

UB Graduate Medical Education Occupational Health Program

Approved: January 2010

Pre-Employment Physical

Each incoming resident will receive a medical evaluation prior to the start of employment to insure that he/she can carry out all the duties required of a resident, is free of certain contagious diseases, is not impaired by mental illness, drug or alcohol abuse, is protected from certain communicable diseases and is in compliance with all applicable state and federal regulations. This medical examination must be done prior to the beginning of the residency. The medical evaluation will include a comprehensive history, physical examination, serology testing for immunity to certain infectious diseases, screening for Tuberculosis as outlined below, vaccinations where required and specialized testing as dictated by the history and physical examination. (Appendix 1) All residents must have immunity to measles, mumps and rubella and have no evidence of untreated active pulmonary TB. Non immune residents will be offered vaccination to Hepatitis B and Varicella; if he/she declines these vaccines a declination form must be signed by the resident. (Appendix 2)

Varicella Virus

At the time of the pre employment physical each resident will be asked about a history of chicken pox. Those with a negative or unclear history of the disease will be screened for immunity with a serologic test for varicella antibodies. A resident whose titer is negative will be offered the two doses of the varicella vaccine at no cost. If the resident declines the vaccine he/she must sign a declination form. (Appendix 3)

If a non-immune resident is exposed to an individual with chicken pox or shingles he/she must immediately notify the infection control service at the hospital in which he/she is rotating and his/her program director. The resident will be prohibited from patient contact from the 10th day after the initial exposure through the 21st day after the last exposure or if varicella occurs until all lesions dry and crust. If the resident cannot be assigned to a non-patient care rotation, the relevant employee policies will be followed.

Hepatitis and Other Blood Borne Diseases

Those residents found to be infectious with Hepatitis B or C, HIV or other blood borne pathogens will be notified of the finding and will be counseled about the risk they may pose to patients and others. The principles of Universal Precaution, their responsibility to the patient and the procedure to follow in case of an accidental contamination of a patient will be discussed with the resident by the Director of the Employee Health Service (EHS).

Annual Health Assessment

Each resident will have a brief annual health assessment including an evaluation for TB. (Appendix 4) This is done each spring and is required of all residents. Residents in their final year of training at the University at Buffalo (UB) must complete this annual assessment to be eligible for a certificate of completion. Pre-employment physicals do not satisfy this requirement.

Influenza Vaccine

All residents will be encouraged to receive the influenza vaccine yearly which will be supplied by the hospitals at no charge to the resident.

Occupational Exposure Evaluation

Following exposure to a blood borne pathogen, TB, or certain other infectious disease or after a work related injury the resident is to be seen and evaluated in the EHS/ER of the hospital where the exposure/injury occurred. The resident must identify himself/herself to EHS/ER personnel as a UB resident. Follow up care will be provided by the institution although the resident may seek such care from his/her personal physician who must provide documentation of the care given to the resident.

