

**UNIVERSITY OF CALIFORNIA SAN FRANCISCO  
OFFICE OF ENVIRONMENT, HEALTH & SAFETY,  
PUBLIC HEALTH OFFICE  
EMERGENCY RESPONSE TEAM (ERT)  
POLICY ON MEDICAL SURVEILLANCE**

**Policy**

Emergency Response Team (ERT) members are required to respond to biological, chemical or radiological spills or contamination at all UCSF campus locations. This policy outlines the mandatory medical surveillance programs that are required for all ERT staff working in these environments.

**Scope**

The University of California, San Francisco requires that all ERT members, including contractors\*, participate in the outlined training and surveillance requirements.

**Required Procedures**

It is the responsibility of the manager/supervisor to ensure that all staff with ERT assignments is informed of the surveillance requirements, and that these requirements are fulfilled prior to beginning work, and annually thereafter, if required.

**A. Medical Health Screening (MHS) Questionnaire**

All members of the ERT may have exposure to laboratory animals during their work and thus are required to complete this questionnaire annually. An Animal Exposure Work Clearance will be submitted to the individual and the individual's supervisor electronically.

**1. Old World Primate (OWP) Exposure:**

Based on the risk assessment designated by the MHS Questionnaire, all staff with exposure to primates are required to comply with the *Old World Primate (OWP) Worker Policy on Surveillance* and *Herpes B Training Policy* annually. The policies are available on the UCSF EH&S website.

**2. Sheep Exposure:**

Based on the risk assessment designated by the MHS Questionnaire, all staff with exposure to sheep and/or sheep tissue is required to comply with the *Institutional Animal Care and Use Committee Sheep Worker Policy on Surveillance and Training*, annually. The policy is available on the UCSF EH&S website.

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\* *Services to contract staff will be consistent with contractual requirements and established UCSF requirements. The vendor is responsible to ensure compliance with baseline and annual surveillance and baseline communicable disease immunity. In the event that Occupational Health Services (OHS) provides tuberculosis surveillance or required vaccinations to agency staff the vendor will be invoiced.*

## **B. Medical Surveillance Requirements (Annual)**

1. **Physical Exam** – ERT members must participate in an annual physical exam administered by Occupational Health Services (OHS). The annual exam is to include:
  - a. **Spirometry** – ERT members may be required to wear self contained breathing apparatus (SCBAs) during the course of their work. Per CalOSHA Code of Regulations Title 8, section 5192, all individuals who wear SCBAs must receive annual pulmonary function testing (spirometry).
  - b. **Fit Testing** – Following completion of the annual physical with spirometry and TB skin testing (see below), ERT members will receive a clearance from OHS. Once members are cleared, they must schedule a fit test appointment. Appointments may be scheduled with the EH&S Front Desk at 415-476-1300. Employees may not participate on the ERT until the fit testing requirement is satisfied.
2. **Tuberculosis Screening** – Tuberculosis screening must be completed on an annual basis. This requirement may be fulfilled during the annual physical or at any time at the Occupational Health Drop-in Clinic. Screenings are required for clearance to wear a respirator and to complete work in patient care or clinical areas.
3. **Seasonal Flu Vaccine** – All ERT members must receive the annual influenza vaccination or sign a declination statement for the services provided in UCSF Medical Center patient care or clinical areas, per UCSF Occupational Health “Influenza Vaccination for Employees and Staff” policy. Those that decline the vaccine are required to wear a mask at all times while in patient care or clinical areas.

## **C. Medical Surveillance Requirements (One-time)**

In addition to the annual tuberculosis screening and seasonal flu vaccine, all staff must demonstrate immunity to the following for work completed in patient care or clinical areas:

1. **Hepatitis B** – Per CalOSHA’s Bloodborne Pathogen Standard (CCR: Title 8, Section 5193) all individuals with potential occupational exposure to bloodborne pathogens must be offered the hepatitis B immunization. Individuals who decline the vaccine must sign a written declination form.
2. **Measles, Mumps, and Rubella (MMR)** – – Individuals must also provide one-time proof of measles immunity. Individuals may:
  - a. Visit the Occupational Health Services Clinic to be vaccinated OR
  - b. Have a blood sample drawn to measure antibody titer levels OR
  - c. Provide documentation of two (2) monovalent measles vaccines OR two (2) MMR vaccines
3. **Tetanus, Diphtheria, Pertussis (Tdap)** – Tdap vaccine is optional and can be obtained any time at the Occupational Health Drop-in Clinic. It is encouraged for individuals whose last Tdap or Td immunization was 10 years or more to receive a booster shot.

### **Documentation**

All documentation should be sent via email, fax or mail to the UCSF Public Health Office.

Email: [PublicHealthOffice@ucsf.edu](mailto:PublicHealthOffice@ucsf.edu)

Fax: (415) 476-0581

Mail: Box 0942

### **References**

For further information regarding any of the above requirements please see the:

- CalOSHA Code of Regulations, Title 8, Section 5192  
<http://www.dir.ca.gov/title8/5192.html>
- Hospital Epidemiology and Infection Control: Worker Screening & Immunization for Vaccine-Preventable Diseases, Policy 3.1  
<http://infectioncontrol.ucsfmedicalcenter.org/sites/infectioncontrol.ucsfmedicalcenter.org/files/Sec%203.1%20HCW%20Screening.pdf>
- UCSF Communicable Disease Vaccination and Surveillance Policy  
[http://occupationalhealthprogram.ucsf.edu/Forms/UCSF\\_Communicable\\_Disease\\_Surveillance\\_Vaccination\\_Policy\\_FINAL.pdf](http://occupationalhealthprogram.ucsf.edu/Forms/UCSF_Communicable_Disease_Surveillance_Vaccination_Policy_FINAL.pdf)
- UCSF Occupational Health Services Hepatitis B Vaccine Vaccination or Declination Confirmation Form  
[http://occupationalhealthprogram.ucsf.edu/Forms/Hepatitis\\_B\\_Consent\\_Declination\\_Form.pdf](http://occupationalhealthprogram.ucsf.edu/Forms/Hepatitis_B_Consent_Declination_Form.pdf)

### **For Additional Information**

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