I. POLICY/PURPOSE

It is the policy of UPMC to provide certain appropriate health services to staff members, volunteers, house staff, medical staff, students entered in clinical programs with the system, and individuals who have been offered employment. The policy provides information and guidelines for staff and applicants concerning post offer pre-placement health assessments, baseline and periodical annual testing for various medical clearances and contingencies requiring possible immunizations or exposures to infectious diseases and blood borne pathogens. Information is also provided on latex allergies, return to work issues, fitness for duty, medical records and medical leaves of absence.

Links to policies referenced within this policy can be found in Section IV.

II. SCOPE

Employee Health Services are provided by various United States based UPMC hospital facilities and affiliates throughout UPMC. Appendix A lists many of these locations where Employee Health Services can be obtained for UPMC staff members. These locations are augmented by a number of community practice locations and UPMC affiliates.

III. SERVICES

A. Pre-placement/Post-Offer Health Assessment

All post-offer applicants for employment must submit to a pre-placement health assessment after receiving an offer of employment and prior to beginning work. The purpose of the health assessment is to determine whether an applicant is medically and physically able to perform the essential job functions of the position he or she has been offered and also to provide to the applicant baseline information about their health. Applicants must receive a clearance on their health assessment prior to starting employment.

1. Pre-placement medical examinations, and/or further diagnostic testing, if required, may be directed by Employee Health Services to a UPMC specialist or primary care physician.
2. After the completion of the health assessment, Employee Health Services or the designated Employee Health Department will notify Human Resources whether the applicant has been medically cleared for employment.

3. If the applicant was previously employed by UPMC, and is returning to active employment following thirty (30) or more days of separation, a full assessment/medical record update should be completed using all current pre-placement practices.

B. Responsibilities of Employee Health / Human Resources on Staff Member Transfers/Terminations.

When a staff member transfers into a different position within UPMC, Employee Health will perform any additional testing and/or evaluations based on the requirements for the department that the person is transferring into. Human Resources should notify the Employee Health Department at the facility where the staff member is transferring into, to identify if any additional testing is needed, and also give the Employee Health clinic the location from which the staff member is transferring from in order to transfer his/her medical records. Human Resources should also notify the Employee Health Department when a staff member terminates employment with UPMC to complete any termination lab-work and/or testing needed specific to certain UPMC Business Units.

C. Guidelines for Pre-placement/Post Offer Exams

1. It is the responsibility of UPMC Employee Health Services to determine the scope of the health assessment required for each applicant based upon a review of the individual’s responses on the health inventory/evaluation, the essential functions of the job the individual has been offered, and other potentially known occupational hazards identified with the applicant’s position.

2. The health assessment for all post-offer applicants should at minimum include the following:
   a. A detailed health inventory, which is a comprehensive health questionnaire including information on the applicant’s health, infectious disease exposures, latex allergies, and medical restrictions and/or accommodations.
   b. A drug screen to determine whether the applicant has recently engaged in the illicit use of drugs.
   c. A general health screening that includes health measurements such as height, weight, blood pressure, lipid levels (total cholesterol, triglycerides, HDL, and LDL) and blood glucose.
3. In accordance with certain regulatory guidelines, department specific requirements and/or to safeguard the staff member from possible hazards and/or health affects, additional testing and/or further evaluation may be required. Additional testing performed on the applicant will be coordinated through UPMC Employee Health Services. (See also Section III, D: Guidelines for Additional Baseline and/or Annual Periodic Testing).

4. Abnormal test results and findings discovered during pre-placement will be addressed with the applicant. Further diagnosis or treatment recommendations will be referred to the applicants PCP if indicated.

