Policy / Procedure :

Employee Health Policy

KEY TERMS: Immunizations, Post Offer, Respiratory Fit Testing, Communicable Disease, Human Resources (HR), Employee Health (EH), Tuberculosis (TB), Quantiferon TB-Gold (QFT-G), Post offer Assessment (POA) Centers for Disease Control and Prevention (CDC)

I. PURPOSE:

Carilion Clinic follows the recommendations and guidelines from the CDC and relevant local, state, and federal agencies to ensure the safety and health of its employees and the working environment.

II. SCOPE/FACILITY/DEPARTMENT(S):

This policy applies to Carilion Clinic employees, volunteers, and students/trainees.

III. POLICY STATEMENT(S)

This policy will be observed according to regulatory agency guidelines.

IV. PROCEDURE:

During orientation/annual review, appropriate staff will be educated regarding relevant Employee Health policies.

RESPONSIBILITIES:

A. Employee Health Nurse/Director:

1. Performs post offer assessments of prospective employees, correlating personal health and work histories in accordance with guidelines established by the Americans with Disabilities Act.

2. Performs health interviews annually to include respirator fit testing, TB screening, vaccine review, blood pressure assessment for current employees and volunteers. Annual TB screening is facility, department, and clinic specific based on CDC risk classifications for healthcare settings.

3. Assists with overseeing the Respiratory Protection Program.

4. Maintains health records, including immunization status for all Carilion employees.

5. Reports employee infections or exposures to the Infection Control Department, if indicated.

6. Assists Infection Control in identifying communicable diseases in employees which must be reported to the Health Department and performs follow up monitoring of exposures to communicable diseases.

7. Maintains active membership in the Infection Control Committee or designated committee and prepares a monthly report for the committee summarizing employee health activities.

8. Maintains adequate Employee Health policies through periodic review and revision, in collaboration with Infection Control.

9. Evaluates, or assists with the evaluation of employee work-related illnesses or injuries in coordination with Infection Control and Occupational Health, adhering to established protocols.

10. Promotes a safe work environment and provides consultation and preventive education to indicated employees.

11. Evaluates employees for ability to perform essential job functions at the request of the employee's manager and coordinates fitness for duty evaluations when indicated.

12. Administers optional and required vaccines for new hires and as needed.

13. Refers employees to Employee Assistance Program (EAP) when indicated.

B. Managers:

Departmental managers/directors are responsible for restricting employees from work and notifying Employee Health when an employee is experiencing certain symptoms of illness such as, but not limited to, vomiting, diarrhea, fever, etc. or if the employee reports a diagnosed transmittable disease.

Refer to the Non-Work Related Injury policy for non-work related illnesses or injuries.

It is the departmental manager's responsibility to complete an EJF form for every position in their department. Managers/Human Resources are also responsible for notifying Employee Health when an employee's essential job function changes.

A manager has the responsibility to act immediately when there is reasonable cause for a Fitness for Duty. See Drug Free Workplace Policy.

C. Employees:

Any employee who has been exposed to a communicable disease, who suspects or is aware that he/she is harboring a communicable illness must report to their supervisor and/or Employee Health Services for direction in treatment and job limitations or refer to Table 1 in this policy.

Pregnant employees who have concerns regarding their essential job functions, in relation to their pregnancy, should consult their individual obstetrician.

Note: Refer to the Non-work-related injury policy for non-work related injuries

EMPLOYEE HEALTH PRACTICES:

A. Assessment of New Hires:

Post Offer Assessment (POA)

1. Each new applicant must complete a POA after a job offer has been made and accepted. Any such person who fails to comply with these pre-employment processes will not be permitted to work. The Physical Requirements Check List for Essential Job Functions (EJF) will be utilized in addition to the post offer history form to assess the applicant. If additional evaluation is needed, referral will be made to the Carilion Occupational Health provider/facility specific medical advisor or designee.
   Screening will also include but is not limited to:

   a. Blood Pressure screening
   b. Review of current medication list
   c. Color Vision
   d. Respirator Fit Testing if applicable
   e. Review of vaccines

2. All new employees are required to complete the following steps prior to beginning their 1st day of work.

   a. TB screening with risk and symptom assessment (some exclusions may apply in certain settings if the new hire does not have direct patient contact).
   b. Chest x-ray if history of positive TST, IGRA test, or new screening is positive. See Tuberculosis Screening Protocol.
   c. Drug Screening
   d. Must be vaccinated or file a qualified exemption regarding influenza vaccine during influenza season (September-will depend on vaccine availability until April 1st). See Influenza Vaccine Policy.

