

Central Resident Safety Guidelines and Policies

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University of Toronto
Faculty of Medicine, Postgraduate Medical Education

**Postgraduate Trainee Health and Safety Guidelines
December 2017**

Revisions approved by
PGMEAC: October 2017
HUEC: November 2017

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1. PURPOSE OF THIS GUIDELINE

- 1) To promote a safe and healthy environment that minimizes the risk of injury at all University of Toronto and affiliated teaching sites.
- 2) To confirm the University of Toronto Faculty of Medicine's commitment to the health, safety, and protection of its postgraduate trainees.
- 3) To provide a procedure to report hazardous or unsafe training conditions and a mechanism to take corrective action
- 4) To identify and clarify the roles and responsibilities of the University and Training Sites
- 5) This centralized guideline regarding resident safety is intended for program-specific additions and/or variations as appropriate.

2. BACKGROUND

Indicator 4.1.3.2 of the General Standards of Accreditation for Institutions with Residency Programs states

There is an (are) effective centralized policy(ies) addressing residents' physical, psychological, and professional safety, including but not limited to:

- i. travel,
- ii. patient encounters (including house calls),
- iii. after-hours consultation,
- iv. patient transfers (e.g., Medevac),
- v. complaint management, and
- vi. fatigue risk management.

Under the PARO-CAHO collective agreement between the Professional Association of Residents of Ontario (PARO) and the Council of Academic Hospitals of Ontario (CAHO),

residents have dual status of being both postgraduate medical trainees registered in University programs and physicians employed by the hospitals. As trainees, they are entitled to secure and private call rooms and secure access between call room facilities and service areas. Residents have access to and coverage for Occupational Health services (including TB tests, immunizations and follow-up, and post-exposure prophylaxis and management), on the same terms as applicable to other hospital employee groups.

- Accreditation Canada standards indicate that member hospitals must have an operational safety and security program for staff and patients.
- The Ontario Occupational Health and Safety Act, 1990, (OHSA) outlines minimum standards for health and safety and establishes procedures for dealing with workplace hazards and protection against risks of workplace violence.
- The University of Toronto Health and Safety Policy (Governing Council January 23, 2017) states that the University is committed to the promotion of the health, safety and wellbeing of all members of the University community, to the provision of a safe and healthy work and study environment, and to the prevention of occupational injuries and illnesses.

The review of this safety guideline is informed by data relating to adverse events involving residents and individuals in resident teaching.

3. SCOPE

The University, hospitals, and affiliated teaching sites are accountable for the personal, environmental, and occupational health and safety of their employees and have the right to make implementation decisions within their respective policies and resource allocations. Postgraduate trainees must adhere to the relevant health and safety policies and procedures of their training site. All teaching sites must adhere to the requirements of the PARO-CAHO collective agreement, unless specifically exempted in the agreement.

These guidelines cover all postgraduate trainees, including residents and fellows, and encompass:

- **Personal Health and Safety** including:
 - risk of violence or harm from patients or staff;
 - access to secure lockers and facilities including call rooms;
 - safe travel:
 - between call facilities and service location, and
 - to private vehicle or public transportation between workplace and home;
 - while working in isolated or remote situations including visiting patients in their homes or after hours; and
 - safeguarding of personal information.
- **Workplace and Environmental Health and Safety** including:
 - hazardous materials as named in the Occupational Health and Safety Act; and
 - radiation safety, chemical spills, indoor air quality.

- **Occupational Health and Safety** including:
 - blood borne pathogens;
 - immunization policies; and
 - respiratory protection.

4. PERSONAL HEALTH AND SAFETY

The University of Toronto Faculty of Medicine strives for a safe and secure environment for postgraduate trainees in all training venues.

- 1) All teaching sites, hospitals, and long-term care institutions are responsible for ensuring the safety and security of trainees in their facilities in compliance with their existing employee safety and security policies and procedures as well as the requirements outlined in the PARO-CAHO collective agreement. The PGME Office will work with the Medical Education and Occupational Health Offices at these affiliated training sites to ensure adherence to these requirements.
- 2) Locations without a formal health and safety policy or joint committee will be guided by the standards outlined in the Occupational Health and Safety Act.
- 3) Safety and security issues related to Intimidation and Harassment are outlined in the [PGME Guidelines for the Reporting of Intimidation, Harassment and other kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education.](#)

Responsibility of the Program and or Training Site:

- Indicator 5.1.2.2 of the General Standards of Accreditation for Residency Programs states
- There is an (are) effective resident safety policy(ies), aligned with the centralized policy(ies) and modified, as appropriate, to reflect discipline-specific physical, psychological, and professional resident safety concerns. The policy(ies) include(s), but is (are) not limited to:
 - i. travel,
 - ii. patient encounters (including house calls),
 - iii. after-hours consultation,
 - iv. patient transfers (e.g., Medevac),
 - v. complaint management, and
 - vi. fatigue risk management.
- The central PGME Office will provide programs with best practices for orienting learners to individual safety risks. Programs must ensure trainees are adequately oriented to policies prior to initiating clinical services.
- Programs and trainees share a responsibility to identify safety risks specific to each location and to the extent possible, will work together to assess safety risks specific to each rotation.
- Where safety risks exists or are uncertain, programs **may not expect** postgraduate trainees to see a patient in hospital, clinic or at home, during regular or after hours, without the presence of a supervisor or security personnel.

- Training sites must endeavour to safeguard trainees' personal information, other than identifying them by name when communicating with patients, staff and families.
- Patient transfers (e.g. Medivac) must take place with appropriate safety and security measures in accordance with departmental guidelines.
- Trainees must be **made** aware of alternate options when exposing oneself to workplace risks or during travel to and from the workplace (i.e. driving a personal vehicle when fatigued).

Responsibility of the Trainee:

- Trainees must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.
- Trainees and programs share a responsibility to identify safety risks specific to each location and to the extent possible, will work together to assess safety risks specific to each rotation.
- Trainees must exercise judgment and be aware of alternate options when exposing oneself to workplace risks or during travel to and from the workplace (i.e. driving a personal vehicle when fatigued).
- Trainees must use caution when offering personal information to patients, families or staff.
- Trainees are expected to call patients from a hospital or clinic telephone line. The use of personal mobile phones for such calls is discouraged; if used, the call blocking feature should be engaged.
- Trainees must promptly report any health and safety concerns (e.g., risk of needlestick injuries, fatigue, etc.) to their supervisor.

Reporting Protocol for Breaches of Personal Safety:

- Trainees who feel their personal safety or security is threatened should remove themselves immediately from the situation in a professional manner and seek urgent assistance from their immediate supervisor or from the institution's security services.