D. Guidelines for Additional Baseline and/or Annual Periodic Testing.

1. **Tuberculosis test (PPD):** Staff, students and volunteers may be required to have a documented TB clearance prior to receiving medical clearance depending on work location and/or clinical involvement. A two step TB skin testing method will be utilized on applicants who do not submit documented negative PPD results, which are less than one year old. An IGRA (Interferon-Gamma Release Assay) test may be used in lieu of the TB skin test. Failure to obtain necessary testing within designated timeframes may result in Corrective Action up to and including discharge.

   a. Applicants with a prior positive TB test will receive medical clearance by obtaining/providing documentation of a negative PA chest x-ray and/or IGRA. Applicants with positive TB skin tests documented during the evaluation will be dealt with on a case-by-case basis and referred to the appropriate Health Departments where applicable.

   b. The pre-placement applicant can be cleared after the first TB skin test is read, however this clearance is provisional and the second TB skin test must be completed within 1-3 weeks after the first TB skin test. (Two step TB skin testing requirements can vary among business units, and may require the applicant to complete both the first and second TB skin tests prior to the applicant starting work).

   c. The frequency of TB skin testing is based on the institution’s TB Exposure Control Plan and/or the specific needs of the business unit. For those facilities that do not have an exposure control plan, then community epidemiological TB incidence rates should be used to gauge the frequency of TB skin testing (if testing is warranted). Those with prior positive TB skin tests should have symptoms of TB reviewed at the same frequency of those receiving the TB skin tests. Staff Members conversions should be reported to UPMC Claims and Infection Control.
2. **CBC (with Differential, Platelet and Reticulocyte Count) plus Chemistry Panel (to include LFT with BUN/Creatine):**

Baseline/Annual testing may be recommended for staff identified at risk for the following exposures:

a. Frequent handling/exposure to hazardous or antineoplastic drugs.

b. Ethylene Oxide (ETO).

c. Nuclear medicine or staff with radiation exposures that exceed exposure limits.

d. Waste anesthetic gases.

3. **MMR Titer:** Baseline testing for clinical staff (staff with potential patient contact). Applicants with documentation of immune status or history of the disease do not require titers.

4. **Varicella Titer:** Baseline testing for clinical staff (staff with potential patient contact). Applicants with documentation of immune status or history of the disease do not require titers.

5. **Hepatitis B Immunization/Titer (quantitative HBsAb):** All staff with the potential for blood or blood product exposure. Applicants with history of vaccination do not require titers. Vaccination must be offered and acceptance and/or declination of the vaccine must be documented in the staff member’s medical record within 10 days of their assignment to a location where an exposure may occur.

6. **Color Blindness Testing:** Baseline testing for identified staff requiring color proficiency in job responsibilities (i.e. laboratory staff).

7. **Qualitative / Quantitative Fit Test:** Baseline/Annual testing for identified staff required to wear tight fitting respiratory protection gear. A respiratory medical questionnaire must be completed for medical clearance to wear a respirator. Staff unable to be fit tested, or wear a respirator will be handled on a case-by-case basis and may be referred to Safety and/or Infection Control, depending on the facility, for the possible use of a PAPR (Powered Air Purifying Respirator) for respiratory protection purposes. PAPR’s do not require fit testing.

8. **Vision:** Snellen eye chart for determination of distance vision acuity as needed.

9. **Audiology Exams:** Baseline and annually for staff with exposure to noises that are greater than 85dB over an eight-hour time weighted average (TWA). These staff members should also be enrolled in a hearing conservation program per OSHA regulations.
10. **Pulmonary Function Testing (PFT):** Baseline and annually for all applicants/staff required to wear a respirator other than an N-95 dust mist respirator. (i.e., full face or half mask respirator, SCBA).

11. **RAST Testing:** Applicants/staff determined to be at risk for latex sensitivity should have radioallergosorbent (RAST) testing completed. The results of RAST testing will be used to determine the need for a dermatological referral. Staff members with latex sensitivity will be provided with latex free products, as necessary to perform their duties and reasonable efforts will be made by the Administration to minimize additional exposures. Documented latex allergies should be communicated to Human Resources and/or the department manager for possible accommodation.

    Failure to obtain necessary testing within designated timeframes may result in Corrective Action up to and including discharge.

**E. Guidelines for Annual/Post Exposure Screenings**

In accordance with appropriate regulations, and also to help safeguard the staff member population, certain staff members may be required to undergo annual/periodic evaluations and/or medical surveillance testing. Hazard identification is the responsibility of the Safety Department in conjunction/consultation with Infection Control, Employee Health, and the Administration for each UPMC entity. Medical testing for any surveillance programs should be coordinated through UPMC Employee Health Services. Attaining acceptable compliance rates associated with any surveillance programs should be the joint responsibility of the Administration and Human Resources.

