related incidents. The Associate Health Program will ensure compliance with all related federal and state laws.

All Associate health records will be maintained by the Human Resources Department, independent of the Associate personnel files, for a minimum of thirty (30) years following termination. Records will contain health history forms, physician releases for Associate's return to work from medical care and returns from medical leave and other records pertaining to Associate health such as Associate health reports.

Please refer to the following sections for more information:

- [PRE-EMPLOYMENT HEALTH ASSESSMENTS](#)
- [PERIODIC HEALTH ASSESSMENT](#)
- [TB TESTING \(QUANTIFERON GOLD\)](#)
- [VACCINATIONS](#)

The terms of the HaysMed Code of Conduct and Confidentiality Agreement supersede any conflicts within this policy and subsequent work instructions and/or attachments.

- [RETURN TO WORK RECOMMENDATIONS FOR HEPATITIS B PROPHYLAXIS](#)
- [FOLLOWING PERCUTANEOUS OR PER MUCOSAL EXPOSURE](#)

PRE-EMPLOYMENT HEALTH ASSESSMENTS

All prospective Associates are required to accurately and thoroughly complete a physical, medical history, TB screening (Quantiferon Gold), and drug screening ([HR - Drug / Alcohol-Free Workplace](#)) at the time of new hire processing. Required immunizations/screenings (as deemed appropriate by the Infection Prevention Committee) will be offered to new Associates. An influenza vaccine is required at no cost for all Associates and available to volunteers annually. Hepatitis B, MMR, Pertussis and Varicella vaccines are available to Associates and new Associates, at no cost to the Health-Care worker. Tdap (Pertussis) shots are available to all Associates who have had an injury while they are at work. If an injury occurs while off duty, notify your physician.

A copy of the physical examination form and all vaccine forms will be placed in the Associate's health file or stored electronically. The Associate may also have a copy upon request.

Successful completion of the pre-employment drug screen ([HR - Drug / Alcohol-Free Workplace](#)) and appropriate treatments according to the guidelines of Infection Prevention / Associate Health is required. HaysMed will refer for follow up new Associates whose physical exam raises question as to ability to physically perform the duties of the job or other job related health concerns.

PERIODIC HEALTH ASSESSMENT

The Associate Health Nurse facilitates the periodic health assessment plan where each Associate and volunteer is assessed every thirty-six months.

TB TESTING (QUANTIFERON GOLD)

All healthcare workers will receive TB screening upon hire, by completeing the TB screening form (HR1001) and completeing a Quantiferon Gold lab draw to test for infection with M. tuberculosis. The Quantiferon Gold test is a BAMT (Blood assay for M. tuberculosis) and does not require two-step testing and is more specific than skin testing. After testing for infection with M. tuberculosis, additional TB screening is not necessary unless an exposure to active M. tuberculosis occurs. Healthcare workers with a positive or newly positive test result for M. tuberculosis infection will fill out the TB screening form (HR 1001) and receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.

The initial visit to the physician, the initial chest x-ray, and initial lab will be the responsibility of HaysMed. Further visits, treatments, or medication will be the responsibility of the Associate.

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**If the Associate is a new converter or has symptoms of TB (cough >3 weeks, fever, weight loss, night sweats, anorexia, or bloody sputum) then a baseline Chest x-ray is required even if the Quantiferon Gold test is negative.
All Associates will fill out the TB skin test form (HR1001).**

VACCINATIONS

Measles, Mumps and Rubella (MMR) vaccination

The CDC recommends and HaysMed recommends all Associates to have evidence of immunity to measles, mumps, and rubella. Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine or laboratory evidence of immunity to each of the three diseases.

Measles component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who
 - ✓ are students in postsecondary educational institutions;
 - ✓ work in a healthcare facility; or
 - ✓ plan to travel internationally.
- Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type from 1963 to 1967 should be revaccinated with 2 doses of MMR vaccine.

Mumps component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who
 - ✓ are students in postsecondary educational institutions;
 - ✓ work in a healthcare facility; or
 - ✓ plan to travel internationally.
- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a healthcare facility) should be considered for revaccination with 2 doses of MMR vaccine.

Rubella component:

- For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.