3. Each new employee working with substances known to be hazardous to health must undergo a baseline medical examination with Carilion Occupational Health to ensure that the measures being taken to control the working environment are effective and to protect the employee from the effects of environmental toxins and contaminants. See Hazardous Drug Handling and Management Policy

4. Immunizations-The following immunizations will be reviewed and offered during the POA per CDC recommendations for healthcare workers. The new employee will have 14 days from the date of their POA appointment to provide documentation to Employee Health services and to meet the MMR vaccine requirement.

    a. Adsorbed Tetanus-diphtheria (adult) or Tdap (Tetanus, Diptheria, Pertussis) will be offered upon employment when indicated and according to the Tetanus and Diptheria and Tdap protocol.

    b. Measles, Mumps, Rubella (MMR) vaccine will be required for those employees who do not have prior vaccination or serological evidence of immunity. See Employee Health MMR Vaccine protocol.

    c. Tuberculosis – see Tuberculosis Screening Protocol.

    d. Hepatitis B – Hepatitis B vaccine will be offered to those who could reasonably be expected to encounter blood or other potentially infective material in the course of their employment or volunteer work; if declined, a written declination must be signed.

    e. Varicella vaccination will be offered to those who have no proof of prior vaccination, serological proof of immunity, or healthcare provider confirmed history of varicella disease. A second dose catch-up varicella vaccination is recommended for those individuals who previously received one dose. If the vaccine is declined, a written declination must be signed.

    f. Influenza vaccine is mandatory for all Carilion employees and volunteers during influenza season. See Influenza Vaccine Policy.

    g. Hepatitis A vaccine will be offered to employees who have no proof of prior vaccination. The Hepatitis A vaccine will be strongly recommended for employees who prepare/handle food products, Environmental Services employees, and staff who have the potential to come into contact with fecal matter. The noted staff will have priority in receipt of the vaccine based on vaccine availability. A written declination must be signed by any Food Service employee who declines the vaccine.

    h. Additional vaccines may be offered as the need arises.

5. Laboratory Studies: A Varicella and MMR titer may be drawn with no history of having had varicella, measles, mumps or rubella on new hires and existing employees that cannot provide sufficient documentation of previous immunization.

6. Respirator fit testing will be performed according to current Occupational Safety and Health Administration (OSHA) regulations.

B. Assessment for Rehired Employees:

A POA is required for any person rehired after 30 days from termination.

C. Assessment for New Volunteers: (Must be completed prior to volunteering.)

1. TB screening: Symptom and risk assessment
2. Brief health history
3. Drug screening
4. Volunteers working in the Neonatal Intensive Care Unit (NICU) Rockers (holding and comforting newborns) are required to meet the same MMR vaccine requirements as new employees.
5. Volunteers are referred to their own physician for needed vaccines other than the influenza vaccine. (Exception: NICU Rockers and MMR vaccine)
5. Volunteers must meet the same Influenza vaccine requirements as new hires.
6. Offer Hepatitis B vaccine or obtain declination.

D. Assessment for Transferring Employees:

1. HR/employee's manager will notify Employee Health of changes in job functional status.
2. Transferring employees are required to review the EJF for their new position and sign an agreement that they can perform the duties outlined in the EJF prior to their transfer date.
3. Those individuals transferring from a non-clinical position to a clinical position must be seen in EH and evaluated for TB screening, vaccine review, and Respirator Fit testing.

E. Employee Annual Health evaluation will include:

1. Interview with Employee Health Nurse for those employees with potential patient contact (check with local Employee Health office for schedule).
2. Assessment of blood pressure: See EH Blood Pressure Screening Protocol
3. TB screening - See Tuberculosis Screening Protocol
   Annual TB screening is facility, department, and clinic specific based on CDC guidelines and risk classifications for healthcare settings.
4. Respirator fit testing will be performed according to current OSHA regulations.
5. Review of vaccine status.

a. Any current employee who has not previously met the MMR vaccine requirement will need to do so at the time of their annual EH visit.
b. Review varicella vaccine status: Offer vaccine if no documented history of vaccine, titer or disease on file. Obtain declination if vaccine declined.
c. Review Hepatitis A vaccine status: Offer vaccine if no documentation on file. Obtain declination from Food Service employees if vaccine declined.
d. Review Hepatitis B vaccine status: Offer vaccine if no documentation of completion of series or positive titer on file. Obtain declination if not on file.
e. Review Tdap/Td vaccine status: Offer vaccine per Tdap/Td protocol.