The following are examples of some of the hazardous exposures that may warrant a medical surveillance program. (See Section III, D: Guidelines for Additional Baseline and/or Annual Periodic Testing, for specific testing requirements).

1) Frequent handling of chemotherapeutic medications.
2) Gluteraldehyde or Formaldehyde exposures that exceed OSHA Short Term Exposure Limits (STEL).
3) Tuberculosis (if identified as part of a business units exposure control plan)
4) Noise Exposures that exceed established OSHA levels.
5) Asbestos Exposure
6) Radiation Exposure
7) Mercury Exposure
8) Ethylene Oxide and/or certain chemicals used for sterilization of instruments or equipment.
Review of all results and any coordination of medical surveillance testing and/or evaluations will be the responsibility of Employee Health Services, or the designated Employee Health Department. Employee Health Services will assist in determining the potential health risk for the exposure, and/or whether work restrictions/accommodations are recommended.

F. Immunizations

Immunizations are given by Employee Health Services in accordance with the Centers for Disease Control (CDC) guidelines, and as required by various business units of the UPMC. All immunization requirements will be coordinated through UPMC Employee Health Services. The following list includes examples of some of the immunizations given through UPMC Employee Health Services.

1. Tetanus/Diphtheria/Pertusis (Tdap)
2. Hepatitis B Vaccine (three vaccinations given over a six month period).
3. Flu Vaccine (usually given annually each fall).
4. Measles/Mumps/Rubella Vaccine for susceptible staff.
5. Meningococcal Vaccine when indicated for microbiology / laboratory staff.
6. Varicella Vaccine for susceptible staff.
7. Hepatitis A Vaccine when indicated (i.e. overseas travel).

Other vaccinations may be offered on a case-by-case basis as recommended by federal agencies, and/or as needed/required by UPMC Business Units. Further information regarding specific vaccines and vaccination procedures is available through the various designated Employee Health Departments. These vaccinations may be given by UPMC Employee Health Services or by an outside entity.

G. Infectious Disease Exposures

In the event that staff members, are exposed to an infectious disease as defined by the (CDC), the necessary testing and/or follow up and treatment may be provided by Employee Health Services in accordance with federal regulations and CDC recommendations. The designated Infection Control Division will provide input, direction, and support on Infectious Disease related issues.

1. When an infectious disease exposure is suspected, staff should notify Infection Control and/or Employee Health Services. In the event that a staff member is exposed/contracts an infectious disease outside of the work environment, it is the staff member’s responsibility to notify the supervisor or department head, who should then notify Infection Control and/or Employee Health for consultation.
2. Infection Control will investigate the exposure and indicate to Employee Health Services which staff members, if necessary, require post-exposure testing, treatment, follow up, and/or return to work clearance.

3. Employee Health Services will facilitate staff members receiving appropriate treatment and follow up. Infection Control and/or Employee Health Services will also notify the department head of any additional requirements or accommodations needed for the exposed staff.

4. Clearance to return to work, after a staff member is diagnosed with an infectious disease, must be obtained from Employee Health Services, or in the case of an infection which occurs outside of work, from the staff member's PCP. In cases where clearance is provided by a PCP, review and approval by either Infection Control or Employee Health Services may be required.

5. Department heads should notify Infection Control or Employee Health if a staff member returns to work after an infectious disease exposure or treatment without an appropriate clearance.

