

# Is Your Occupational Medicine Group Doing What They Should?

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# Objectives

- Review key vaccines/immunizations
- Cite applicability of an audit
- Identify components of a letter of agreement
- Identify importance of cost/benefit analysis

# Definition

- “Occupational medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological and social environments of the workplace; and the health outcomes of environmental exposures”

# Questions to Consider

- Hours of operation: 24/7
- Education in counseling & post exposure care
- Wait time
- Letters of written opinion in 15 days
- Cost/benefit

# Occupational Medicine

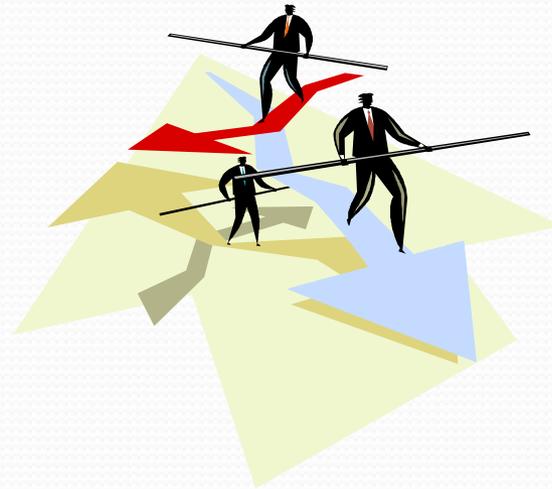
- Not trained in post exposure
- Not trained in post exposure counseling
- Contract for services/cost
- No 24/7 coverage
- May refer to ID physician

# Post-Exposure Standard of Care

- Testing begins with the source patient
- Employee does not need baseline testing unless source test positive
- Follow up 24-48 hours

# Cost/Benefit Analysis

- A common economic evaluation technique that measures all the positive (beneficial) and negative (costly) consequences of an intervention or program in monetary terms



# Cost / Benefit Analysis

## Current Approach

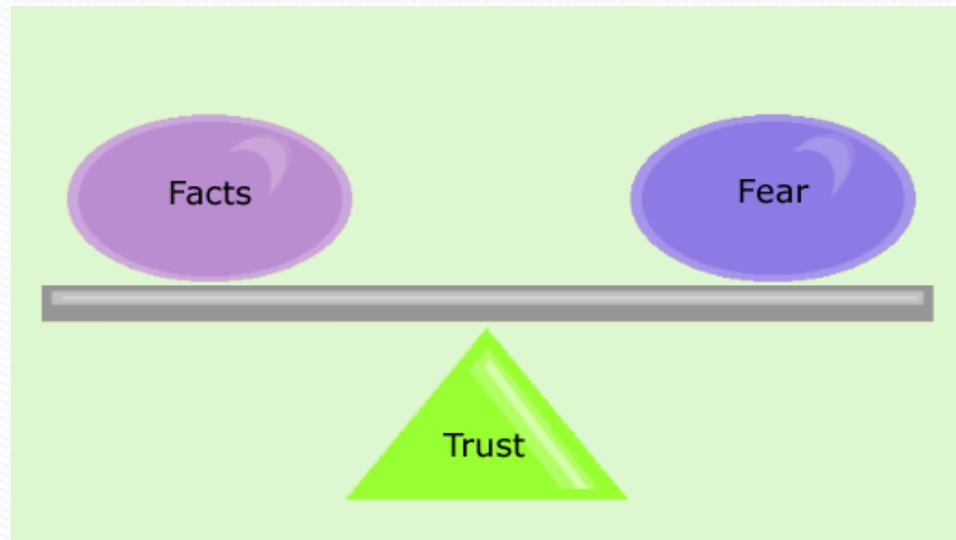
- Post Exposure
  - ED Fee - \$850.00
  - MD fee - \$850.00
  - Lab work Pt. - \$200.00+
  - Lab work Emp. - \$200.00+

> 300% mark up

# Evidence-Based Practice

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- Using science and research in development of protocols and purchasing



# Letter of Agreement

- Practice will agree to follow the CDC guidelines
  - Legal protection for the department

# Contract Issues

- State what the department needs
- Can they deliver and at what cost
- Will they track and trend for the department

# Needs

- Physicals
- Vaccine/immunization administration
- TB testing- according to CDC risk Assessment
- Post exposure medical follow up
  - Has a member of the practice had training in proper post exposure medical follow up and counseling

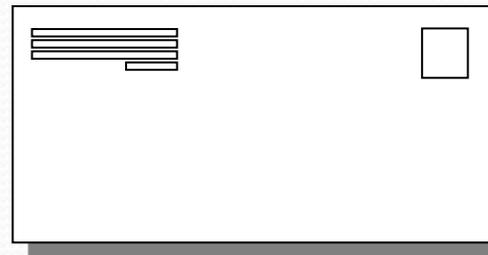
# Error

- Have the practice develop the contract
  - Non-compliant additions
  - Costly
- No final department review



# Letters of Written Opinion

- OSHA requirement
  - To be sent within 15 days of an exposure event
    - Fit for duty/not fit for duty



Are these being sent?

