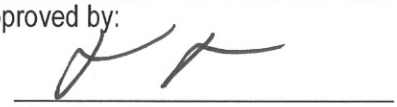
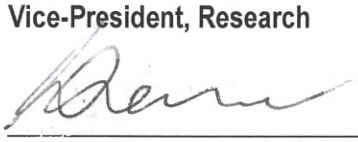
McMaster University

Risk Management Manual Program

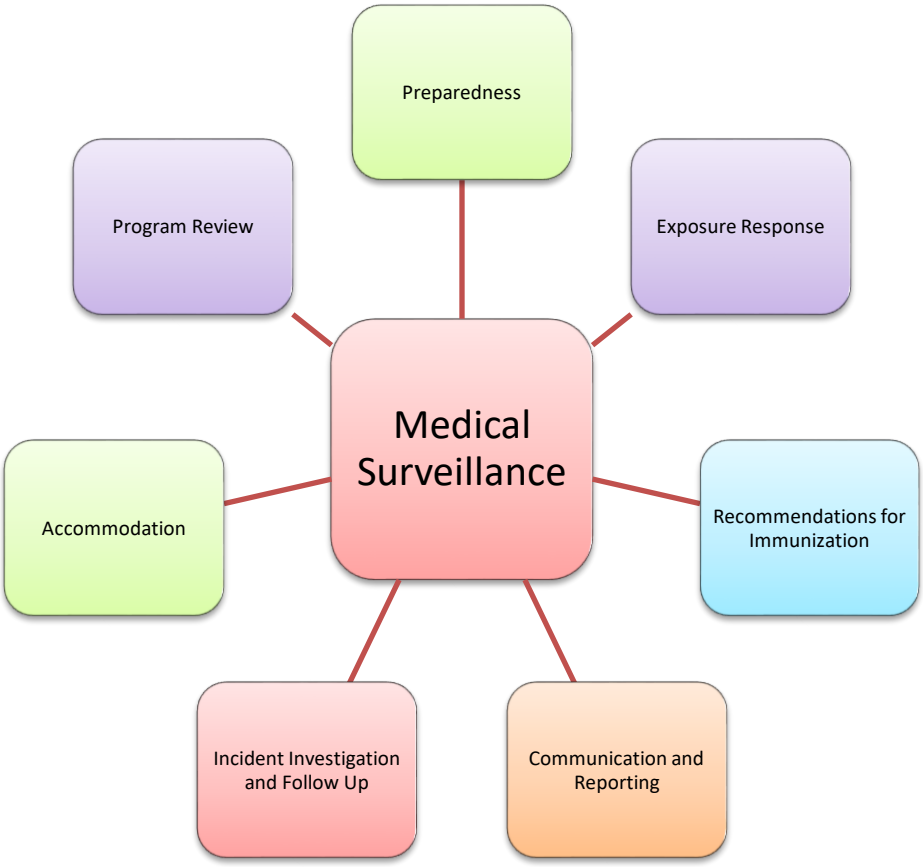
Complete Program Title: **Medical Surveillance Program**	Risk Management Manual (RMM) Number: **603**
Approved by:  **Vice-President, Research**  **President and Vice-Chancellor**	Date of Most Recent Approval: **March 2018**
Date of Original Approval: **June 2008**	Supersedes/Amends Program dated: **Hepatitis B Policy, RMM#601, 2008** **Rabies Policy, RMM#602, 2008** **Medical Monitoring of Persons Working With Biological Agents, RMM#603, 2008**
Responsible Executive: **Vice-President, Research**	Enquiries: **McMaster Biosafety Office** robertjv@mcmaster.ca
DISCLAIMER: *If there is a discrepancy between this electronic program and the written copy held by the program owner, the written copy prevails.*	

1 PURPOSE

1.1 To fulfill the requirement for a medical surveillance program as listed in the Canadian Biosafety Standard, 2nd Ed, 4.1.10, 4.2, for authorized personnel defined and applicable under RMM600 – Biosafety Program.

1.2 The medical surveillance program is designed to prevent and detect personnel illness related to exposure to infectious material, organisms or toxins handled during laboratory work, research and teaching. The focus of the program is primarily preventive, but provides a response mechanism through which a potential infection or intoxication can be identified and treated before serious injury or disease occurs.

1.3 The medical surveillance program supports ongoing self-assessment for symptoms which may be associated with occupational exposure to any infectious materials, organisms or toxins handled during laboratory work, research and teaching.



2 SCOPE

2.1 This policy applies to all authorized personnel handling infectious materials, organisms and toxins applicable under RMM600 – Biosafety Policy that are handled at Containment Level 1, 2 (including 2 enhanced) for the purposes of laboratory work, research and teaching.