6. For purposes of this section, exposure to, and/or diagnosis of any of the following below listed Infectious Disease examples must be reviewed and/or evaluated by Infection Control:

<table>
<thead>
<tr>
<th>Chickenpox / Shingles</th>
<th>Lice</th>
<th>Influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Conjunctivitis</td>
<td>Measles</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Vancomycin Resistant Enterococcus</td>
<td>Meningitis</td>
<td>Infectious Diarrhea</td>
</tr>
<tr>
<td>Group A Streptococcus</td>
<td>Mumps</td>
<td>Staph Aureus (i.e. MRSA)</td>
</tr>
<tr>
<td>Hepatitis A, B, or C</td>
<td>Rubella</td>
<td></td>
</tr>
<tr>
<td>Herpes Simplex</td>
<td>Pertussis</td>
<td></td>
</tr>
<tr>
<td>Clostridium Difficile</td>
<td>Scabies</td>
<td>Smallpox</td>
</tr>
</tbody>
</table>

H. Needlesticks or Bloodborne Pathogen Exposures (see also OSHA Bloodborne Pathogen-Exposure Control Plan Policy)

1. Immediately after the exposure, wash the area thoroughly with soap and water. If eyes are involved, irrigate with copious amounts of water. If mouth is involved, rinse mouth with plain water or an appropriate antiseptic mouthwash, if available.

2. The exposed staff member must notify his or her supervisor.

3. Exposures should be evaluated as soon as feasible post-exposure (recommend within 2-4 hours).
4. If the exposure occurs on an off-shift or over the weekend, the staff member should report to the nearest UPMC Emergency Department if other consultation is unavailable (additional support is available on off-hours and weekends through an answering service at (412) 784-7402). Staff members must notify UPMC Claims and complete the appropriate claim information (even if evaluated by employee health and/or the emergency department). UPMC incident reports can be filed via telephone by contacting 1-800-633-1197.

5. Exposed staff members should present with the source patient's name and the name of the source patient's attending physician if available.

6. The staff member must request evaluation of a significant exposure within 72 hours of the incident if the source patient is to be approached for testing.

7. Appropriate treatment and follow up post-exposure will be coordinated by Employee Health Services. Treatment and follow-up for staff of non-hospital-based entities, may be directed by Employee Health Services to a UPMC primary care physician or affiliate facility if necessary, to accommodate geographic considerations.

8. This reporting process should be followed by all who are covered by this policy.

I. Latex Allergies

It is the policy of the UPMC to adopt appropriate measures to protect staff members with latex allergies or sensitivity from additional exposure in the performance of their job responsibilities. Latex may cause, on some individuals, a skin irritation and/or a hypersensitivity reaction which may evidence as a local reaction such as a rash, hives, eczema or facial swelling and, rarely, a systemic reaction which may result in anaphylaxis. Circumstances in which staff members experience anaphylactic and/or severe reactions will be reviewed by a multidisciplinary panel to determine if a safe working environment can be provided for the staff member by the UPMC. Staff members developing reactions in the course of their employment should notify their manager and UPMC Employee Health Services of any untoward effects or symptoms. Staff Member’s reactions are to be reported to UPMC Claims (1-800-633-1197). Anaphylactic latex reactions must also be reported to the CDC.
J. Return to Work Issues

At the manager and/or supervisor’s discretion, staff members who are returning to work may need to obtain medical clearance through Employee Health Services. Clearance obtained through a staff member’s PCP, relating to job restrictions or infectious disease treatment, may be reviewed by Employee Health Services. In either case, Employee Health Services will determine the need for further evaluation and or consultation. For Infectious Disease Return to Work related issues see section III, G. Infectious Disease Exposures for further information. If there is any question regarding medical clearance, the department head should call Employee Health Services to determine if clearance is necessary.

Situations that may require the need for additional return to work consultation from Employee Health Services include but are not limited to, medical leave of absence or illness where there are questions regarding the staff members ability to safely perform the job functions.

K. Non Work Related Illnesses

Staff members who become ill at work (non-occupational illness) should notify their department head or supervisor. The staff member should be directed to contact his/her PCP for appropriate treatment and follow up. The supervisor should determine the staff member’s ability to remain on duty. Consultation may be requested by contacting the Employee Health Services Department. Except for Fitness for Duty evaluations, staff members choosing to be evaluated in the Emergency Department will be responsible for any charges or fees incurred that are not covered by his/her personal medical insurance.

L. Fitness for Duty

Fitness for Duty evaluations are coordinated through UPMC Employee Health Services. Fitness for Duty evaluations may involve a multidiscipline approach that includes consultation and evaluation by supervisory staff, Human Resources, EAP, and Employee Health Services. Fitness for Duty evaluations may involve substance abuse testing, medical evaluation, laboratory testing, and/or additional clinical consultation to determine a staff member’s ability to perform their job responsibilities. Staff members may also reference the fitness for duty policy.