F. Volunteer Annual Health evaluation will include a TB symptom evaluation and risk assessment

G. Management of Employees Exposed to Communicable Disease:

*CDC recommendations will be followed for employees who are infected with HIV, Hepatitis B, or Hepatitis C.

Table 1.

Summary of suggested work restrictions for health care personnel exposed to or infected with infectious diseases of importance in health care settings, in the absence of state and local regulations (modified from Advisory Committee on Immunization Practices (ACIP) recommendations).

DISEASE/PROBLEM	WORK RESTRICTION	DURATION	CATEGORY
Acute febrile respiratory illness /influenza-like illness (ILI)(temperature ≥ 38º C or 100.4º F)	Exclude from work.	Until acute symptoms resolve and temperature <100.4° for at least 24 hours without the use of antipyretic medications.	
Conjunctivitis (bacterial)	Restrict from patient contact and contact with the patient's environment.	Until discharge (constant tearing) ceases and for 24 hours after effective treatment is initiated.	II
Conjunctivitis (viral)	Restrict from work until signs/symptoms have resolved.	Until signs/symptoms are resolved.	
• COVID-19 • SARS	Exclude from Duty	Until acute symptoms resolve and temperature <100.4° for at least 24 hours without the use of antipyretic medications.	
Cytomegalovirus infections	No Restrictions		II
Diarrheal diseases:			IB

• Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with patient's environment, or food handling	Until 48 hours after symptoms resolve	
• *Clostridium difficile* (C-diff)	Exclude from work.	Until free from diarrheal stools for 72 hours and completion of antibiotic regimen.	
• *E. coli* • *Salmonella*	Exclude from work.	Until symptoms resolve. Consultation with EH is needed to verify the employee is asymptomatic and is educated on hand hygiene. **Food handlers require 2 negative stool cultures.**	
• Norovirus	Exclude from duty	Until 48 hours after symptoms resolve	
• *Shigella*	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. **Food handlers and direct** **care providers are required to be** **asymptomatic and have 2 negative** **stool cultures 24 hours apart and ≥ 48 hours from last dose of antibiotics.**	
Diptheria	Exclude from duty	Until symptoms resolve	IB
Ebola Virus *(and other hemorrhagic* *fever viruses)*	Determine whether physical exposure has actually occurred. Follow CDC guidelines. Monitor to assess the presence of fever or other symptomatology.	Through day 21 post-exposure.	
Enteroviral infections (Hand, Foot, and Mouth disease)	Exclude from duty	Until symptoms resolve	II
Hepatitis A	Restrict from patient care, contact with patient's environment, or food handling	Until 7 days after onset of jaundice or 14 days after diagnosis if no jaundice.	IB
Hepatitis B Personnel positive for HBsAg (e.g. acute or chronic hepatitis B infection):			II

Personnel who do not perform exposure-prone invasive procedures Personnel who perform exposure-prone invasive procedures	No restriction unless linked epidemiologically to transmission of hepatitis B virus infection These personnel should not perform exposure prone invasive procedures until they have sought counsel from an expert review panel (Medical Director of EH, Medical Director of Infection Control, and representative of division/department) which should review and recommend the procedures the worker can perform, taking into account the specific procedure as well as skill and technique of worker	Standard precautions always should be observed Per recommendation of expert panel	
Hepatitis C	These personnel should not perform exposure prone invasive procedures until they have sought counsel from an expert review panel (Medical Director of EH, Medical Director of Infection Control, and representative of division/department) which should review and recommend the procedures the worker can perform, taking into account the specific procedure as well as skill and technique of worker	Indefinitely (the majority of infected individuals become chronically infected).	
Herpes Simplex Genital Hands (herpetic whitlow) Orofacial	 No restrictions Restrict from patient contact and contact with patient's environment Evaluate for need to restrict from care of high-risk patients (oncology and status post- transplant patients). May need to consult with Infection Control.	 Until lesions are healed/dry and crusted. Until lesions are healed/dry and crusted.	 II IA II
Human immunodeficiency virus (HIV)	These personnel should not perform exposure prone invasive procedures until they have sought counsel from an expert review panel (Medical Director of EH, Medical Director of Infection Control, and representative of division/department) which should review and recommend the procedures the worker can perform; taking into account the specific procedure as well as skill and technique of worker. Standard precautions should always be observed; refer to state regulations	Indefinitely	II
Influenza			