Trainees cannot be negatively impacted for refusing to engage in clinical or educational experiences if they truly feel at risk in doing so and have communicated this to their Program Directors and respective site supervisors. It is recognized however that there are times (for example, in outbreaks of infectious disease such as SARS), when a residual risk will remain after all known precautions are taken. Professional responsibility to patients may require engaging in care despite these risks See [University of Toronto Health Sciences Faculties Guidelines for Clinical Sites](#)

- Trainees in hospital/institutional settings identifying a personal safety or security breach must report it to their immediate supervisor at the training site as well as to the program director to allow a resolution of the issue at a local level, and to comply with the site reporting requirements, such as completion of an [Incident Report Form](#).
- Trainees in community-based practices or other non-institutional settings should discuss issues or concerns with the staff physician or community-based coordinator, or bring any safety concerns to the attention of their Program Director.
- Trainees may also report their concerns to the Director, Resident Wellness at the PGME Office. Consent to do will be obtained from the trainee. . Pending investigation and resolution of identified concerns:
 - The Program Director and/or Director of Resident Wellness have the authority to **remove trainees** from clinical placements if a risk is seen to be unacceptable.
 - If a decision is taken to remove a trainee, this must be communicated by the Program Director promptly to:
 - the Chair;
 - the Vice President, Education/Hospital Medical Education Lead or designate at the training site;
 - the Residency Program Committee; and
 - the Vice Dean, PGME.
- If the safety issue raised is not resolved at the local level, it must be reported to the appropriate decanal lead responsible for the educational program who will investigate and may re-direct the issue to the relevant hospital medical education office or University office for resolution. The trainee/faculty member bringing the incident forward will receive a response within 10 days outlining how the complaint was handled or if it will require further review.
- The appropriate decanal lead responsible for the educational program will bring the issue to the hospital office responsible for safety and security, and may involve the University Community Safety Office, Faculty of Medicine Health and Safety Office for resolution or further consultation. The Director, Resident Wellness will report on safety concerns semi-annually through the Associate Dean, PGME to the Postgraduate Medical Education Advisory Committee (PGMEAC) and the Hospital University Education Committee (HUEC) through the Vice-Dean, Post MD Education.
- Urgent trainee safety issues will be brought to the attention of the Vice-Dean, Post MD Education, Associate Dean, PGME, as well as to the relevant hospital VP Education/Hospital Medical Education Lead or as appropriate.
- The Director, Resident Wellness may at any time investigate and act upon health and safety systems issues that come to her/his attention by any means, including internal reviews, trainee/faculty/staff reporting, or police/security intervention.

- Trainees in breach of the occupational health policies of their training site are subject to the procedures by that site consistent with the requirements of the Occupational Health and Safety Act. If attempts to resolve the situation by internal protocols are not successful, it may be brought to the attention of the training site Medical Education Lead.

5. WORKPLACE AND ENVIRONMENTAL HEALTH AND SAFETY and OCCUPATIONAL HEALTH AND SAFETY

In the course of their training, postgraduate trainees may be exposed to hazardous agents and communicable pathogens. Trainees, the University and teaching sites including hospitals, laboratories and community clinical settings are jointly responsible for supporting a culture promoting health and safety and preventing injury and incidents. Accidents, incidents and environmental exposures occurring during training will be reported and administered according to the reporting policies and procedures of the University, hospital or clinical teaching location.

Responsibilities of the Program, PGME Office and Training Site:

- Programs and training sites must ensure trainees are appropriately oriented to current best practices for workplace safety guidelines.
- Programs must have guidelines to address exposures specific to each training site (e.g., radiation safety, hazardous materials, infection control), communicate these to trainees at site-specific orientation sessions, and assess trainees for appropriate understanding prior to involvement in these activities.
- Programs must ensure trainees are capable of assessing site and situation specific safety risks.
- The Postgraduate Medical Education Office will ensure trainees have all required immunizations (as per the Council of Ontario Faculties of Medicine Immunization Policy) prior to initiating clinical duties. This information will be available to appropriate individuals at the training sites as required via the Postgraduate Web Evaluation and Registration (POWER) system. Trainees not meeting the immunization requirements of the faculty are not permitted to complete their registration with the PGME Office and will not be registered at the hospital.
- The PGME Office will ensure all concerns relating to communicable diseases, including blood borne pathogens, will be reviewed by the Expert Panel on Infection Control and dealt with on a case-by-case basis prior to finalizing a trainee's registration. Disclosure of communicable disease status of the trainee will be limited to those required to know in order to provide the necessary procedures to address the health and safety concerns of the trainee and others.

Responsibilities of the Trainee:

- Trainees must participate in required safety sessions as determined by their Program or training site.
- Trainees must follow all of the occupational health and safety policies and procedures of the training site including, but not limited to, the appropriate use of personal protective equipment.
- Trainees must agree to report unsafe training conditions as per the protocol outlined below.

Reporting Protocol for Workplace Accident/Injury or Incident (See appendix 2):

- A) During **daytime hours** while working at an affiliated hospital or site associated with an affiliated hospital:
- 1) The trainee must go immediately to the Employee/Occupational Health Office of the institution.
 - 2) The trainee must complete the incident report form as required by the institution's protocol.
 - 3) The trainee must report the incident to his/her immediate supervisor.
 - 4) The trainee is encouraged to submit a copy of the report form to their Program office which will then forward a copy to the PGME Office.
- B) During **evenings or weekends** or at a training site with no Occupational Health Office:
- 1) The trainee must go immediately to the nearest emergency room and identify him/herself as a trainee of the University of Toronto and request to be seen on an urgent basis.
 - 2) The trainee must report to the available supervisor, comply with the institution's protocol for completion of appropriate incident report forms, and keep a copy of this form to be forwarded to their Program office.
 - 3) Incident reports for fellows reported to the PGME office, are sent back to the fellowship program

APPENDIX 1:

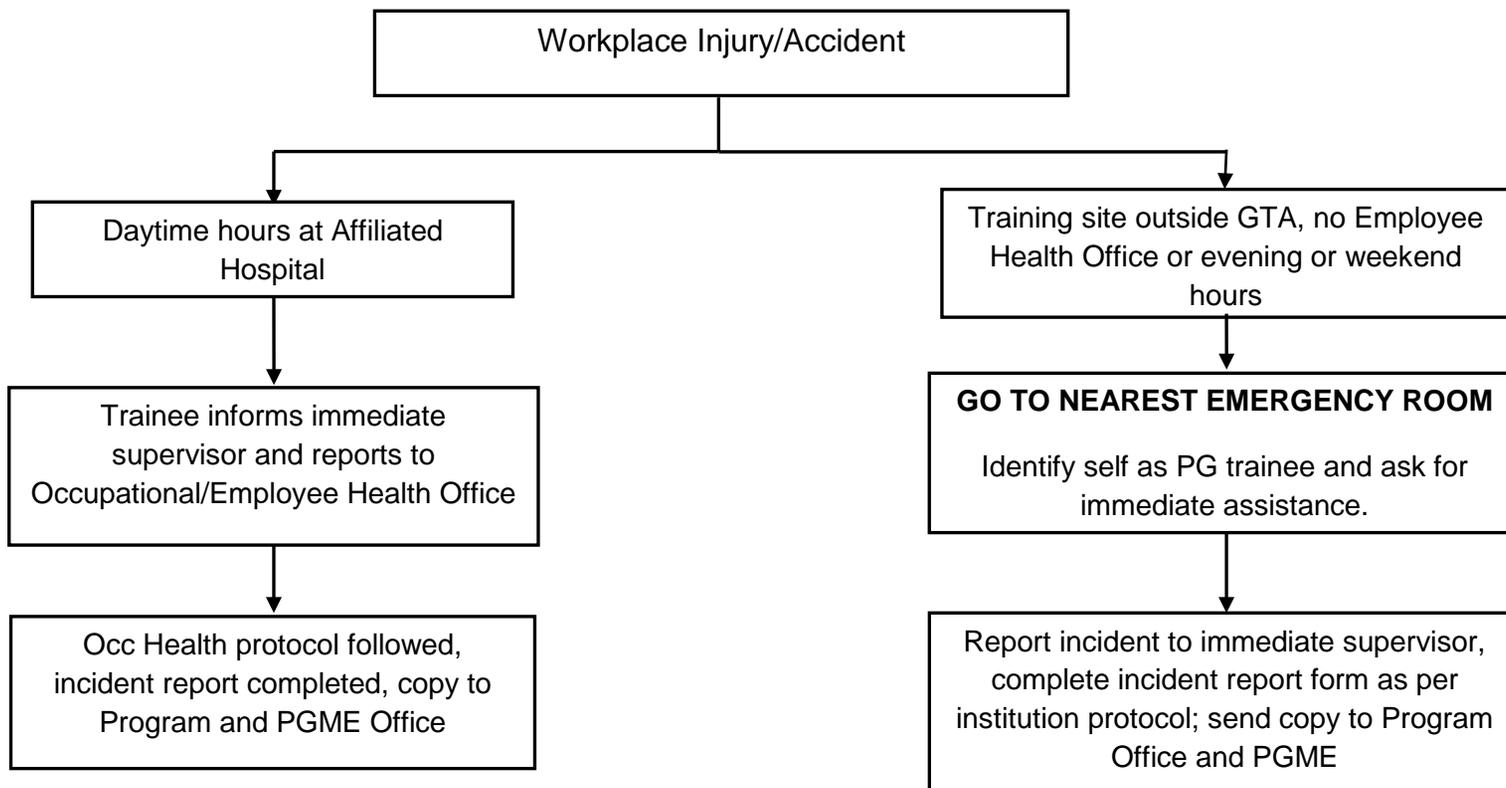
Related Documents:

- 1) A Guide to the Occupational Health and Safety Act, May 2011
<https://www.ontario.ca/document/guide-occupational-health-and-safety-act>
- 2) PARO-CAHO agreement: <http://www.myparo.ca/your-contract/>
- 3) University of Toronto, Health and Safety Policy (Governing Council, January 2017)
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar292004.pdf>
- 4) Blood and Body Fluid Exposure Policy for University of Toronto Postgraduate Medical Trainees:
<http://pg.postmd.utoronto.ca/wpcontent/uploads/2016/06/BloodBodyFluidExposurePolicyNov2012.pdf>
- 5) COFM Immunization Policy
<http://pg.postmd.utoronto.ca/wp-content/uploads/2016/06/COFMImmunizationPolicy.pdf>
- 6) PGME Intimidation and Harassment Guidelines
http://pg.postmd.utoronto.ca/wp-content/uploads/2016/08/PGMEGuidelinesAddressIntimHarassUnprofessBehaviour_PGMEACHUEC_Mar2016.pdf
- 7) University of Toronto Health Sciences Faculties Guidelines for Clinical Sites re: Student Clinical Placement in an Emergency Situation: Postgraduate Medical Education.
<http://medicine.utoronto.ca/sites/default/files/Revised%20HSCEP%20Guideline%20for%20Clinical%20Sites.pdf>

Resources:

- 1) Occupational/Employee Health Offices at all University affiliated teaching hospitals
- 2) PGME Office:
 - a. Office of Resident Wellness; or
 - b. Immunization Officer

Appendix 2: Protocol for Workplace Exposure/Injury



COFM Immunization Policy 2016

Council of Ontario Faculties of Medicine

June 2016

COUNCIL OF
**ONTARIO FACULTIES
OF MEDICINE**

An affiliate of the Council of Ontario Universities

COFM Immunization Policy – 2016

This policy applies to all medical learners (undergraduate medical students and postgraduate residents and fellows) attending an Ontario medical school and performing clinical activities in Ontario. Undergraduate medical learners who do not comply with the immunization policy may be excluded from clinical activities. Residents who do not comply with the immunization policy may be delayed in starting residency. Ontario medical learners doing international clinical placements will require an additional assessment. A travel medicine consultation should take place at least eight weeks before their placement. Additional immunizations may be necessary depending on the location of their placement.

This policy is an evidence-based consensus document developed by an expert working group on behalf of the six Ontario medical schools and faculties. The policy closely complies with the current Ontario Hospital Association immunization recommendations; however, immunization requirements of individual hospitals or clinical institutions may vary. The policy allows some flexibility to enable health care practitioners to select among certain options according to their professional judgment. All Ontario medical schools agree that regardless of option chosen in a particular clinical situation, learners of any Ontario medical school will have their immunization status accepted as long as this policy was followed.

The following investigations must be completed before entering a clinical placement. In the case of the hepatitis B immunizations, the series must be started before the learner enters a clinical placement and completed by the end of the first academic year. The medical learner may incur costs associated with some immunizations.

Tuberculosis:

- a) Medical learners whose tuberculin skin test (TST) status is unknown, and those previously identified as tuberculin negative, require a baseline two-step TST with PPD/5TU, unless they have:
- documented results of a prior two-step test, or
 - documentation of a negative TST within the last 12 months

in which case a single-step test may be given¹. If a learner has a previously documented positive tuberculin skin test, the learner should not receive another tuberculin skin test, see (d).

- b) Medical learners who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed as in (a) above. A history of BCG vaccine is **not** a contraindication to tuberculin testing.

NOTE: Interferon Gamma Release Assays (IGRAs) are only recommended for patients with a prior history of BCG and rarely in patients unable to return in 72 hours for TST reading. In these situations IGRAs may be used instead of TST; they should never be used in conjunction with TST. Patients with a positive IGRA should be followed up as per the positive TST protocol.

- c) Contraindications to tuberculin testing are:
- history of severe blistering reaction or anaphylaxis following the test in the past;
 - documented active TB;
 - clear history of treatment for TB infection or disease in the past;
 - extensive burns or eczema such that there is no clear site to place the TB skin test;
 - major viral infection (persons with a common cold may be tested; and/or
 - live virus vaccine in the past month.

NOTE: Pregnancy is NOT a contraindication for placement of a Mantoux skin test.

- d) For medical learners who are known to have a previously documented positive tuberculin skin test, for those who are found to be tuberculin skin test positive, or for whom tuberculin skin testing is contraindicated as in (c) above, further assessment should be done by Health Services under the direction of a physician, or by the learner's personal physician.
- e) Chest X-rays should be taken on medical learners who:

¹ *CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, 2005, MMWR, 2005:54; RR-17. OHA/OMA Communicable Disease Surveillance Protocol Page 7 Tuberculosis Revised August 2014*

- i. are TB skin test positive and have never been evaluated for the positive skin test;
- ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
- iii. have pulmonary symptoms that may be due to TB.

If the X-ray suggests pulmonary TB, the medical learner should be further evaluated including sputum smear and culture to rule out the possibility of active tuberculosis and documentation of the results of this evaluation should be in place before s/he is cleared for clinical placement. Once active tuberculosis has been ruled-out, strong consideration should be given to treatment of latent TB infection (LTBI).

All TB skin test positive medical learners should be advised to report any symptoms of pulmonary TB as soon as possible to the Health Services, and should be managed using current guidelines.

Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Learners with active TB or suspected of having active TB should be reported as soon as possible to the Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

Annual screening for TB may be necessary in health care settings with a high incidence of active TB disease. Health Services should consult the local Medical Officer of Health and local hospitals regarding the incidence of active TB disease in the region and the need for continuing TB surveillance of medical learners. A review of admissions through health records will determine if the setting is a high risk facility, as defined by Public Health Agency of Canada, i.e. ≥ 6 cases of active TB disease per year, requiring active surveillance. Learners who are placed in high risk units or areas must report to Health Services for follow-up assessment at least 8 weeks after completing the placement or elective.