M. Medical Records

All staff member medical records are maintained by UPMC Employee Health Services, or the designated employee health department, in accordance with legal and confidentiality requirements, and per applicable OSHA regulations. Medical records may be released per request of the staff member. Most requests will be completed within two weeks of the request. For former staff members whose
records are in storage, a longer period of time may be necessary to retrieve and copy records.

IV. POLICIES REFERENCED WITHIN THIS POLICY

- HS-HR0704 Corrective Action
- HS-IC0604 OSHA Bloodborne Pathogen-Exposure Control Plan
- HS-HR0721 Fitness for Duty

SIGNED: Gregory K. Peaslee  
Senior Vice President, UPMC and Chief Human Resources and Administrative Services Officer

ORIGINAL: March 1, 2000

APPROVALS:
- Executive Staff: September 9, 2013

PRECEDED: July 8, 2013

SPONSOR: Senior Vice President, UPMC and Chief Human Resources and Administrative Services Officer

* With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.

Attachment
## Appendix A:

### UPMC Employee Health Locations:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPMC Bedford Memorial</td>
<td>10455 Lincoln Highway Everett, PA 15537</td>
<td>(814) 623-3546</td>
</tr>
<tr>
<td>UPMC Horizon / Hermitage</td>
<td>1075 North Hermitage Road Hermitage, PA 16148</td>
<td>(724) 347-1004</td>
</tr>
<tr>
<td>UPMC Northwest</td>
<td>One Hundred Fairfield Drive Seneca, PA 16346</td>
<td>(814) 676-7703</td>
</tr>
<tr>
<td>Magee-Womens Hospital of UPMC</td>
<td>213 Gulf Building 327 Craft Ave Pittsburgh, PA 15213</td>
<td>(412) 641-4445</td>
</tr>
<tr>
<td>UPMC Presbyterian</td>
<td>500.59 Medical Arts Building 3708 Fifth Ave, Pittsburgh, PA 15213</td>
<td>(412) 647-3695</td>
</tr>
<tr>
<td>UPMC Shadyside</td>
<td>532 S. Aiken Ave. Suite 209 Pittsburgh, PA 15232</td>
<td>(412) 623-1920</td>
</tr>
<tr>
<td>UPMC Passavant</td>
<td>9100 Babcock Blvd Pittsburgh, PA 15237</td>
<td>(412) 367-6420</td>
</tr>
<tr>
<td>UPMC St. Margaret</td>
<td>200 Medical Arts Building, Suite 4020 200 Delafield Road Pittsburgh, PA 15215</td>
<td>(412) 784-5104</td>
</tr>
<tr>
<td>Children’s Hospital of Pittsburgh of UPMC</td>
<td>Floor 1 AOB, Suite 1206 Children’s Hospital Drive 45th and Penn Pittsburgh, PA 15201</td>
<td>(412) 692-8450</td>
</tr>
<tr>
<td>UPMC McKeesport</td>
<td>Annex Building, Second Floor 1500 Fifth Avenue McKeesport, PA 15132</td>
<td>(412) 664-2360</td>
</tr>
<tr>
<td>UPMC Mercy</td>
<td>1515 Locust Street, Suite 225 Pittsburgh, PA 15219</td>
<td>(412) 232-8107</td>
</tr>
<tr>
<td>UPMC MyHealth@Work Downtown</td>
<td>12th Floor US Steel Building 600 Grant Street Pittsburgh, PA 15219</td>
<td>(412) 454-8190</td>
</tr>
<tr>
<td>UPMC Hamot</td>
<td>3rd Floor, Professional Bldg. 201 State Street Erie, PA 16550</td>
<td>(814) 877-2767</td>
</tr>
<tr>
<td>UPMC East</td>
<td>1st Floor, Outpatient Testing Area 2775 Mosside Blvd Monroeville, PA 15146</td>
<td>(412) 357-3014</td>
</tr>
</tbody>
</table>