2.2 This policy does not include surveillance for those agents which are to be manipulated at Containment Level 3. Such a program is contained within the PHAC-approved CL3 standard operating procedures and follows the direction of the infectious diseases physician.

2.3 This policy does not apply to persons in a professional medical program co-ordinated by Educational Services in the Faculty of Health Sciences. Please see Education Services Health Screening Program Coordinator for applicable policies and procedures.

3 RELATED DOCUMENTS

3.1 RMM106 - Presidential Biosafety Advisory Committee Terms of Reference

3.2 RMM600 - Biosafety Program

3.3 RMM407 – Human Blood/Body Fluid Exposure Program

3.4 RMM1000 – Reporting & Investigating Injury/Incident/Occupational Disease Program

3.5 McMaster University Guide and Procedures On Workplace Accommodation
https://www.mcmaster.ca/policy/Employee/WorkplaceAccommodationGuide-Procedures-2015.pdf

3.6 Canada Immunization Guide
http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

4 DEFINITIONS

4.1 **authorized personnel** – an individual who has been granted access to the containment zone by the containment zone supervisor. This is dependent on completing training requirements and demonstrating proficiency in the SOPs, as determined to be necessary by the supervisor. This includes any person directly undertaking controlled activities involving infectious materials, organisms and toxins.

4.2 **External Advisor** - any non-member deemed by the PBAC to be a subject matter expert with reference to the issue requiring consultation.

4.3 **medical surveillance program** - A program designed to prevent and detect personnel illness related to exposure to infectious material or toxins during work, research and teaching. The focus of the program is primarily preventive, but provides a response mechanism through which a potential infection or intoxication can be identified and treated before serious injury or disease occurs.

4.4 **President** – President and Vice Chancellor.

4.5 **the University** – the legal entity represented by the President; the employer.

4.6 **Acronyms:**

BUP – Biohazard Utilization Protocol

CL – Containment Level

EHS – Employee Health Services

EOHSS – Environmental and Occupational Health Support Services

FHS – Faculty of Health Sciences

PBAC – Presidential Biosafety Advisory Committee

PEP – Post Exposure Protocols

PSDS – Pathogen Safety Data Sheet

RMM – Risk Management Manual

SAS – Student Acessibility Services

5 RESPONSIBILITIES

5.1 Office of the Vice President, Research

The Vice President, Research or designate shall:

- Monitor the effectiveness of the policy.
- Provide the resources necessary for the implementation of this policy.

5.2 Presidential Biosafety Advisory Committee

The PBAC shall:

- Review the requirements for and of this policy on an annual basis.
- Consult with External Advisors on this policy on an as-needed basis.

5.3 Associate Deans of Research:

Associate Deans of Research shall:

- Ensure all identified Chairs are aware of and execute their responsibilities under this program.

5.4 Departmental Chairs

Departmental Chairs shall:

- Facilitate the department-wide dissemination of information related to this policy.
- Ensure all individuals under their supervision are aware of and execute their responsibilities under this program.

5.5 Supervisors

Supervisors shall:

- Facilitate the lab-wide dissemination of information related to this policy.
- Ensure all individuals under their supervision are aware of and execute their responsibilities under this program.
- Ensure all biological inventory and immunization sections on their BUP are up to date.
- Ensure all biological inventory items, that are pathogenic to humans, have associated safety documentation equivalent to a PSDS. Ensure all individuals under their supervision who are conducting controlled activities with any inventory

items approved for use for that supervisor, are aware of the risks and symptoms associated with exposure to such inventory items.

- Prohibit any individual from conducting controlled activities with any inventory items approved for use for that supervisor unless they are aware of the risks to health and wellbeing and of the symptoms associated with exposure to inventory items in use.
- Complete a local emergency response plan which lists the closest urgent care centre or emergency room, its street address and its operating hours.
- Identify individuals working with inventory items for which immunizations are available and ensure those individuals are aware of and understand the immunizations and any required periodic serologic testing for immunity that are recommended before undertaking such work.
- Ensure all individuals are monitoring their health status on an ongoing basis. Use the form in Appendix A to annually affirm that self-monitoring is carried out by each individual as documentation of due diligence.
- Ensure accommodation is provided to individuals as recommended by EHS or SAS. Ongoing consultation and regular accommodation review to be provided, where warranted.
- Where working with Risk Group[1] 2 or Risk Group 3 human pathogens is determined to be an essential duty of the role, include a description of such duty in the job posting.
- Where a candidate at any stage in the hiring process, or an employee, identifies a need for accommodation and such accommodation is not believed to be possible within a given position, consult Faculty of Health Sciences HR or Employee and Labour Relations for advice and guidance.
- Print the appropriate PSDS and append it to the offer letter for any position requiring handling of Risk Group 2 or Risk Group 3 human pathogens.