Varicella/Zoster:

Medical learners must demonstrate evidence of immunity. Medical learners can be considered immune to varicella/zoster if they have:

- a health care provider diagnosis of varicella that is laboratory confirmed or herpes zoster that is laboratory confirmed **OR**
- VZV antibodies, using a sensitive/specific serological test such as immunofluorescent antibody (IFA), Latex agglutination (LA) or the ELISA IgG, **OR**
- documentation of 2 doses of a varicella—containing vaccine

Varicella vaccine is required for non-immune medical learners. If after vaccination a varicella-like rash localized to the injection site develops, the person may continue to work if the rash is covered. A small number (approximately 5.5% after the first injection and 0.9% after the second injection) of vaccinated persons will develop a varicella-like rash not localized to the injection site; these persons should be excluded from work with high-risk patients (e.g., children, newborns, obstetrical patients, transplant patients, oncology patients) until lesions are dry and crusted, unless lesions can be covered. The effects of varicella vaccine on the fetus are unknown; therefore, pregnant women should not be vaccinated.

Natural disease induces an IgG varicella antibody that is measurable in commercial laboratories. People who have received varicella vaccination generally do not demonstrate an IgG to varicella zoster virus (VZV). The two antibody tests used in vaccine studies are not commercially available, so measuring vaccine-induced immunity is not possible at present.

Measles:

Medical learners must demonstrate evidence of immunity. Only the following should be accepted as proof of measles immunity:²

- documentation of 2 valid doses of live measles virus vaccine on or after the first birthday, **OR**
- laboratory evidence of immunity IgG

If this evidence of immunity is not available, to meet the above requirements the medical learner must have (a) measles immunization(s), in the form of a trivalent measles-mumps-rubella (MMR) vaccine, unless the learner is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine.

Mumps:

Medical learners must demonstrate evidence of immunity. Only the following should be accepted as proof of mumps immunity:³

- documentation of 2 valid doses of live mumps virus vaccine on or after the first birthday, **OR**

² National Advisory Committee on Immunization (NACI) **Canadian Immunization Guide 7th edition, 2006**, Public Health Agency of Canada. OHA/OMA Communicable Disease Surveillance Protocols for Varicella/Zoster (Chickenpox/Shingles) Revised November 2012 and Measles Revised May 2014

³ National Advisory Committee on Immunization (NACI) **Canadian Immunization Guide 7th edition, 2006**, Public Health Agency of Canada. OHA/OMA Communicable Diseases Surveillance Protocols – Mumps Revised May 2013,

- laboratory evidence of immunity.

If this evidence of immunity is not available, the medical learner must have (a) mumps immunization(s) (if they had no previous doses of mumps-containing vaccine, they need two doses of MMR; if they had one previous dose of mumps-containing vaccine, they need one dose of MMR), in the form of a trivalent measles-mumps-rubella (MMR) vaccine, unless the learner is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine.

Rubella:

Medical learners must demonstrate evidence of immunity. Only the following should be accepted as proof of rubella immunity⁴:

- documentation of one valid dose of live rubella vaccine on or after their first birthday; **OR**
- laboratory evidence of immunity.

If this evidence of immunity is not available, the medical learner must have a rubella immunization, in the form of a trivalent measles-mumps-rubella (MMR) vaccine, unless the learner is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine.

Hepatitis B:

Documented evidence of a complete series of hepatitis B immunizations, in addition to testing for antibodies to HBsAg (Anti-HBs) at least one month after the vaccine series is complete is required. Medical learners who have received a complete series of hepatitis B vaccine and who have had an inadequate serological response should be tested for surface antigen (HBsAg) to determine if the reason for their non-response is because they are already a hepatitis B virus carrier. If the blood test identifying an inadequate serological response (anti-HBs < 10 IU/L) was done one to six months after completing the vaccination series and the learner tests negative for HBsAg, the learner should receive an additional series. If the initial negative antibody result (anti HBs < 10 IU/L) was done more than six months⁵ after completing the vaccination series, and the learner is negative for HBsAg, a test for serological response (anti HBs) could be done after the first booster in the second series. If the anti-HBs is \geq to 10 IU/L, no further doses are needed. If after the first dose an inadequate serological response is still found, continue with the remaining dose(s) and repeat the serology test (anti-HBs) one month after completing the second series. The sequence may be reversed, i.e., the “booster” test

⁴ OHA/OMA Communicable Diseases Surveillance Protocols – Rubella Revised May 2013,

⁵ American Academy of Pediatrics **Red Book**, 2012

dose may be done before testing for HBsAg, if this is more appropriate considering the learner demographics.

If the anti-HBs titre is below 10 IU/L one month after completing the second series, the person is considered a non-responder and must be counselled to be vigilant in preventing and following-up after needle stick injuries or any other potential exposure to Hepatitis B.

Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs, however periodic testing should be conducted in hepatitis B responders who are immunosuppressed to ensure they are maintaining their anti-HBs titre.

Polio:

Documented history of a primary series is requested (oral included). In the absence of documentation of an original series, the learner should receive an adult primary series consisting of at least three doses.

Tetanus/Diphtheria:

Documented history of a primary series and dates of boosters are requested. In the absence of documentation of an original series, the learner should be offered immunization with a full primary series. If the most recent booster is not within the last 10 years, a booster must be given. If a Tdap (Adacel Vaccine) has not been given as an adult (18+), this booster should be a Tdap.

Acellular Pertussis:

A single dose of Acellular Pertussis in the form of a Tdap (Adacel vaccine) is given if not previously received as an adult (18+), in place of one Td booster. There is no contraindication in receiving Tdap in situations where the learner has had a recent Td immunization.

Influenza:

Annual influenza vaccination is strongly recommended by December first annually. Medical learners who choose not to have an annual influenza vaccination should be notified that hospital policies may preclude them from clinical placements or require antiviral prophylaxis and immunization in the event of an influenza outbreak. The National Advisory Committee on Immunization (NACI) NACI considers the provision of influenza vaccination to be an essential component of the standard of care for all health care workers (HCW) for the protection of their patients. This includes any person, paid or unpaid, who provides services, works, volunteers or trains in a health care setting.

Therefore, HCWs who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies failure in their duty of care to patients.



Post MD Education
UNIVERSITY OF TORONTO

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PGME Immunization Requirements

The Postgraduate Medical Education Office adheres to the Immunization Policy of the Council of Ontario Faculties of Medicine, as outlined in the following document:

- COFM Immunization Policy (<https://pg.postmd.utoronto.ca/?ddownload=3953>)

Documentary proof of current immunization against specific diseases must be submitted to the Postgraduate Medical Education Office with the trainees' Letter of Appointment (LOA). Trainees cannot start clinical practice without completing the immunization requirements. The specific immunization requirements for all trainees are:

Tuberculosis

Students must have an initial baseline two-step Mantoux skin test and an annual TB skin test thereafter if the results are negative. A chest x-ray is required if the TB skin test is positive.