Tuberculosis Control and PPD Testing

PPD Testing

1. New Residents

- All incoming residents will be tested with 5 TU PPD at the time of initial hire. The only excuses from this requirement are
 1. Physician documented positive PPD,
 2. History of treatment for TB, or
 3. PPD conversion with an adequate course of TB prevention therapy.
- Prior BCG vaccination is not an exception to PPD testing and does not require testing with first strength PPD.
- Pregnancy does not excuse a resident from this requirement and pregnant residents will receive PPD testing as outlined above. A requirement for chest x-ray in this policy statement may be modified for a resident who is pregnant, at the discretion of the Employee Health Director.
- All residents who have not had a documented negative PPD within the previous 12 months or a documented two step PPD test in the past and who are PPD negative on the initial test must have a second PPD placed 1 to 3 weeks after the first PPD. The results of the second PPD will determine the resident's PPD status.
- The definition of a positive PPD for a healthcare worker is based on the recommendation of the American Thoracic Society and Centers for Disease Control and Prevention (Am J Respir Crit Care Med 161:S221-S247, 2000). A PPD will be considered positive if either one of the following conditions are met: (1) induration of 10 mm or greater, or (2) induration of 5 mm or greater if the individual has one of the following circumstances: (a) HIV positivity, (b) recent close contact with an infectious TB case patient, (c) fibrotic changes on chest radiograph consistent with prior tuberculosis, or (d) individuals with organ transplants and other immunosuppressed individuals (receiving the equivalent dose of 15 mg/day or greater of prednisone for one month or more).
- Residents with a concurrent severe viral infection or who had received a live virus vaccination within 1 month will be deferred from this requirement for one month.
- The results of all PPD tests must be read by a designated health professional at each institution. Residents may not read or report their own PPD result. Any resident who does not report for PPD reading within 48 to 72 hours will not be considered to have a valid result and must have the test repeated before being cleared for employment.
- Those individuals excused from PPD testing by the Employee Health Director will have a chest x-ray taken prior to starting employment. If the individual can provide an actual chest x-ray or a copy of the chest x-ray report taken at least 3 months after the documentation of a positive PPD, he/she may be excused from this requirement.
- All residents with a positive PPD, whether or not they have received BCG in the past, will be informed of the recommendations for INH (or other appropriate) prophylaxis and must be seen and evaluated for prophylaxis by their personal physician or the TB clinic at ECMC. If the resident elects to receive prophylaxis he/she may seek care from his/her personal physician at his/her own expense or seek treatment at the ECMC TB clinic at no charge. If the resident refuses prophylaxis he/she must sign a document acknowledging

that he/she has been informed of the recommendation for prophylaxis and chooses not to receive the medication. (Appendix 5)

- If a resident has a history of allergic reaction or is anergic to the PPD material, he/she will be referred to the TB Clinic at ECMC or a specialist in pulmonary medicine or infectious diseases of the resident's choice in order to determine the appropriate course of action.

2. Annual Evaluation

- All residents will be evaluated at least annually and all PPD negative individuals must have a PPD repeated at least yearly. Residents at "medium risk" of acquiring TB must have a PPD placed every six months. At the present time the following residents are classified as medium risk: anesthesia residents, pulmonary fellows and cardiothoracic fellows performing endoscopy. All PPD's must be read by a designated individual(s) at each institution within 48 - 72 hours. Self reading and reporting by the resident is not permitted. If the resident does not report for the reading of his/her PPD at 48 to 72 hours the test will be considered invalid and must be repeated.
- A positive PPD in a previously PPD negative individual will be considered as a PPD conversion and a chest x-ray must be obtained at that time. A repeat chest x-ray must also be done 3 months post conversion unless the resident is being treated with prophylaxis. All converters must receive a documented physician evaluation for evidence of active TB and discussion of appropriate prophylaxis. This evaluation may be performed by the resident's personal physician, a designated physician at the institution or the TB clinic at ECMC.

3. Post Exposure Evaluation and Testing

- Immediately following exposure to a patient with active TB who was not on proper precautions (as defined by the Infection Control Service at the Institution where the exposure occurred) the resident must be seen and evaluated by the EHS staff. The result of this evaluation is to be forwarded to the resident's Employee Health Record that is maintained by the UB Employee Health Service (UB EHS). (Appendix 6)
- A resident who *is* PPD negative will be tested with PPD unless a negative PPD had been recorded within the previous 3 months. A repeat PPD three months post exposure will also be done. Any resident previously PPD negative who develops a positive PPD will be considered as a PPD converter and treated as described above under Annual Evaluation. Any PPD negative resident with symptoms suggestive of active TB must receive a chest x-ray.
- A resident with previously known positive skin test reaction will be evaluated for active TB, but *does not* require a repeat PPD. Chest x-ray examination will be performed three months later or sooner if he/she has symptoms suggestive of active TB.
- The results of all evaluations and the results of all PPD tests done on residents are to be forwarded to the resident's Employee Health Record maintained by the UB EHS.

