

**STATEMENT 3.2.16 – STATEMENT ON ILLNESS AND PRE-ENTRY REQUIREMENTS**  
**Undergraduate Medical Education**

Approved by:	Curriculum Committee
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**I. PURPOSE**

The purpose of this statement is to provide guidelines to protect the health of students, physicians, staff and patients.

**II. DEFINITIONS**

**III. STATEMENT**

**Acute Illness**

- Students who become ill while on duty in a clinical area should consult with their immediate supervisor about leaving the duty assignment and seeking medical assistance as necessary at the hospital, or student health services, or their own physician.
- If the duty area is a general hospital, acute care may be rendered at the Occupational Health and Safety Services (OHSS) of the hospital or, if after hours, in the Emergency Department.
- Students must contact OHSS immediately if absent due to infectious disease, surgery, or communicable disease (such as measles, chicken pox, rubella, tuberculosis, rabies, Q Fever, etc).

**Return to Work**

- Students who have been absent for three working days or more must report to OHSS at the hospital for authorization to return to work if there is a question about their fitness to work (i.e., wearing brace or on crutches or have been exposed to an infectious disease).
- OHSS must be notified and the student assessed prior to any work assignment if they have contracted an infectious disease (i.e., conjunctivitis, staphylococcal or streptococcal skin infections, Herpes Simplex, respiratory and gastrointestinal illnesses).

**Statement of Potential Health Risks**

- Medical students will be required to care for persons with infectious diseases (including Hepatitis B, HIV, CAS A strep, meningitis, influenza, TB, etc) should they be assigned to them. Students must ensure they follow the appropriate infection control guidelines (i.e., routine/ standard precautions) in order to protect against exposure to blood and/or bodily fluids.

**Pre-Entry Requirements for Clinical Areas in Hospitals**

- If you have any major or infectious medical conditions that would affect your fitness to perform duties, specifically a latex sensitivity or latex allergy, please contact OHSS prior to placements at the teaching hospitals in order that they may assess you for appropriate placement and ensure appropriate personal protective equipment is available for you.

## **Specific Pre-Entry Requirements for all Students and Faculty in Clinical Experience Areas of all Teaching Hospitals and Community Medical Clinics**

- All teaching hospitals are required, under the Public Hospitals Act and the Occupational Health and Safety Act, to ensure that students receiving clinical experience in the hospital, and the faculty involved, comply with the Act and its regulations.
- Any problem related to the failure of a student to comply could lead to the student being removed from the clinical experience and liability being placed on the university for any resulting damages to either patients or staff.

### **Pre-placement Notification to Occupational Health and Safety Services:**

- Students who have any of the following that may affect their ability to perform their duties while at the hospital are to contact OHSS at the hospital prior to placement:
  - A major medical condition
  - An infectious condition.

### **Mantoux Tests:**

- Positive TB test – Chest x-ray within twelve months preceding entry into the program is required for all students who are Mantoux positive.
- Negative TB test – A two-step intradermal Mantoux test and annual test: All students must have a two-step intradermal Mantoux test using PPD 5TU within the twelve months prior to the start of the first clinical rotation and then an annual one-step Mantoux test.
- TB Contacts: Surveillance by OHSS includes TB skin testing of baseline and three-month follow-up. For positive TB test reactors a single P.A. chest x-ray, current within the last 12 months.

### **Immunization:**

- Tetanus Toxoid: completed primary series with the most recent booster in the previous ten years.
- Td Absorbed: Available as a booster for those with history of previous diphtheria immunization (ten years or more since last injection).
- Td plus IPV: now available as booster for adolescents aged 14-16 and **only for high risk adults**.
- Polio IPV: Salk inactivated polio vaccine (SC) is not routinely recommended for adults if primary series has been completed. IPV may be given to high risk adults if ten years has elapsed since last dose.

## [Enteric Disease Surveillance Protocol for Ontario Hospitals](#)

### **Gastrointestinal Illness:**

- Gastrointestinal illness of an acute infectious nature may have serious implications for food handlers and patient care workers. Therefore, all such persons experiencing vomiting and diarrhea have a responsibility to declare this to the OHSS, both when leaving work and returning to work.
- Food handlers or patient care workers experiencing vomiting or diarrhea of a probably infectious nature should normally be excluded from work until they have been symptom free for 48 hours. The exceptions to this are the circumstances discussed under Exceptions (below) where a longer exclusion from work may be required.

### **Return to Work:**

- When a food handler or patient care worker returns to work after a gastrointestinal illness, he/she must report to the OHSS as soon as possible.
- The OHSS should assess and counsel him/her regarding personal hygiene, or may delegate this to others (e.g., supervisor) when appropriate.
- Return to work is not conditional upon submission of routine stool specimens or results of stool examination.

- OHSS will document these instances to identify clustering.
- In some situations, individuals may be identified as carriers of enteric pathogens (where stools have been submitted for reasons other than return to work criteria).
- In these cases, known symptom-free carriers of enteric pathogens may continue to work as long as personal hygiene is good.

**Exceptions to these recommendations are:**

- Salmonella typhi and paratyphi: Carriers of these organisms must be excluded from food handling and patient care activities until the carrier state is eradicated.
- Hepatitis A: If symptoms or circumstances are suggestive of Hepatitis A, the food handler or patient care worker must remain off work until seven days following the onset of jaundice. Administration of immune globulin to contacts (including other food handlers) within 14 days of onset of illness in this case may be considered.
- Norwalk-like Disease: Persons with symptoms or circumstances suggestive of Norwalk disease must remain off work until symptom free for 48 hours. In outbreaks of Norwalk, patient-staff cohorting should be implemented; persons working in the affected institution should not work in other facilities until the outbreak is over.
- Shigella: Persons with symptoms suggestive of Shigella must submit stool specimens for culture. If Shigella is cultured, the person must be excluded from work until two negative stool samples have been obtained, 24 hours apart, beginning at least 24 hours after diarrhea ends. If treated with antibiotics, the first stool must be submitted at least 48 hours following cessation of the antibiotic.
- Outbreaks: In outbreak situations, the OHSS must notify the Medical Officer of Health, and involve the hospital Infection Control / Outbreak Control Committee.
  - Food handlers and epidemiologically-linked patient care workers may be asked to submit stools for examination.
  - Symptomatic workers must remain off work until two stool specimens are negative for the outbreak pathogen; the stools must be collected at least 24 hours apart, with the first being collected following at least 24 hours without diarrhea. If the individual has been treated with antibiotics, the first stool must be submitted at least 48 hours following cessation of the antibiotic.
  - Asymptomatic persons may not work if their stool specimens test positive for the outbreak pathogen. Asymptomatic carriers of the outbreak pathogen may return to work once the outbreak is declared over by the Medical Officer of Health. All staff must be assessed and reminded regarding personal hygiene and high risk food preparation, either by hospital staff or by public health inspection staff.
  - In paediatric units, outbreaks of rotavirus infections are very common. If evidence of rotavirus outbreak is found, staff should be assessed and reminded about good hygiene, but screening and exclusion of asymptomatic workers is not required.