Hepatitis B

Immunization is a series of 3 injections. Following vaccination, all students must be tested for anti-HBs antibodies, and the results must also be submitted to the Faculty Postgraduate Office. Individuals who are non-immune (i.e. do not have the antibodies against HBsAg or no prior history of immunization), must be screened for the surface antigen (HBsAg) prior to registration. If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed. Those who are non-immune and HBsAg negative must undergo a second series of HBV immunization, and subsequent lab evidence of immunity. Registration status for HBV Carriers remains CONDITIONAL until the Expert Panel on Infection Control reviews their case.

- Procedural Memorandum for Hepatitis B Carriers (</wp-content/uploads/2016/06/ProceduralMemorandumforHepatitisBCarriersTrainees2000.pdf>)
- Blood Body Fluid Exposure Policy (</wp-content/uploads/2016/06/BloodBodyFluidExposurePolicyNov2012.pdf>) (Needlestick Injury

Feedback

Procedural Guideline)

- SHEA Guideline for HepB,C and HIV (/wp-content/uploads/2016/06/SHEAGuidelineforHepB-C-HIVTrainees.pdf)

Measles, Mumps, Rubella (MMR)

Proof of two immunization dates or positive titre results. Immunization against mumps is strongly recommended.

Chicken Pox

VZV titre, or 2 varicella vaccines.

Diphtheria, Tetanus and Polio

Immunization against diphtheria, tetanus and polio is generally valid for ten years. Proof of up-to-date immunization status is recommended. Acellular pertussis vaccination strongly recommended.

Mask Fit

Hospitals/training sites affiliated with the University of Toronto, Faculty of Medicine have respiratory protection policies and procedures to follow when at risk of exposure to airborne infectious agents, specifically tuberculosis. To protect the health and safety of our trainees, patients and staff, trainees must comply with the assigned sites' respective policies, including the Ministry of Labor orders issued under the Occupational Health and Safety Act regarding the use of N95 respirators/masks.

- Mask Fit Policy (/wp-content/uploads/2016/06/MaskFitPolicyPGMEAC2009.pdf.pdf)
- Mask Fit Accommodation Form (<https://pg.postmd.utoronto.ca/?ddownload=10147>)

Trainees have **60 days from their start date** to complete the mask-fit testing and report to the PGME Office.

The PGME Full Immunization Form (<https://pg.postmd.utoronto.ca/?ddownload=9961>) and Mask Fit Form (<https://pg.postmd.utoronto.ca/?ddownload=9962>) (with instructions) are to be completed, signed and returned to the PGME Office within the designated time period.

Returning trainees are required to complete an annual TB Test, using the TB Skin Test Form (<https://pg.postmd.utoronto.ca/?ddownload=9963>).

Trainees who are fully registered with the PGME Office may have the tests done at their training sites' Occupational Health Office (<https://pg.postmd.utoronto.ca/?ddownload=9964>).

In order to submit your full immunization record, annual Tuberculin skin test update and/or N95 mask fitting, please upload your documents via the PGME ShareFile website (https://forms.pgme.utoronto.ca/?f=PGME_Document_Submission_Form).

**RESPIRATORY PROTECTION POLICY AND PROCEDURE
FOR
UNIVERSITY OF TORONTO FACULTY OF MEDICINE
LEARNERS*
("Mask-Fit Policy")**

1. PURPOSE

The purpose of this policy is to protect the health and safety of Faculty of Medicine learners, patients, and hospital staff by ensuring that all learners comply with the Occupational Diseases Surveillance Policies and other related policies in effect at their training site, as well as the Ministry of Labour orders issued under the Occupational Health and Safety Act, including the use of N95 respirators.

2. APPLICATION

This policy applies to all Faculty of Medicine learners* in affiliated clinical training sites.

Each of the training sites affiliated with the University of Toronto, Faculty of Medicine has respiratory protection policies and procedures to follow when at risk of exposure to airborne infectious agents, specifically tuberculosis. Faculty of Medicine learners must comply with these policies and procedures.

3. GENERAL REQUIREMENTS

Learners must comply with their training site's respiratory protection policies (i.e. attend respiratory protection training and fit testing session(s)), and provide their program's office and/or the hospital Occupational Health Office the fit-test data for input to the electronic student record. Each learner must be individually fitted to determine which brands of N95 masks provide adequate protections against airborne particles. This may require the removal of facial hair in order to allow for the adequate mask-to-face seal. Fit test data must be updated every 2 years or when facial characteristics change due to weight gain/loss or facial trauma.

Learners are required to be immune to vaccine preventable airborne infectious agents, i.e. measles and varicella. **Each educational program's office** must maintain at least one electronic record of respirator-fit data (model, size of respirator, expiration date of respirator-fit, site of respirator-fit, and comments, if necessary) for each learner as part of the mandatory immunization record. The office must provide access to the electronic record system to hospital Occupational Health Office staff to allow them to view and input learner respirator-fit information as required.

Affiliated Hospitals' Occupational Health Offices must train and respirator-fit test medical learners, as needed, and ensure that respirator-fit data of the learners is on the electronic record and if not, input the data or send to the learner's University program office

4. ACCOMMODATION

Learners who cannot wear, or be fitted for, an N95 mask appropriately due to medical, religious or other valid reason should immediately notify their supervisor/Program Director/Academy Director of their inability to do so and request accommodation. The learner's Vice Dean will confer with the Program Director/Academy Director and relevant hospital representative to examine whether suitable alternative arrangements can be made consistent with the accommodation requirements.

5. PROCEDURAL GUIDELINES FOLLOWING OCCUPATIONAL EXPOSURE TO AIRBORNE INFECTIOUS AGENTS:

- a) Learner must report an incident to the hospital's Occupational Health Office
- b) Hospital Occupational Health Office will take history and assess risk:
 - by characteristics of source (i.e., high risk source includes patients with active pulmonary or laryngeal TB)
 - by nature of exposure (e.g., exposure is close, direct interaction with active TB patient without wearing N95 respirator)
- c) Learner/Occupational Health Office will manage follow-up including counseling, baseline TB skin testing and follow-up TB skin testing 3 months post exposure.
- d) Learner must report incident to his/her Program Director/Supervisor
- e) Hospital Occupational Health Office will report incident to the appropriate university office
- f) Hospital Occupational Health Office will report to WSIB and Ministry of Labour if skin test converts (according to WSIB directives)
- g) Hospital Occupational Health Office and Learner will make arrangements with a TB Clinic for medical consultation and treatment (if applicable) of latent TB infection
- h) Learner will forward a copy of the medical consultation to the appropriate university office

Learners = undergraduate students, postgraduate medical residents and fellows, and rehabilitation sciences students registered at the Faculty of Medicine at the University of Toronto.

PGMEAC Approved, December 2009

**Blood and Body Fluid Exposure Policy
for
UNIVERSITY OF TORONTO
POSTGRADUATE MEDICAL TRAINEES**

POLICY

Each of the hospitals fully or partially affiliated with the University of Toronto Faculty of Medicine have policies and procedures to follow when sustaining a percutaneous or mucous membrane exposure to blood or body fluids. In order to ensure safety of themselves and their colleagues, **Program Directors** must:

- a) ensure that, at the beginning of the rotation/assignment to a new site, trainees know the initial contact point for reporting of “sharps” injuries at the site, in order to access intervention (Post-Exposure Prophylaxis - PEP) if required
- b) include blood and body fluid exposure management protocol in the program’s academic curriculum sessions.