(Temperature ≥ 38º C or 100.4º F) No fever	Exclude from work Exclude from work	Until acute symptoms resolve and temperature <100.4° for at least 24 hours without the use of antipyretic medications. Until 5 days after onset of symptoms	
Measles Active or suspected Postexposure (HCP without presumptive evidence of measles immunity)	Exclude from duty Exclude from duty	Until 4 days after the onset of rash and temperature <100º F without the use of antipyretic medications (with rash onset considered as Day 0). 5 days after first exposure through 21 days after last exposure and/or 4 days after the rash appears	IA IB
Meningococcal Infections	Exclude from duty	Until 24 hours after start of effective therapy	IA
Methicillin Resistant Staphylococcus Aureus (MRSA)	Exclude from work. Must be cleared for RTW by Employee Health.	Until documentation of: negative nasal culture and negative site culture Cultures should be obtained ≥ 24 hours after antibiotics are completed.	
Monkeypox	Exclude from duty	Until all lesions are scabbed over and new skin developed. To be determined by local health department	
Mononucleosis (Epstein-Barr Virus)	May work. Avoid mouth-to-mouth resuscitation.		
Mumps Active Postexposure (HCP without presumptive evidence of mumps immunity)	Exclude from duty Exclude from duty	9 days after onset of parotitis 12 days after first exposure through 26 days after last exposure or 9 days after onset of parotitis	IB II
Pediculosis	Restrict from patient contact	Until after treatment and observed to be free from adult and immature lice.	IB
Pertussis Active	Exclude from duty	Beginning of catarrhal stage through third week after onset of paroxysms	IB

		or until 5 days after start of effective antimicrobial therapy	
Post exposure Symptomatic personnel	Exclude from duty	5 days after start of effective antimicrobial therapy	IB
Post exposure Asymptomatic personnel	No restriction. Prophylaxis is recommended.		II
Rubella			
Active	Exclude from duty	7 days after the rash appears	IA
		And temperature <100.4° F without the use of antipyretic medications	IB
Postexposure (personnel without evidence of rubella immunity)	Exclude from duty	7 days after first exposure through 21 days after last exposure and/or 7 days after rash appears	
Scabies	Exclude from duty	Until 24 hours after application of effective treatment.	IB
Staphylococcus aureus infection (not MRSA)			
Active, draining skin lesions	May work if lesions can be adequately dressed and covered. If unable to completely dress and cover lesions, restrict from patient care, contact with patient's environment, and food handling.	Until lesions have resolved	IB
Carrier state	No restriction unless the employee is epidemiologically linked to transmission of the organism.	Until colonization is cleared (as documented by culture).	IB
Streptococcal Infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started and no draining lesions	IB
Tuberculosis			
Active disease	Exclude from duty	Until 3 negative AFB smears or cultures are obtained.	IA
Positive TB skin test (TST) or IGRA (T-Spot or Quantiferon) test	All employees with a new positive TB test need to be evaluated by Employee Health/Occ Med/Infectious Disease to verify that they do not have active disease.	Once active disease is ruled out, employee may return to work with no restrictions	IA

Typhoid Fever	Exclude from work	Until cleared by the Health Department	
Vancomycin-resistant enterococcus (VRE)	Exclude from work	Until cleared on a case-by-case basis by Infection Control and Employee Health.	
Varicella Active **Non-immune employees** exposed to varicella zoster (chicken pox) or uncovered herpes zoster (shingles) **Vaccinated/With Disease History or Serologicial Immunity** employees (those who have received 2 doses of vaccine)	 Exclude from duty Exclude from duty Monitor daily during days 8-21 postexposure. Exclude from workimmediately if symptoms develop (fever, headache, skin lesions).	 Until all lesions dry and crust From day 8 through day 21 postexposure Until varicella is ruled out or lesions are dry and crusted.	 IA IA
Zoster (Shingles)	Exclude from work if lesions cannot be covered with clothing. Infection Control and Employee Health will evaluate the potential for communicability.	Until lesions are dry and crusted.	

Abbreviations: HBsAg = hepatitis B surface antigen.

