

### **Immunization and Health Screening Policy**

**Scope:** Residents and fellows participating in University of Washington (UW) graduate medical education (GME) training programs and Senior Fellows and Senior Fellow Trainees participating in non-accredited training programs who are credentialed under the Senior Fellow/Senior Fellow Trainee Credentialing Policy. Residents, Fellows, Senior Fellows and Senior Fellow Trainees are hereafter referred to as “Residents”.

**Policy:** As a UW Medicine health care worker, residents must comply with UW Medicine immunization and health screening requirements, including OSHA guidelines and Washington State laws regarding immunizations and health screening. Residents rotating at Seattle Children’s Hospital and the Seattle VA must further comply with any additional requirements of those sites. Residents must obtain and provide documentation of appropriate immunizations and health screening results (TB screening and documentation of immune status to specific infectious diseases) prior to starting a clinical assignment. They must maintain compliance with all applicable immunization and health screening requirements throughout their training program. Individual requirements may vary depending on training location.

**Responsibilities:** The University of Washington Medical Center (UWMC) and Harborview Medical Center (HMC) Employee Health Centers (UWMC-EHC) establish and monitor compliance with immunization and health screening requirements for all UW residents.

Program directors are responsible for assuring that all trainees assigned to clinical services meet immunization and health screening requirements. Compliance with immunization and health screening requirements of all UW Medicine residents is ultimately the responsibility of department chairs and medical directors.

**Requirements:** **Initial UW GME Appointment**  
The following documentation must be submitted by May 7 for residents starting at the beginning of the academic year. For residents starting later in the academic year, documentation must be submitted no later than one month before the appointment start date.

**Submitted via the GME residency management system onboarding portal:**

- A. Completed **Immunization Health History Form**
- B. Completed **Respirator Medical Evaluation Questionnaire**
- C. **Documentation of Immune Status:** Incoming residents must provide evidence of immune status to the relevant vaccine preventable diseases for review by UWMC or HMC EHC prior to commencement of training. The deadline for residents starting at the beginning of the academic year is May 7.

**Measles**

**Must meet one of the following requirements:**

- Documentation of 2 doses of live vaccine given after 12 months of age and at least one month apart. (May be given as MMR or measles vaccine)
- Positive Measles IgG serology

**Mumps**

**Must meet one of the following requirements:**

- Documentation of 2 doses of live vaccine given after 12 months of age and at least one month apart. (May be given as MMR or mumps vaccine)
- Positive Mumps IgG serology

- Rubella**  
**Must meet one of the following requirements:**
  - Documentation of 2 doses of live vaccine given after 12 months of age (may be given as MMR or rubella vaccine)
  - Positive rubella IgG serology
  
- Varicella**  
**Healthcare workers must meet one of the following requirements:**
  - Documentation of 2 doses of live vaccine given after 12 months of age and at least one month apart
  - EHC Healthcare provider confirmation of varicella disease
  - Positive varicella IgG serology
  
- Hepatitis B**  
**Must meet one of the following requirements:**
  - Documentation of 3 dose vaccine series and positive anti-HBs serology.
  - Positive anti-HBs serology ( $\geq 10$  IU)
  - Signed hepatitis B waiver for those who decline vaccine series
  - Residents who do not generate an anti-HBs titer of  $\geq 10$  IU after 2 HBV vaccine series will be considered non-immune
  - Residents who do not generate an anti-HBs titer but are positive for other HBV antigens will be tested for active infection.

Residents with active infection due to HIV, HCV or HBV will have their results referred by Employee Health to the UW Medicine Advisory Committee on Bloodborne Pathogens for review. The Committee will contact the Resident with recommendations; these can be shared with the Program Director or other individuals at the discretion of the Resident. The Committee's recommendations may range from no restrictions to limited scope of practice. If additional evaluation is needed, the Resident will be referred to a UW Medicine specialist for an expedited work-up. The Committees recommendations on limits of scope of practice will be made in writing to the Program Director.

- Tetanus/Diphtheria/Pertussis**
  - Tdap vaccine in past 10 years.
  