Program Directors must further ensure that residents in training outside Toronto’s affiliated teaching hospitals (clinics, elective rotations) are provided with blood and body fluid exposure policies and procedures specific to their training site.

The Toronto **PGME Office** will maintain records of trainees’ HBV immunity as part of mandatory immunization record, and will share this information with Hospital Occupational Health or Delegate as required. (*see PGME Office Procedural Memorandum on Responsibility of Notice to Programs and Hospitals for Postgraduate Medical Trainees who are Hepatitis B Positive, March 31, 2000*)

PROCEDURAL GUIDELINES FOR OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS:

1. Know your immune status to the Hepatitis B Virus (HBV)
RESPONSIBILITY: MEDICAL TRAINEE
2. Apply first aid: allow the wound to bleed freely. Wash wound and skin sites which have been in contact with blood or body fluids with soap and water; mucous membranes should be flushed with water. A tetanus shot may be required if the injury is deep and significant time has lapsed since the last tetanus booster.
RESPONSIBILITY: MEDICAL TRAINEE
3. Note details of occupational exposure; ie: type of injury, underlying disease(s) of source, past medical history, risk factors for bloodborne pathogen infection
RESPONSIBILITY: MEDICAL TRAINEE, HOSPITAL’S OCCUPATIONAL HEALTH OR DELEGATE, DEPENDING ON PARTICULAR HOSPITAL’S PROTOCOL.

4. Report immediately to hospital's Occupational Health Service or delegate, eg: the Infectious Disease consultant, Emergency Department, or the appropriate hospital administrator depending on the hospital's protocol.

RESPONSIBILITY: MEDICAL TRAINEE

5. History-taking and Assessment of Risk, eg:

(a) by characteristics of source: for example: high risk source includes known positive patients with HIV, HBV, HCV and patients at epidemiologic risk of HIV, HBV, HCV

(b) by nature of exposure: for example, high risk exposure would be deep percutaneous injury with hollow bore needle which had been in blood vessel of source

(c) by susceptibility of trainee, for example: not immune to HBV

RESPONSIBILITY (a) and (b): HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE
RESPONSIBILITY (c): MEDICAL TRAINEE

6. Management of follow-up including counseling, baseline and follow-up serology and post-exposure prophylaxis as required.

RESPONSIBILITY: HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE

7. Report incident to:

(a) Postgraduate Office

RESPONSIBILITY: HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE

(b) Program Director

RESPONSIBILITY: MEDICAL TRAINEE

8. Report incident to: WSIB (according to WSIB directives)

RESPONSIBILITY: POSTGRADUATE OFFICE OR HOSPITAL OCCUPATIONAL HEALTH, DEPENDING ON EMPLOYER OF RECORD

Approved at PGMEAC, November 29, 2002
University of Toronto
Faculty of Medicine
Postgraduate Medical Education

Faculty of Medicine

Guidelines Regarding Infectious Diseases and Occupational Health for Applicants to and Learners of the Faculty of Medicine Academic Programs

Lead Writer: Expert Panel for Infection Control, Faculty of Medicine

Approved by: Faculty of Medicine, Faculty Council

Date of original adoption: March 3, 1997 (Faculty Council)

Date of revision: February 11, 2013

Date of next scheduled review: February 11, 2017

1. JURISDICTION:

This document applies to applicants to and all learners with patient contactⁱ within the Faculty of Medicine in the following programs:

Undergraduate Medicine (MD program)
Occupational Science and Occupational Therapy
Physical Therapy
Speech Language Pathology
Physician Assistant
Medical Radiation Sciences
Postgraduate Medical Residents
Postgraduate Clinical Fellows

Exceptions regarding applicability, procedures, or reporting for each type of learner, if any, will be noted below.

2. INTRODUCTION:

This document is evidence-based, developed and reviewed by an expert panelⁱⁱ on behalf of the Faculty of Medicine. The document closely complies with the current OHA/OMA Communicable Disease Surveillance Protocolsⁱⁱⁱ on infectious disease and occupational health; however, students should follow practices as per their assigned training sites.

This document is distinct from the Faculty of Medicine programs' Immunization Requirements, which are based on the Council of Ontario Faculties of Medicine (COFM) Immunization Policy^{iv}. The COFM policy complies with the current OHA/OMA Communicable Disease Surveillance Protocols, which include immunization recommendations, and learners must fulfill these requirements before beginning a clinical placement. Please refer to specific program or divisional offices (Undergraduate Medicine, Rehabilitation sector, etc.) for forms and form completion procedures/deadlines regarding submission of immunization data.



Applicants to and students of the MD program must ensure compliance with the Undergraduate Education: Council of Ontario Faculties of Medicine (COFM) Blood Borne Pathogen Policy^v, to which this document also adheres.

3. PURPOSE:

This document is intended to minimize the risk and impact of **infectious diseases** that may pose a threat to learners and those with whom they may come into contact. It is intended to address education requirements on methods of prevention, outline procedures for care and treatment after exposure, and outline the effects of infectious and environmental disease or disability on learning activities.

4. SCOPE AND RESPONSIBILITY:

These Guidelines refer to a “**responsible party**” for all matters related to reporting of situations involving applicants and learners with infectious disease. The “responsible party” in each program of the Faculty of Medicine has been designated as follows:

The implementation of this document for applicants to and learners in the Undergraduate Medicine program is the responsibility of the Associate Dean, Health Professions Student Affairs.

The implementation of this document for applicants to and learners in Occupational Science and Occupational Therapy, Physical Therapy, Speech Language Pathology, and Medical Radiation Sciences is the responsibility of the respective Departmental Chairs.

The implementation of this document for applicants to and learners in the Physician Assistant Program is the responsibility of the program’s Medical Director.

The implementation of this document for applicants to and learners in the graduate programs of the Faculty of Medicine is the responsibility of the Departmental Chairs in consultation with the Vice-Dean, Graduate Affairs.

The implementation of this document for Postgraduate Medical Residents and Postgraduate Clinical Fellows, and for applicants to these positions, is the responsibility of the Vice-Dean, Postgraduate Medical Education.

These individuals are responsible for informing the Faculty of Medicine Expert Panel on Infection Control of any known/diagnosed positive TB, Hepatitis B, Hepatitis C, or HIV screening tests that are brought to their attention by learners in or applicants to their program(s).

5. DISSEMINATION OF INFORMATION:

Learners will be informed of this document through both oral and written notification upon admission and at the beginning of each academic/programmatic year. Applicants will be informed of this document through written admissions materials (online or in print).