Sources: Adapted from CDC. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR 1991;40(No. RR-8); CDC. Guideline for isolation precautions in hospitals: recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC) and the National Center for Infectious Diseases. Infect Control Hosp Epidemiol 1996;17:53–80; Williams WW. CDC guideline for infection control in hospital personnel. Infect Control 1983;4(Suppl):326–49; CDC. Immunization of health-care workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 1997;46(No. RR-18).

Source: CDC Guidelines for Infection Control in Healthcare Personnel, June 1998. Published AJIC, June 1998.

† Includes children aged <5 years, adults aged ≥65 years, pregnant women, American Indians/Alaska Natives, persons aged <19 years who are receiving long-term aspirin therapy, and persons with certain high-risk medical conditions (i.e., asthma, neurologic and neurodevelopmental conditions, chronic lung disease, heart disease, blood disorders, endocrine disorders, kidney disorders, liver disorders, metabolic disorders, weakened immune system due to disease or medication, and morbid obesity).

IA-Strongly recommended for all hospitals and strongly supported by well-designed experimental or epidemiologic studies.

IB – Strongly recommended for all hospitals and reviewed as effective by experts in the field and a consensus of Hospital Infection Control Practices Advisory Committee members on the basis of strong rationale and suggestive evidence, even though definitive scientific studies have not been done.

II – Suggested for implementation in many hospitals. Recommendations may be supported by suggestive clinical or epidemiologic studies; a strong theoretic rationale or definitive studies applicable to some but not all hospitals.

No recommendation; unresolved issue

Source: https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf

V. OTHER ISSUES / CONCERNS:

VI. DEFINITIONS:

BCG: Bacillus Calmette-Guérin, a vaccine for TB disease

Essential Job Function (EJF): Documentation of tasks and responsibilities that are significant and fundamental to the performance of a position**.**

Fitness for Duty (FFD): Possessing the physical, emotional and cognitive capacities to safely and effectively perform the essential functions of an employee's job, with or without reasonable Americans with Disabilities Act accommodation, in a manner that does not present a direct threat of harm to self or others. Fitness for duty includes, but is not limited to, being free of alcohol- or drug-induced (whether or not legitimately prescribed) impairment that affects job functioning.

Fitness for Duty Evaluation (FFD evaluation): A professional assessment of an employee's physical, emotional, or mental capacities, that is carried out by an independent, licensed healthcare provider with expertise to determine if an employee is or is not capable of effectively performing his/her essential job functions without posing a threat to his/her own safety or the safety of others.

Interferon-Gamma Release Assays (IGRAs): Whole-blood cell tests that can aid in diagnosing Mycobacterium tuberculosis infection. (examples: QFT-G and T-Spot)

Latent TB Infection (LTBI): When TB bacteria live in a dormant state in the body without symptoms or signs of clinical illness

MMR: Measles, Mumps, Rubella- infectious viral diseases

POA: Post offer assessment, testing and screening to ensure an applicant can meet the physical demands of the job and is free of communicable disease.

PPE: (Personal protective equipment) equipment worn to minimize exposure to hazards

QFT-G: The QuantiFERON-TB Gold Plus (QFT-G) is a blood test for use as an aid in diagnosing *Mycobacterium* tuberculosis infection

Respirator Fit Testing: A test that checks whether a respirator properly fits the face of the person who wears it.

Tuberculosis (TB): An infectious disease that may affect almost any tissue of the body, especially the lungs, caused by the organism *Mycobacterium* Tuberculosis, and characterized by tubercles.
Tdap: Tetanus, Diphtheria, Pertussis
Tuberculin Skin Test (TST): Tuberculin skin test is a test for hypersensitivity to tuberculin as an indication of past or present tubercular infection

VII. REFERENCES:

VIII. APPENDICES:

IX. APPROVALS: This P&P is a Systemwide Policy. Change can only be made with the approval of the appropriate committee below.

Facility	Dept. / Committee	Name / Title	Date
System		Hetzal Hartley, M.D., Medical Director	06-2016
	System EH, IC, and CMC IC committee		06-2016, 06/2022, 02/2025
		John Epling, M.D., Medical Director, EH and Wellness	11-2019, 06-2022
		Kathy Oakley, RN, Director, EH	06/2022, 02/2025
CFMH		Leland Potter, MD, Medical Director, EH and Wellness	02/2025
CGCH			
CMC	IC committee		06/2022
CNRV			
CRBH			
CTCH			
