POLICY ON MEDICAL CLEARANCE

Policy Statement

District of Columbia law states that each individual who is involved in direct patient care must have a medical clearance no more than three (3) months prior to the starting date of clinical care, and then annually thereafter. The medical clearance should include a history, physical examination, and clearance of infectious risk. Clearance forms can be filled out by any licensed physician.

It is the responsibility of each Resident to ensure that this medical clearance is completed within the requisite timeframe. All new Residents are required to obtain medical clearance prior to coming to GWU as a resident. Medical clearance for new Residents will not be accepted if it is older than three (3) months prior to the start of the residency. New Residents who do not have their health clearance completed will not be permitted to begin their training program. All returning Residents are required to renew medical clearance annually. All returning Residents must complete the requisite annual medical clearance by August 31 of the academic year or they will be suspended from clinical duties until medical clearance is obtained.

Who Needs to Know This Policy

All Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs sponsored by the GW School of Medicine and Health Sciences (SMHS)

Policy Contact

Associate Dean for Graduate Medical Education, DIO

Who Approved This Policy

Graduate Medical Education Committee (GMEC)

History/Revision Dates

Created: August 28, 1995
REVIEWED AND REVISED BY GMEC: April 16, 2001
REVISED AND APPROVED BY GMEC: March 17, 2003
REVISED AND APPROVED BY GMEC: December 19, 2011
REVISED AND APPROVED BY GMEC: March 21, 2016
Purpose

To ensure compliance with District of Columbia Law and the Rules and Regulations of The George Washington University Hospital regarding health clearance policies for employees involved in direct patient care.

Requirements

**PPD/Chest X-ray Requirement**

Tuberculosis is of particular concern here in the District of Columbia. Our goal is to be sure that our providers and patients are protected from and appropriately treated for this highly communicable disease. A CXR report will be accepted only with a previous history of a positive PPD. OSHA requires that the skin test performed on new residents must include a two-step test unless the resident has a documented negative test within the last 12 months. If the resident does have written documentation of a negative PPD within the past twelve months, s/he will need to undergo an additional PPD test during orientation. If the resident is unable to show written documentation of a negative PPD test from the past 12 months, s/he will have two PPD tests performed between 1-3 weeks apart. This prevents us from interpreting an old prior infection as a recent conversion when you are tested annually.

- **PPD # 1**: Must be within one year of your GWU hire date
- **PPD # 2**: Must be within three months of your GWU hire date

**Immunizations**

In 1988, GWUMC developed regulations to further reduce the possible spread of communicable diseases such as measles (rubeola), mumps, and German measles (rubella) within its community. Immunization records or proof of immunity by a blood test are required of each resident.

**Mumps**: Proof of immunization (the last immunization given in 1980 or later) or proof of immunity by blood test is required.

**Measles (Rubeola)**: Proof of immunization or proof of immunity by a blood test is required. Measles vaccine should have been given on or after the first birthday and a second one given in 1980 or later. Measles vaccine should be repeated if this is not the case.

**German Measles (Rubella)**: Proof of immunization or proof of immunity by a blood test is required. Two immunizations should have been given since birth. The last immunization should have been given in 1980 or later. Rubella vaccine should be repeated if this is not the case.

**Chicken Pox (Varicella Zoster)**: Proof of two varicella vaccines or immunity by blood test. If the titer is negative, the resident will receive the vaccine (a series of two injections) unless contra indicated. If a resident is exposed to the virus and has not received the vaccine, he/she will be excluded from duty from the 10th day of exposure to the 21st day and this time off will be charged against sick/annual leave.
**Pertussis (Tdap):** Proof of immunization with Tdap vaccine. Tdap vaccine is recommended for health-care personnel in hospitals or ambulatory care settings who have direct patient contact. An interval as short as 2 years from the last Td vaccination is recommended, but shorter time intervals may be used.

Residents must provide proof of immunity or be immunized. Immunization requirements will be waived on receipt of written certification from a physician or public health authority that they are medically contraindicated. A requirement of blood tests will be substituted.

**Medical Clearance in Subsequent Years**

D.C. Law requires each resident to complete an annual medical clearance. *Returning residents must complete the annual medical clearance by August 31 of the academic year or they will be suspended from clinical duties until medical clearance is obtained and recorded to the satisfaction of The University Hospital.*