6. GUIDELINES:

6.1. GUIDELINES for APPLICANTS TO ALL UNDERGRADUATE, GRADUATE, AND POSTGRADUATE EDUCATION PROGRAMS IN THE FACULTY OF MEDICINE:

1. The Faculty of Medicine will inform potential applicants that, if they are admitted into the program to which they are applying:
 - a. they may be required to take part in the care of patients with various infectious diseases including Hepatitis, TB, and HIV/AIDS, during their studies;
 - b. they will be trained in methods of preventing spread of infection to themselves, to other patients and other health care providers (including Routine Practices and hand hygiene);
 - c. there is a risk that they may contract an infection during the course of their studies;
 - d. they have a responsibility to prevent the spread of infection to others;
 - e. they will be required to comply with the immunization requirements of the specific program to which they have applied within the Faculty of Medicine;
 - f. if they have or contract an infectious disease (see examples in Section 7), they will be permitted to pursue their studies only insofar as their continued involvement does not pose a health or safety hazard to themselves or to others;
 - g. they will be required to comply with the OMA/OHA Communicable Disease Surveillance Protocols that were developed in compliance with Regulation 965, Section 4, under the *Public Hospitals Act*. This regulation requires each hospital to have by-laws that establish and provide for the operation of a health surveillance program including a communicable disease surveillance program in respect of all persons carrying on activities in the hospital.
 - h. they may be required to give body fluid specimens if they are exposed to or contract certain diseases while working in health facilities.
2. The Faculty of Medicine requires successful applicants and learners to undergo TB and Hepatitis B testing, but does not require testing for Hepatitis C and HIV.
3. Applicants with known/diagnosed active tuberculosis (TB), Hepatitis B, Hepatitis C, or HIV infection are required, **upon acceptance**, to inform the responsible party (as outlined in Section 4) of their condition. The diagnosis of any infectious disease in an applicant or learner shall remain confidential within a strict “need to know” environment.



4. All applicants to Undergraduate Medical Education, Postgraduate Medical Education, graduate programs, Occupational Science and Occupational Therapy, Physical Therapy, Speech-Language Pathology, Medical Radiation Sciences, or the Physician Assistant Professional Degree program with a known/diagnosed Hepatitis B, Hepatitis C, HIV or active tuberculosis infection will be reviewed by the University of Toronto Faculty of Medicine Expert Panel on Infection Control, which will provide the relevant Preclerkship or Clerkship Director, Academy Director, Program Director, Graduate Coordinator, Clinical Coordinator, Fieldwork Coordinator or Medical Director with recommendations regarding necessary curriculum/rotation adjustments.
5. As information on infectious diseases is a mandatory disclosure item on a learner's application to the College of Physicians and Surgeons of Ontario (CPSO), the Faculty of Medicine may provide information and/or updates to the College regarding a learner's immunization/infectious disease status and any recommendation regarding the learner from the Expert Panel on Infection Control.

6.2. GUIDELINES for LEARNERS IN ALL UNDERGRADUATE, GRADUATE, AND POSTGRADUATE EDUCATION PROGRAMS IN THE FACULTY OF MEDICINE:

1. The Faculty of Medicine will inform enrolled learners that:
 - a. they may be required to take part in the care of patients with various infectious diseases including Hepatitis, TB, and HIV/AIDS, during their studies;
 - b. they will be trained in methods of preventing spread of infection to themselves, to other patients and other health care providers (including Routine Practices and hand hygiene);
 - c. there is a risk that they may contract an infection during the course of their studies;
 - d. they have a responsibility to prevent the spread of infection to others;
 - e. they are required to comply with the immunization requirements of their program in the Faculty of Medicine;
 - f. if they have or contract an infectious disease at any point prior to or during their program(see examples in Section 7), they will be permitted to pursue their studies only insofar as their continued involvement does not pose a health or safety hazard to themselves or to others;
 - g. they are required to comply with the OMA/OHA Communicable Disease Surveillance Protocols that were developed in compliance with Regulation 965, Section 4, under the *Public Hospitals Act*. This regulation requires each hospital to have by-laws that establish and provide for the operation of a health surveillance program including a communicable disease surveillance program in respect of all persons carrying on activities in the hospital.

- h. they may be required to give body fluid specimens if they are exposed to or contract certain diseases while working in health facilities.
2. The Faculty of Medicine requires learners to undergo tuberculosis (TB) and Hepatitis B testing, but does not require testing for Hepatitis C and HIV.
 3. Learners with a known/diagnosed infection for any of active tuberculosis, Hepatitis B, Hepatitis C, or HIV are required to inform the responsible party (as outlined in 4) of their condition immediately. The diagnosis of any infectious disease in a learner shall remain confidential within a strict “need to know” environment.
 4. All learners in Undergraduate Medical Education, Postgraduate Medical Education, graduate programs, Occupational Science and Occupational Therapy, Physical Therapy, Speech Language Pathology, Medical Radiation Sciences, or the Physician Assistant Professional Degree program with a known/diagnosed Hepatitis B, Hepatitis C, HIV or active tuberculosis infection will be reviewed by the University of Toronto, Faculty of Medicine Expert Panel on Infection Control, which will provide the relevant Preclerkship or Clerkship Coordinator, Academy Director, Program Director, Graduate Coordinator, Clinical Coordinator, Fieldwork Coordinator or Medical Director with recommendations regarding necessary curriculum/rotation adjustments.
 5. As information on infectious diseases is a mandatory disclosure item on a learner’s application to the College of Physicians and Surgeons of Ontario (CPSO), the Faculty of Medicine will provide advice to the learner recommending required disclosure of information to the College regarding his/her immunization/infectious disease status.

6.3. GUIDELINES for LEARNERS WITH AN INFECTIOUS DISEASE:

1. The learner must comply with the infectious diseases surveillance protocols adhered to by the Faculty of Medicine and its affiliated training sites, provide body fluid specimens as requested, and agree to be monitored by an infection control specialist, with regular reporting, if required.
2. All learners are expected to be in a state of health such that they may participate in their academic and clinical programs, including patient care, without posing a risk to themselves or to others. Learners with an infectious disease may pursue their studies only insofar as their continued involvement does not pose a health or safety hazard to themselves or others. Such a health or safety hazard, if protracted, may preclude them from participation in certain aspects of clinical work essential to the satisfactory completion of their program of study.
3. Learners who have symptoms of an acute illness that is likely infectious in etiology should not attend in the teaching site until their symptoms have improved; this includes but is not limited to fever, “colds”, cough, sore throat, vomiting, diarrhea, rashes, and conjunctivitis. Learners who are absent from mandatory educational activities due to illness should notify



their program in accordance with the program-specific attendance/absence guidelines/policies.

4. The diagnosis of any infectious disease in a learner shall remain confidential within a strict “need to know” environment.

6.4. GUIDELINES regarding LEARNERS’ PARTICIPATION IN CARE OF PATIENTS WITH INFECTIOUS DISEASES:

1. Learners are required to participate in the care of all patients assigned to them, including patients with infectious diseases, to a level commensurate with their level of training. Such participation is necessary for the learner's education as well as for satisfactory completion of academic and clinical training requirements.
2. All learners are expected to understand and adhere to infection control policies, including the principles of Routine Practices and hand hygiene, when participating in the examination and care of all patients, regardless of the diagnosis or known health status of the patient.
3. Learners are responsible for conducting themselves in a manner that is consistent with the health and safety of themselves and others, and shall be given appropriate training to do so. Learners who fail to meet these responsibilities may, depending on the circumstances, face sanctions under the provisions of the University of Toronto Standards of Professional Practice Behaviour for all Health Professional Students^{vi}.

6.5. GUIDING PRINCIPLES regarding LEARNERS WHO ARE EXPOSED TO AN INFECTIOUS DISEASE OR OTHER ADVERSE EXPOSURE IN THE COURSE OF THEIR TRAINING:

1. The Faculty of Medicine requires that all educational programs have published documents outlining the course of action to be taken for learners who incur an injury or other medically-related incident, including an incident that may have placed them at risk of acquiring an infectious disease, during the performance of activities as a part of their educational program. Any such document must provide a course of action to promote both the emotional and physical wellbeing of the learner.
2. Learners are expected to comply with the published documents in 6.5.1. Note: Under the UE:COFM Blood Borne Pathogen Policy Undergraduate Medical Education learners (MD students) are ethically obligated to know their serological status.
3. Learners who develop markers of an infectious disease are required, as per 6.2.2, to inform the responsible party in their educational program of their status. The case will be then be handled as described in 6.2.3.