5.6 All Authorized Personnel

All authorized personnel shall:

- Carry out their work as directed by their supervisor.
- Consider recommendations given by the Canadian Immunization Guide for acquiring immunizations and required titers. If undertaken, consult with their own medical service provider regarding requirements for immunization and proof of immunity.

[1] As defined by the current edition of the Canadian Biosafety Standard

- Complete the form Appendix A and update on an annual basis to indicate they are monitoring their health status on an ongoing basis.
- Follow post exposure procedures as described in this RMM upon exposure to an infectious material, organism or toxin.
- Seek consultation with EHS (employees) or SAS (students) on the occasion:
    - They have functional and/or cognitive limitations such that they cannot adhere to safe practices described in work-related standard operating procedures or such that their ability to adhere to safe practices may be compromised, and/or they require medical accommodation.
    - They have a new or pre-existing medical condition that would increase the risk of disease or severity of disease if exposed.
    - In some situations it may be warranted that specific medical documentation be required to determine safe practice and/or accommodation.

6 POST EXPOSURE PROCEDURES

Following exposure:

- Follow first aid recommendations found in the PSDS for the organism if available.
- Follow first aid recommendations found in RMM407 for all other exposures.
- Inform their supervisor of the incident.
- Within 1-2 hours, seek immediate medical attention, bringing any information on the biological inventory item to which the authorized person was exposed.
- Complete a Injury/Incident Form and arrange for it to be sent to the FHS Safety Office or EOHSS as soon as possible within 24 hours of the incident as per RMM1000 – Reporting & Investigating Injury/Incident/Occupational Disease Program.
- Identify for the initial health care provider who will be the counselling/follow-up care physician, if known.
- Adhere to the course of treatment prescribed by the initial health care provider, including PEP and follow up appointments.
- Obtain follow-up care and/or support as appropriate (e.g. from own family physician or McMaster Student Wellness Centre).
- Arrange with supervisor for any accommodations or absences that may arise from the incident in accordance with program or university policies.

7 USE OF CANADA IMMUNIZATION GUIDE

- The Canada Immunization Guide is found at:
  http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php
- For laboratories which use items for which immunizations are available, the authorized person and supervisor are expected to familiarize themselves with the guide.
- The authorized person and supervisor are to review the provided information related to the active immunizations available that are relevant to the authorized person's assigned tasks.
- The supervisor is not responsible for giving medical advice.
- The authorized person is to bring their specific queries to their own medical service provider.

8 RECORDS

- Biological inventories shall be kept by the supervisor and the Biosafety Office. The supervisor is responsible for updating their inventory through the BUP Portal.
- Filled Appendix A forms shall be kept by the supervisor for at least 5 years after the authorized person has left the University.

9 REVIEW

- This policy shall be reviewed by the PBAC on an annual basis.

In support of RMM603 - Medical Surveillance, this form is used as documentation of due diligence. This form will be audited as a part of your laboratory's regular biosafety audit.

Section 1. Acknowledgement of Risks and Responsibilities

Name: _____ Date: _____		
		I have been informed of the risks and symptoms associated with exposure to the biological items I am required to handle for my work.
(initial)		I have been informed of any immunizations that are recommended for the biological items I am required to handle for my work.
(initial)		I understand the process of immunization and that for effectiveness to be achieved, minimum serum titers may have to be met. I understand that it is my responsibility to manage my own immunizations and titer results.
(initial)		I understand the exposure response process and am aware of the closest emergency treatment centre and their operating hours.
(initial)		I understand that I must seek accommodation from either Employee Health Services or Student Accessibility Services when I have either (1) a physical limitation such that I cannot adhere to safe practices described in work-related standard operating procedures; or (2) a new or pre-existing medical condition that would increase the risk of disease, or severity of disease, if exposed.
(initial)		I understand that I am expected to self-monitor my health for symptoms associated with exposure to any of the biological items I am required to handle for my work.
(initial)		I understand that I must inform my supervisor on the event of onset of any symptoms associated with exposure to any of the biological items I am required to handle for my work.

Section 2. Ongoing Self-Monitoring of Health

For each year that has passed from the above noted date, please attest to self-monitoring.

		For the year _____ I have self monitored my own health for symptoms associated with any potential occupational exposure to any biological material I am required to handle for my work.
(initial)		For the year _____ I have self monitored my own health for symptoms associated with any potential occupational exposure to any biological material I am required to handle for my work.
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