# Audit the Practice for Compliance

- Rationale:
- OSHA holds the “employer” responsible for insuring proper post exposure treatment and counseling
- Practice acts only as an “agent” for the department

# Audit

- Exposure Control Plan
- Cleaning routines
- State Laws
- Copies current CDC guidelines - vaccines
- Using needle safe devices
- Given notice to department of needs
- Collecting history data
- Reporting data to DICO
- HIPAA requirements in place
- Consent/declination forms

# HIPAA compliance

- Forms
- Staff confidentiality statement
- Breach notification statement



# Example - History

- Collecting data on childhood diseases and vaccine status
- If in need, offering vaccines
- Handling declination forms



Why is this important?

# Other Diseases

- Measles
  - Mumps
  - Pertussis  
(whooping cough)
  - Chickenpox
  - Rubella
- 55
  - 229
  - 48,277\*\*\*
  - 13,447
  - 9

# Hospital Requirements

- Risk managers will NOT permit student rotations if declination forms are signed



# Routine Immunizations

- HBV Vaccine
  - MMR
  - Tdap booster x1
  - Chickenpox Vaccine
  - Flu Vaccine
- TB testing

CDC, 1997, OSHA, 1999, 2005, 2011

# Obtain Your Records

From –

- Your schools
  - High school
  - College
- Training programs
- Previous employer



See sample form

# Declination Forms

- If you do not wish to give your medical information, you must sign a declination form



# Declination Forms

- Document that employer offered
- Does not remove employee protections

# Declination Forms

- Must be signed
  - NFPA 1581 - (4.5.2.5.1)
  - CDC
  - OSHA

# OSHA & CDC Guidelines

- “OSHA follows current ACIP recommendations for its immunization practices requirements”

CDC Guidelines for Immunization of Healthcare Workers

# Keeping up to Date

# Example

- In 2005 – CDC stated that all health care providers needed a Tdap booster
- Did your Occupational medicine group notify you or your department?

# Example

- In 2006 – CDC published the need for a chickenpox screening program for all healthcare workers
  
- Was your department notified?

# Chickenpox Vaccine

- Unable to document immunity
- Just vaccinate



# MMR Vaccine



- If received between 1963 – 1967
  - Revaccinate with 2 doses one month apart

# Measles Status Unknown

- No need to titer
- Just vaccinate



# Counseling Forms

- Live virus vaccines to women of childbearing age
- Liability reduction

# Titers

- Are you being told they are needed for these vaccines

# Shingles Vaccine

- CDC differs from the package insert
  - Now age 50 and up
  - Available even if person has had a shingles outbreak

# EMS & TB

- Listed under Nontraditional Facility-Based Settings
  - Page 25 & 126 –
  - NFPA 1581 – 4.5.2.1 – follow CDC risk Assessment

# Risk Assessment

- Occupational medicine should get data from the DICO or share with the DICO

# EMS Approach

- Number of TB patients “encountered”



Pg. 126

Personal Communication Dr. Paul Jensen, CDC, 1/25/06

# Testing – TB Low Risk

- On hire – 2 –step or BAMT once
- Post exposure

# Blood TB Test

- QuantiFERON (QFT-G) In-tube
  - Blood test for latent TB infection
  - No need to return for readings
  - Use for screening healthcare workers/military personnel/corrections staff

•CDC, December,2004,2005, Oct. 2007

# Another New TB Test

- T-spot TB
  - FDA approved
  - Blood test



# TB Solution

- National shortage
  - Have you been notified?
  - Blood test is recommended for testing
    - CDC
    - VA state health department notice 9/11/13

# TB Testing

- Staff trained with documentation?
- Percent of staff that do not return on time?
- Number of additional tests required per year & cost

# Cost/Benefit

## Skin test

- Must be read in 72 hours
- If not done= repeat
- Two step is twice the cost
- False positives

## Blood test

- One time draw
- Results in 2 days
- No need to return for reading
- More accurate

# Short Term Course of Treatment

- New 12 Does Regimen for latent TB infection ( positive test)
- Rifapentine and INH once a week for 12 weeks
  - No alcohol intake
  - Liver function tests every month

# Hepatitis B Vaccine Issues

# HBV Infection Rate- US

- Universal vaccination
  - 1983 - 1995 occupational infections decreased by 95%
- Healthcare worker infection infrequent