6.6. GUIDELINES on LEARNERS WHO ARE EXPOSED TO AN INFECTIOUS DISEASE OR ADVERSE EXPOSURE DURING THE TIME PERIOD OF TRAINING OUTSIDE TRAINING ACTIVITIES:

1. Note: Under the UE:COFM Blood Borne Pathogen Policy, Undergraduate Medical Education learners (MD students) are ethically obligated to know their serological status. Learners who may suspect they may have become infected with any of the infectious diseases included in Section 7 should seek medical attention.
2. Learners who develop markers of an infectious disease are required, as per 6.2.2, to inform the responsible party in their educational program of their status. The case will then be handled as described in 6.2.3.

6.7. GUIDELINES on CO-RESPONSIBILITY WITH TEACHING SITES:

The Faculty of Medicine and its teaching sites are jointly responsible for ensuring that learners are adequately instructed in infection control. This will include the following:

1. The Faculty will provide to learners in all educational programs an introductory program on Routine Practices, hand hygiene, and other core competencies of infection control and occupational health, and will inform learners of their responsibilities with respect to infection control and occupational health.
2. All Ontario hospitals are required to comply with the Communicable Diseases Surveillance Protocols for Ontario hospitals developed under the Public Hospital Act, Regulation 965. Compliance with these Protocols requires the hospitals to provide instruction in infection control precautions and occupational health to learners.

7. SPECIFIC INFECTIOUS DISEASES INCLUDED IN THIS DOCUMENT but not limited to:

Blood-borne pathogens:
HIV/Hepatitis B, C

Enteric pathogens:
Salmonella / Shigella / Campylobacter / E-coli 0:157/ Norovirus/Rotavirus,

Other:
Influenza / Meningococcal disease / Measles / Mumps /Rubella / Tuberculosis / Varicella / Pertussis/ Hepatitis A/Adenovirus Conjunctivitis

ⁱ Graduate learners who do not have patient contact in their roles, while excluded from these guidelines must comply with existing protocols: graduate learners based on-campus comply with the regulations as set out by the University of Toronto's Office of Environmental Health and Safety and graduate learners based off-campus comply with the protocols of the institute in which they work.

ⁱⁱ The Expert Panel on Infection Control is advisory to the Dean, Faculty of Medicine. The Panel addresses matters pertaining to health professional students and learners in all Faculty of Medicine Programs and provides advice in all matters relating to the "Guidelines Regarding Infectious Diseases and Occupational Health for Applicants to and Learners of the Faculty of Medicine Academic Programs"

ⁱⁱⁱ Communicable Diseases Surveillance Protocols:

<http://www.oha.com/Services/HealthSafety/Pages/CommunicableDiseasesSurveillanceProtocols.aspx>

^{iv} COFM Immunization Policy, November 2010:

<http://www.pgme.utoronto.ca/Assets/PGME+Digital+Assets/immunization/COFM+Imm+Pol.+Nov.+2010.pdf>

^v UE:COFM Blood Borne Pathogen Policy:

<http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/ume/registrar/bloodbornepathogen.pdf>.

^{vi} Standards of Professional Practice Behaviour for all Health Professional Students, June 2008

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppsep012008i.pdf>.

Guidelines approved:

UME Executive – January 17, 2012

HUEC – January 25, 2012

UPAR – February 23, 2012

Medical Radiation Sciences – March 2012

PGMEAC – April 27, 2012

Graduate Affairs – May 23, 2012

Physician Assistant Program – July 16, 2012

Faculty Council, Education Committee – September 20, 2012

Faculty Council, February 11, 2013

**Blood and Body Fluid Exposure Policy
for
UNIVERSITY OF TORONTO
POSTGRADUATE MEDICAL TRAINEES**

POLICY

Each of the hospitals fully or partially affiliated with the University of Toronto Faculty of Medicine have policies and procedures to follow when sustaining a percutaneous or mucous membrane exposure to blood or body fluids. In order to ensure safety of themselves and their colleagues, **Program Directors** must:

- a) ensure that, at the beginning of the rotation/assignment to a new site, trainees know the initial contact point for reporting of “sharps” injuries at the site, in order to access intervention (Post-Exposure Prophylaxis - PEP) if required
- b) include blood and body fluid exposure management protocol in the program’s academic curriculum sessions.

Program Directors must further ensure that residents in training outside Toronto’s affiliated teaching hospitals (clinics, elective rotations) are provided with blood and body fluid exposure policies and procedures specific to their training site.

The Toronto **PGME Office** will maintain records of trainees’ HBV immunity as part of mandatory immunization record, and will share this information with Hospital Occupational Health or Delegate as required. (*see PGME Office Procedural Memorandum on Responsibility of Notice to Programs and Hospitals for Postgraduate Medical Trainees who are Hepatitis B Positive, March 31, 2000*)

PROCEDURAL GUIDELINES FOR OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS:

1. Know your immune status to the Hepatitis B Virus (HBV)
RESPONSIBILITY: MEDICAL TRAINEE
2. Apply first aid: allow the wound to bleed freely. Wash wound and skin sites which have been in contact with blood or body fluids with soap and water; mucous membranes should be flushed with water. A tetanus shot may be required if the injury is deep and significant time has lapsed since the last tetanus booster.
RESPONSIBILITY: MEDICAL TRAINEE
3. Note details of occupational exposure; ie: type of injury, underlying disease(s) of source, past medical history, risk factors for bloodborne pathogen infection
RESPONSIBILITY: MEDICAL TRAINEE, HOSPITAL’S OCCUPATIONAL HEALTH OR DELEGATE, DEPENDING ON PARTICULAR HOSPITAL’S PROTOCOL.

4. Report immediately to hospital's Occupational Health Service or delegate, eg: the Infectious Disease consultant, Emergency Department, or the appropriate hospital administrator depending on the hospital's protocol.

RESPONSIBILITY: MEDICAL TRAINEE

5. History-taking and Assessment of Risk, eg:

(a) by characteristics of source: for example: high risk source includes known positive patients with HIV, HBV, HCV and patients at epidemiologic risk of HIV, HBV, HCV

(b) by nature of exposure: for example, high risk exposure would be deep percutaneous injury with hollow bore needle which had been in blood vessel of source

(c) by susceptibility of trainee, for example: not immune to HBV

RESPONSIBILITY (a) and (b): HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE
RESPONSIBILITY (c): MEDICAL TRAINEE

6. Management of follow-up including counseling, baseline and follow-up serology and post-exposure prophylaxis as required.

RESPONSIBILITY: HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE

7. Report incident to:

(a) Postgraduate Office

RESPONSIBILITY: HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE

(b) Program Director

RESPONSIBILITY: MEDICAL TRAINEE

8. Report incident to: WSIB (according to WSIB directives)

RESPONSIBILITY: POSTGRADUATE OFFICE OR HOSPITAL OCCUPATIONAL HEALTH, DEPENDING ON EMPLOYER OF RECORD

Approved at PGMEAC, November 29, 2002
 University of Toronto
 Faculty of Medicine
 Postgraduate Medical Education