Healthcare personnel born before 1957:

- For unvaccinated healthcare personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, healthcare facilities should consider routinely vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

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The vaccine is contraindicated in individuals who have anaphylactic reactions to eggs and/or Neomycin.

The vaccine can be provided by Associate Health for all Associates who are not immune

Tetanus (Pertussis), diphtheria, and acellular pertussis (Td/Tdap) vaccination

The CDC recommends and HaysMed recommends all Associates to have evidence of immunity to Pertussis (Tdap).

- Administer a one-time dose of Tdap to adults younger than age 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters.
- Tdap is specifically recommended for the following persons:
 - ✓ pregnant women more than 20 weeks' gestation,
 - ✓ adults, regardless of age, who are close contacts of infants younger than age 12 months (e.g. parents, grandparents, or child care providers)
 - ✓ healthcare personnel
- Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-containing vaccine.
- Pregnant women not vaccinated during pregnancy should receive Tdap immediately postpartum.
- Adults 65 years and older may receive Tdap.
- Adults with unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series. Tdap should be substituted for a single dose of Td in the vaccination series with Tdap preferred as the first dose.
- For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second.
- If incompletely vaccinated (i.e., less than 3 doses), administer remaining doses.

Refer to the ACIP statement for recommendations for administering Td/Tdap as prophylaxis in wound management

Varicella (Chickenpox) vaccination

The CDC recommends and HaysMed recommends all Associates to have evidence of immunity to Varicella (Chickenpox).

- Administer 2 doses of varicella vaccine 4 - 8 weeks apart in persons without evidence of immunity.
- If greater than 8 weeks elapse after the first dose, the second dose may be administered without restarting the schedule.
- Serological testing is not recommended after chickenpox vaccination.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Varicella is specifically recommended for the following persons:

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- ✓ Children 1st dose: 12-15 months of age and 2nd dose: 4-6 years of age
- ✓ People 13 years of age and older
- ✓ Healthcare personnel

The vaccine is contraindicated persons allergic to gelatin or the antibiotic neomycin.

Anyone who is not fully vaccinated or never had chickenpox, should receive chickenpox vaccine.

CDC Recommended Seasonal Flu Vaccination

As a condition of employment HaysMed requires all Associates to have the “CDC” Healthcare Medical Services Personnel” recommended seasonal vaccination(s), when available. HaysMed will provide the vaccine at no cost to the Associate.

- The vaccine(s) will be delayed if the Associate has a fever greater than 100.4 F.
- The vaccine(s) will not be given if the Associate is allergic to eggs or any other manufacturing component that cannot be removed.
- If the Associate is allergic to Thimerosal, the Associate will receive the Thimerosal “Free” vaccine once it is available.
- The vaccine will not be given if there is a past history of Guillain-Barre' Syndrome.

When HaysMed receives the vaccine(s), injections will begin.

1. HaysMed Associates who do not receive the recommended vaccine within 10 days after the first day the vaccine is offered for their department, the associate will receive a written warning from their supervisor, which will be placed in their employment file.
2. If the associate has not received their vaccine within 20 days after the first day the vaccine is offered to their department, the HaysMed Associates will not be allowed to work if there's no record of receiving the vaccine. A signed form by Infection Prevention designating the Associate's ineligibility to receive the vaccine would be the only acceptable reason.
3. If a HaysMed Associate is ineligible to receive the vaccine, including temporary unavailability of thimerosal free vaccine for thimerosal allergic Associates, then, immediately, the Associate will wear a suitable face mask at all times within patient care areas during applicable infectious season determined by Infection Prevention Committee (i.e. October 1 – March 31) *.
4. A completed vaccine consent form must be filled out for each Associate.

*Patient care area is defined as any area within any HaysMed owned or rented space where patient care is delivered regularly (Outpatient Clinics, Radiology, Patient Floors, Emergency Department, etc.)

Tetanus (Pertussis) shots

Tetanus (Pertussis) shots will be given by the Emergency Department or if they are seen at the WorkSmart Clinic after being injured at work.

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RETURN TO WORK

Injury

All Associates who miss work due to an injury (not job related) must present a return to work full duty release from their physician. If the injury was work related see [HR - Workers' Compensation](#) policy.