CDC, September, 2009, Nov.. 2011

# Hepatitis B Vaccine Series

- Interruption of the schedule does not require starting over with a new series or additional doses
  - CDC, 1992,2001,2006, 2011

# Hepatitis B Vaccine

There is NO formal requirement or recommendation for a booster

- Offers protection via “immunologic memory”

- CDC, 1992,1997,2001,2006,2011

# Titers

- No titers needed on hire
- No routine or periodic titer testing needed



# CDC Statement on Records

- HICPAC and CDC have recommended that secure, preferably computerized, systems should be used to manage vaccination records for HCP so records can be retrieved easily as needed
- Each record should reflect immunity status for indicated vaccine-preventable diseases, as well as vaccinations administered during employment

# NFPA 1581

- Section 4.5.1 – Database
  - Exposures
  - Vaccine Status

# New Vaccines/ Options

# Vaccine for 2013/14

- A- California/H1N1
- A- H3N1
- B - Victoria



CDC, March. 28, 2013

# Quadrivalent Flu Mist or Injection



4

- 2 B Strains
- A/ H<sub>1</sub>N<sub>1</sub>
- A/H<sub>3</sub>N<sub>2</sub>
- B/Yamagata
- B/Victoria

# FluMist – Nasal Spray

- For healthy persons ages
  - 2 – 49\*
  - Does not need to be stored frozen
  - Do not take if pregnant – live virus vaccine
  - No thimersol
  - Is egg based
  - Cost reduced
  - No work restriction

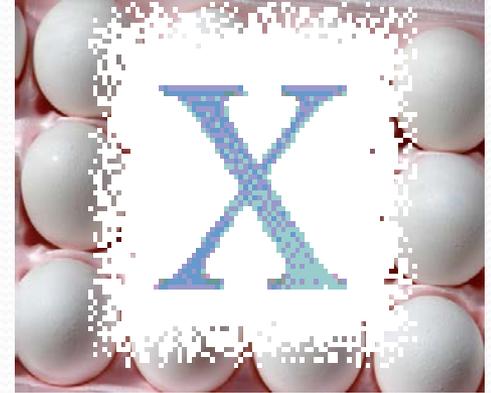


# Over 65 - Vaccine

- Fluzone High dose
  - 4 times the amount of antigen

# Vaccine –

- New
  - Flucelvax
    - No thimerosal or antibiotics
    - Not egg based



# New Flu Vaccine

- Flublok
  - No virus
  - No eggs used in production
  - No antibiotics/ no mercury
  - DNA technology
  - 3x higher protection
    - Ages 18-49



# DNA Vaccines

- Direct injection of genetic material into a living host causes a small amount of its cells to produce the introduced gene products
- Results in the specific immune activation of the host against the gene delivered antigen

Was your Department  
Notified of Options?

Do you get a report on your participation rate?

# Hospital Requirements

- Declination Form for flu vaccine = no entry or wear a mask
- Facilities are requiring lists of names who signed declination forms

# Masks & Influenza

- Surgical mask and droplet precautions even if H<sub>1</sub>N<sub>1</sub>
- CDC reverted to this in 2010
- N95s for hospital use for aerosol-generating procedures



Personal communication, Dr. Uyeki, CDC July 19, 2011

# Healthcare Worker Duty

- To protect patients from infection
- To protect yourself
- To protect co-workers



# Post Exposure Issues

# Post Exposure Testing

- All testing starts with the source patient
- Virginia has “deemed” consent law
- Rapid testing is required – HIV and HCV

CDC, OSHA

# Reminder - Testing Issues - Post Exposure

- If source patient is negative with rapid testing = no further testing of health-care worker
- Use of rapid testing will prevent staff from being placed on toxic drugs for even a short period of time

CDC2001, 2005, 2013, OSHA

# ED Physicians & PEP

- Are to contact the PEPline –
  - 888 – 448 – 4911

CDC, 2001, 2005, 2013

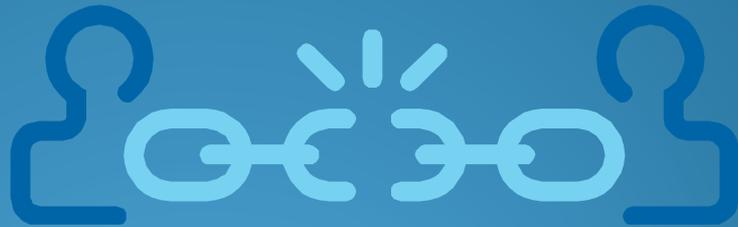
**Occupational Medicine also  
should call the PEPLine**

**The future will bring  
changes**

# Community Para -medicine

- Vaccine/immunization may be required
- Duty to care –more patient focused

# Let's deal with the disconnect!



# Questions & Answers

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