- Tuberculosis Screening**  
**Healthcare workers must meet one of the following requirements:**
  - Tuberculin Skin Test (TST) in past 12 months will meet requirement as the first step of the on-boarding two-step series. The second step TST will be performed within 30 days of start (may be completed during program orientation, UW Medicine Orientation, or at UWMC and HMC EHC), OR
  - IGRA assay within the last year will meet requirement until due date
  - Residents with a prior positive TST or IGRA must provide written documentation of TST and chest x-ray report completed within the prior 12 months. If no chest x-ray is available, one will be ordered through Employee Health.

**Completed in person prior to start date:**

- D. **N-95 Fit Testing or PAPR:** Incoming residents are required to complete N-95 fit testing prior to commencement of training. Residents may decline to be fit tested. Residents with beards cannot be fit-tested and cannot use an N-95 respirator. If fit testing for a resident fails, the resident cannot use an N-95 respirator. Any resident who cannot wear an N-95 must use a PAPR unit when indicated. Fit testing can be done during program orientation, UW Medicine Orientation, or at UWMC or HMC EHC. Other respirator devices (e.g., CAPR) may be used at other training sites.

### Annual Requirements

#### A. Annual Tuberculosis Screening

- Per Washington State law, all residents are required to undergo onboarding and annual screening for tuberculosis infection.

#### B. Annual Influenza Prevention Program (required by November 30)

- Provide documentation of annual vaccination to UWMC or HMC EHC (if completed outside UW Medicine). Email confirmation of influenza vaccination to Employee Health ([emhealth@uw.edu](mailto:emhealth@uw.edu)) from your UW email account stating the date and location of vaccination (if completed outside UW Medicine), OR
- Residents with a medical contraindication to influenza vaccination (CDC criteria: [https://www.cdc.gov/flu/professionals/vaccination/vaccine\\_safety.htm](https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm)) are required to have a provider complete a UW Medicine Medical Contraindication Form (<https://hmc.uwmedicine.org/BU/EmployeeFluPrevention/Pages/default.aspx>), OR
- Provide formal declination, after completion of [UW Medicine Influenza Prevention Program education module](#) and EHC interview

- #### C. Respiratory Protection:
- Residents and fellows who are involved in clinical activities must be in compliance with the UW Medicine Respiratory Protection Program and OSHA regulations. Compliance requires annual N-95 Fit testing or medical clearance to use a PAPR hood in place of N-95 mask. Those who are fit tested outside of UWMC and HMC must submit documentation of fit testing to UWMC or HMC EHC.

#### Compliance:

The EHCs will provide annual compliance reporting for the Respiratory Protection Program, Influenza vaccination program, and TB surveillance compliance to residency and fellowship programs. UW Medicine Employee Health Clinics will be provided access to the GME residency management system onboarding portal to access and review resident immunization documentation. The Employee Health clinics will check compliance and will notify residents directly of missing immunizations during April and May with the expectation that all records will be reviewed by May 21. After that date, compliance will be checked by EH staff weekly.

Residents who do not meet the initial immunization and health screening requirements by their scheduled start date will not be permitted in the clinical environment until all requirements have been met. Similarly, residents must continue to maintain compliance with annual immunization and health screening requirements throughout their training program. If it is determined that a resident does not meet these requirements at any point in time, it is the responsibility of the program director, with the support of the department chair and medical director, to remove the resident from clinical service until all immunization and health screening requirements have been met.

To help ensure the accuracy of UWMC and HMC EHC immunization and health screening records, residents are encouraged to complete a **Release of Information (ROI)** form to allow data sharing between UWMC and HMC EHC and Seattle Children's Hospital and Seattle Cancer Care Alliance. This form may be submitted with the required immunization documentation in the GME onboarding portal.

#### Contact:

<b>UWMC Employee Health</b> Phone: (206) 598-7971 Email: <a href="mailto:emhealth@uw.edu">emhealth@uw.edu</a> Location: UWMC, Room BB306	<b>HMC Employee Health</b> Phone: (206) 744-4886 Email: <a href="mailto:ehshmc@uw.edu">ehshmc@uw.edu</a> Location: East Clinic 1 Room 21
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