Illness

All Associates who miss work with a contagious illness (one of the four listed – see below).

Returning to Work after a Contagious Illness

If an Associate comes to work with a contagious illness and his/her supervisor feels the Associate should not be working, the Associate will be asked to take PTO (provided the Associate has PTO accumulated). PTO will be paid according to the HaysMed policy [HR - Paid Time Off \(PTO\)/ Extended Illness Leave \(EIL\) Program](#). Contagious illness includes the following:

All Associates or Volunteers should not be working with any one of the four contagious illnesses.

- Any open draining wound
- Any Infected skin conditions
- Fever (greater than or equal to 100.4 degrees Fahrenheit)
- Flu, vomiting and/or diarrhea

All Associates or Volunteers are excluded from work until at least 24 hours after they no longer have a fever and no longer exhibit symptoms (e.g. vomiting, diarrhea, and/or ongoing respiratory symptoms).

When an Associate or Volunteer calls in with any of the four contagious illnesses, the **Associate Health Nurse is to be notified by forwarding the call to the Associate Health Nurse (785-623-5638) and leaving a message** that they are ill with one of the four contagious illnesses.

If a Clinical Associate working at HaysMed who becomes ill at work with any of the four contagious illnesses or are returning after having a contagious illness must ‘check in’ with a nurse, Infection Control Officer/Associate Health Nurse, or Emergency Department charge nurse by completing the “Return to Work” form (#NSG 833) and sent to the Associate Health Nurse.

If a Clinical Associate is reporting to the Emergency Department after a contagious illness – released to work, please let the Emergency Department Charge Nurse “I am returning to work and need to have a *Return to Work* form” (NSG833).

If a non-clinical Associate or Volunteer is returning to work after having any of the four contagious illnesses they must ‘check in’ with Infection Control Officer/Associate Health Nurse (Monday-Friday 8:00AM – 5:00PM) before going on duty. A *Return to Work* form (#NSG 833) will be completed. Any nonclinical Associate or Volunteer returning to work after 5:00 PM Monday-Friday, must report to the Emergency Department Charge Nurse and state “I am returning to work after an illness and need to have a *Return to Work* form” (NSG833).

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Hepatitis B Vaccine

All new and current associates who are occupationally exposed to blood or OPIM are offered the Hepatitis B Vaccine free of charge.

- A. The Infection Control Officer offers the information about the vaccine to new Associates during orientation.
- B. Hepatitis B Vaccine will be offered to any Associate who potentially has a risk of being occupationally exposed to blood or OPIM. Those occupationally exposed are: Nurses with direct patient contact, Physicians, X-ray Techs, Environmental Services, Laundry Personnel, Laboratory techs, Phlebotomists, Dietary, Physical, Occupational, Speech & Respiratory Therapists, Patient Care Techs, Pastoral Care, Sleep Lab, and Facilities Management & Volunteers. Occupation exposure is defined as "...reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or OPIM (other potentially infectious material) that may result from the performance of an Associate's duties."
- C. Hepatitis B Vaccine is given in the Deltoid Muscle in a series of three injections. The first is followed by a second at one month and then six months after the initial dose.
- D. Every Associate must sign the HBV ("Release From Responsibility form") and if the Associate declines to take the vaccine, they must sign a refusal form. They may receive the vaccine at a later date, if desired. This form will be kept in the Associate's personnel file.
- E. The vaccine is not to be given if any of the following criteria exists:
 1. Associates with aluminum or mercury allergies.
 2. Allergy to yeast.
 3. Associate who has any medical problem that has a written statement from their physician.
 4. Anyone who has received another viral vaccine within three weeks.
 5. Associates who have the following hepatitis antibodies: HbcoreAb or HBsAg
- F. Infection Control Officer/Associate Health Nurse responsibilities:
 1. Administer Vaccine.
 2. Make sure at time of injection that the Associate has read information regarding the vaccine and the "Release from Responsibility" form has been signed.
 3. Maintain accurate records.
 4. Potential adverse reactions to the vaccine are reported to the Infection Control Officer/Associate Health Nurse.
- G. Post Vaccination:
 1. The Hepatitis B Vaccine is available at the employer's expense to all healthcare personnel who are occupationally exposed to blood or OPIM.
 2. Pre-vaccination serologic screening (Hepatitis B core AB titer) is available to any Associate who is occupationally exposed to blood or OPIM at the employer's expense.
 3. One to two months after completion of the 3-dose vaccination series, the Associate should be tested for antibody to hepatitis B surface antigen (anti-HBs) at the employer's expense.
 - i. Associates who do not respond to the primary vaccine series should complete a second 3-dose vaccine series (at the employer's expense) or be evaluated to determine if they are HbsAg-positive.