Residents With Suspected Active TB

Any resident who is being evaluated for possible active TB must immediately inform both the Program Director and the Director of University at Buffalo (UB) Employee Health Service. The resident will be prohibited from working until the Program Director and Director of the Employee Health Service receive written notification from the resident's physician that he/she is not contagious.

Blood and Body Fluid Exposure

1. When a resident sustains a blood or body fluid exposure he/she must **immediately** report for evaluation and treatment to the Employee Health Service or Emergency Room at the hospital where the exposure occurred. The resident must identify him/herself as a UB resident.

2. A hospital incident report and the Blood and Body Fluid Exposure History Form (Appendix 7) must be completed on the resident and he/she must be given the Blood and Body Fluid Exposure Fact Sheet to read.
3. Any indicated testing and initial treatment will be provided by the hospital or site where the exposure occurred.
4. All Hepatitis B non-immune residents will be offered treatment with H.B.I.G. The hepatitis B vaccine will be offered to all susceptible residents and, if they decline to receive it, the Mandatory Hepatitis B Vaccination Declination Form must be signed by the resident.
5. If the exposure posed a significant risk to the resident of HIV transmission (a know HIV positive patient or a high risk patient who refuses testing) then the resident will be offered Post Exposure Prophylaxis as recommended by the C.D.C. (Appendix 8) and the resident will be counseled about the benefits and risks of such therapy. (Appendix 9) If he/she chooses to receive the treatment then the hospital will provide an initial three-day supply of the medication and all subsequent medication recommended to treat the exposure. All costs of the medication used in the treatment of HIV Post Exposure Prophylaxis will be billed to the resident's Workman's Compensation Insurance. In such cases the resident's employer must be notified and sent a copy of the incident report. The cost of the evaluation and all laboratory testing is to be borne by the treating hospital.
6. The Blood and Body Fluid Exposure History Form, all lab results on the resident and any other clinical notes will be forwarded to the Medical Director of the UB EHS, for placement in the resident's confidential medical record.
7. A Summary Documentation of the results of the evaluation, the need for any further follow up and whether the hepatitis B vaccine was indicated and/or received is to be sent to the UB EHS office. (Appendix 10) The resident will be provided with a copy of this report.
8. If the resident chooses to have this evaluation done elsewhere, he/she may choose to do so, but the evaluating professional must send the Summary Documentation to UB EHS. In such cases the evaluating health professional must be given a copy of the Blood and Body Fluid Exposure History Form.
9. Each Hospital is responsible for notifying the UB Employee Health Director of all incident reports they receive on a resident, including the date occurred, type of incident and where medical evaluation occurred.

Administration/Charges

The Occupational Health Program will be implemented and financed as outlined in the policy "Occupation Health Program – University at Buffalo (UB) Residents" adopted May 27, 1994, (revised June, 1998, May, 2003, and April 2009) unless otherwise stated in this document.

IMPLEMENTATION OF THE Occupational Health Program for University at Buffalo (UB) Residents

Pre-Employment Physical Examinations

1. New PGY1 residents attending Incoming Residents Week
 - The full evaluation is done at the University with each hospital providing the needed professional staff (nurses and physicians); any additional costs (labs, immunization, clerical support etc.) are supported through the Office of Graduate Medical Education. PPD readings and any immediate follow-up are done at the University.
 - Any delayed follow-up done after Incoming Residents Week (immunizations, repeat PPD etc...) is done at the hospital, at the hospital's expense.
 - If a resident requires treatment of a preexisting condition, that cost is borne by the resident or his/her health insurance.
2. Other New residents and Fellows in Buffalo by July 1
 - The full evaluation is done at the University with each hospital providing the needed professional staff; any additional costs (labs, immunization, clerical support) are supported through the Office of Graduate Medical Education. PPD readings, immunizations, and follow-up tests are done at the hospital at the hospital's expense.
 - Any delayed follow-up is done at the hospital at the hospital's expense.
3. All other new residents starting after July 1
 - The full evaluation including respirator fit testing is done at the hospital in accordance with University at Buffalo (UB) Employee Health Services guidelines and procedures at the hospital's expense. This examination must be done prior to the start of employment. All follow-ups are done by the EHS staff of the hospital at the hospital's expense.