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- ii. Re-vaccinated Associates should be re-tested at the completion of the second vaccine series.
 - iii. Associates who prove to be HbsAg-positive should be counseled accordingly.
 - iv. Primary non-responders to vaccination who are HbsAg-negative should be considered susceptible to HBV infection and may need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HbsAg-positive blood.
 - v. Booster doses of HBV are not considered necessary, and periodic serologic testing to monitor antibody concentrations after completion of the vaccine series is not recommended.
4. If a vaccinated person experiences a percutaneous or needle exposure to HbsAg positive blood, serologic testing to assess immune status will be done. If the vaccination series has not been complete, treatment will be given according to CDC guidelines.

H. Associate's Responsibility

- 1. The associate is responsible for completing the vaccine administration at the required dates.
- 2. Complete a "Release of Refusal Form" at new hire orientation.

**RECOMMENDATIONS FOR HEPATITIS B PROPHYLAXIS
FOLLOWING PERCUTANEOUS OR PER MUCOSAL EXPOSURE**

Source of Exposure is found to be:

EXPOSED PERSON	HBsAg-POSITIVE	HSsAg-NEGATIVE	SOURCE NOT TESTED OR UNKNOWN
Unvaccinated	HBIG x 1* and initiate HB vaccine*	Initiate HB vaccine*	Initiate HB vaccine*
Previously vaccinated known responder	Test exposed for anti-HBs 1. If adequate, * no treatment 2. If inadequate, HB vaccine booster dose	No Treatment	No Treatment
Known Non-responder	HBIG x 2 or HBIG x 1 plus 1 dose HB vaccine	No Treatment	If known high-risk source, may treat as source were HBsAg-Positive
Response Unknown	Test exposed for anti-HBs -If negative antibody HBIG x 1 plus a booster dose vaccine -If positive antibody no treatment	No Treatment	Test exposed for anti-HBs 1. If inadequate, HB vaccine 2. If adequate, no treatment

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- *HBIG dose 0.06 ml/kg IM.
- *Adequate anti-HBs is equal to/greater than 10 mIU

Related Documents

1. Forms –
 - a. Return to Work form (NSG833 in Access eForms)
 - b. TB Skin Test form (HR1001 in Access eForms)
 - c. Vaccine Consent Forms (Please refer to Access eForms for the form specific to the vaccine being administered.)
 - d. Influenza Vaccine Consent Form for Associates, Volunteers, and Students (130650 in Access eForms)
2. Work Instructions –
 - a. [HR - Paid Time Off \(PTO\) / Extended Illness Leave \(EIL\) Program](#)
 - b. [HR - Associate Injury Reporting](#)
 - c. [HR - Reporting a Worker's Compensation Claim Online](#)
 - d. [HR - Workers' Compensation Instructions](#)
 - e. [HR - Reasonable Suspicion Drug/Alcohol Testing](#)
 - f. [HR - Occupational Accident Drug/Alcohol Testing](#)
 - g. [HR - Pre-Employment Drug/Alcohol Testing](#)
 - h. [HR - Self-Reported Drug/Alcohol Testing](#)
3. Other Policies –
 - a. [Exposure Control Plan](#)
 - b. [HR - Personal Protective Equipment \(PPE\) Program](#)
 - c. [HR - Drug / Alcohol-Free Workplace](#)
 - d. [Aerosolized Transmissible Disease Exposure Control Plan](#)
 - e. [HaysMed Respiratory Protection Program](#)
 - f. [Management of Infection Risk Plan](#)
 - g. [HR - Workers' Compensation](#)
 - h. [HR - Nursing Mothers in the Workplace](#)
 - i. [HR - Tobacco / Smoke Free](#)
4. Source(s) – N/A

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