All resident's confidential medical records are maintained by the UB EHS, not the hospital. All medical records including workman's compensation related care provided by the hospital are to be forwarded to the UB EHS.

Annual Health Assessments

All Annual Health Assessments are done at the hospital through which the resident is rotating during a two-week period in the spring of each year. Residents in their final year of training in University at Buffalo (UB) sponsored resident training programs must complete this annual assessment to be eligible for a certificate of completion. Pre-employment physicals do not satisfy this requirement.

All indicated follow up of the health assessment is done by the hospital's EHS at the hospital's expense including chest x-rays and the physician evaluation of all PPD converters. If the resident requires treatment of a PPD conversion, that can be done either at the EHS or by the physician of the resident's choice with the cost billed to the resident's Workman's Compensation insurance. The Annual Health Assessment and the results of all testing are to be forwarded to the UB EHS for filing in the residents confidential medical record. If a resident fails to comply with this requirement after two warnings, his/her paycheck is sent to the Employee Health Director for subsequent distribution to the resident. In addition non-compliance will result in suspension or dismissal.

Work Related Injury or Illness Including Needle Sticks

IMPORTANT REMINDER TO RESIDENTS:

If you suffer a needle stick, blood splash, or other occupational exposure please remember to do the following:

1. During regular business hours, immediately report to the Employee Health Office at the hospital in which you are rotating. Time is important for treatment, do not delay. Identify yourself as a UB resident.
2. Outside regular business hours, please report to the Emergency Room at your hospital immediately. Time is important for treatment, do not delay. Identify yourself to ER staff as a UB resident.
3. If you report to the ER, you must still report to Employee Health the next day and complete the proper incident report paperwork.
4. You should make every effort to complete any follow up testing in a timely manner as recommended by Employee Health for your protection.

It is the responsibility of the hospital where the injury occurred, to evaluate and initiate treatment of the resident, either through its EHS or ER. This also includes the evaluation and follow-up of a resident with a TB exposure. The cost of this evaluation is to be borne by the hospital where the injury occurs by whatever internal mechanism it chooses. Any indicated follow-up tests (e.g., HIV testing) are also done at the hospital at the hospital's expense. The charge for this initial evaluation is not to be charged to the resident's health or Workman's Compensation insurance. If prolonged treatment is indicated, the treatment can be performed by either the hospital staff or the resident's physician and charged to the resident's Workman's Compensation insurance. However, an incident report must be filed by the hospital with the resident's Workman's Compensation carrier through the Payroll Department of the resident's employer.

It is the responsibility of the hospital staff to complete the OSHA required "Health Care Professional's Summary of Evaluation of an Individual Exposed to Possible Bloodborne Pathogens" and forward it to the University at Buffalo (UB) Employee Health Director (currently Dr. M. McAloon at 300 Linwood Avenue, Buffalo, NY 14209) within 15 days of a blood exposure.

If a resident sustains an occupational injury or exposure during an authorized rotation outside of a hospital, it is the responsibility of the resident's payline hospital to provide the initial care as outlined above and to bear the cost of that evaluation.

A copy of medical evaluation of any work related injury or needle stick is to be forwarded to the resident's Employee Health Record maintained by the UB Employee Health Director.

Special Evaluations

On occasion a special evaluation of a resident will be requested by the program director to determine the resident's fitness to work. The program director should consult with the UB Employee Health Director and/or Senior Associate Dean for Graduate Medical Education or their designee requesting a special evaluation. Evaluations for suspected impairment must be carried out in accordance with the University at Buffalo (UB) GME policy on impairment.