



**USF Health - Morsani College of Medicine
GME POLICY & PROCEDURE**

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Scope: Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited and non-accredited/non-standard programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

Background: USF Health follows current CDC recommended guidelines, including Standard precautions, for the prevention of occupational exposures to BBPs. All reported BBP exposures are evaluated and managed in accordance with current CDC recommended post-exposure prophylaxis (PEP) guidelines.

Policy: All Residents are required to adhere to the USF MCOM Exposure Control Plan (See additional info at: [Exposure Control Plan](#)) and report Blood borne pathogen (BBP) exposures to their supervisor and to follow the policies/procedures of the affiliated organizations where the exposure occurred.

The USF Health Medical Health Administration (MHA) office and/or the Infectious Disease Fellow “on-call” are to be notified immediately if the exposure occurs in a USF Health ambulatory care clinic or other clinical site outside of an acute care facility. All Residents who report a BBP exposure are required to submit the USF Worker’s Compensation Forms and are highly encouraged to complete the recommended post-exposure follow-up protocol as instructed.

Residents are responsible for following the appropriate infection prevention measures, including CDC’s Standard Precautions and the use of engineering and work practice controls, to minimize the risk of exposure and transmission of bloodborne pathogen infections from patients to healthcare workers and from healthcare workers to patients.

All Residents are required to be immunized with the Hepatitis B vaccine, unless it is contraindicated, and provide verification of immunity to the Hepatitis B virus with a “Positive” Hepatitis B surface antibody titer. All residents without evidence of immunity must submit documentation of their HBsAg status and HB Core Antibody, total status.

Residents are provided BBP exposure prevention and management education and training initially during orientation and annually thereafter through lectures, grand rounds, and/or on-line training programs. A laminated orange card, “Bloodborne Pathogen (BBP) Exposure”, is attached to their ID badge clip and distributed at orientation to ensure all Residents know how they can obtain prompt evaluation and treatment for a BBP exposure that occurs at any of the major USF Clinical Affiliates in the Tampa Bay area.

	Acute Care / Hospital Based	Outpatient/Ambulatory Care Setting
Regular Business Hours	Report to Hospital's Employee/Occupational Health Department	Contact Medical Health Administration at 813-974-3163, if no answer page 813-216-0153
After Regular Business Hours	Report to Hospital's Evening/Night Nursing Supervisor, <u>-OR-</u> <u>Report to the Emergency Room.</u>	Contact Infectious Disease physician-on-call at (813) 974-2201 (USFPG answering service)

Procedure

Responsible Party

Action

Graduate Medical Education ("GME")

Ensures residents are provided with BBP exposure prevention and management guidelines at on-boarding/orientation.

MHA Office

Coordinates the BBP education and training programs and the Hepatitis B vaccination program to meet OSHA and Clinical Affiliate requirements. Provides the laminated Orange Exposure Contact Cards. Coordinates BBP exposure initial and/or follow-up protocols for exposures that occur at affiliated facilities when those facilities do not do initial and/or follow-up care.

Resident

Responsible for following Standard Precautions and other required infection control measures to minimize the risk of a BBP exposure. Report all BBP exposures and submit all required forms in accordance with policy.

Refers to Resident Handbook for guidelines on Employment Related Injury and Occupational Exposures.

Healthcare Workers Infected with HIV, HBV and/or HCV

The purpose of this policy is to outline the required administrative management of residents who are infected with one or more of the bloodborne pathogens. The USF MCOM recognizes its duty to minimize the risk of transmission of bloodborne pathogens

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(BBPs) by residents employed by USF. USF MCOM also recognizes its duty to provide a study and work environment which is free from discrimination. This Policy has been developed to ensure that USF acts in a manner consistent with these two duties.

Blood exposure to a patient is of equal medical significance as a BBP exposure to a healthcare worker and must be reported and documented so prophylaxis and/or timely treatment can be offered to the patient in accordance with current CDC guidelines for an exposed healthcare worker.

Infected Residents are not prohibited from participating in patient-care activities solely on the basis of a blood borne pathogen infection. Each case will be evaluated and handled on an individual basis according to the Society for Healthcare Epidemiology of America (SHEA) guidelines released March, 2010 and the Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students released January 12, 2018. SHEA provides different recommendations for healthcare workers infected with the Hepatitis B Virus (HBV), the Hepatitis C Virus (HCV), and/or the Human Immunodeficiency Virus (HIV) because different viral loads of each pathogen require different surveillance measures and have different levels of risk. These guidelines reflect the importance of patient safety as well as provider privacy and medical confidentiality. Accordingly, an evidence-based protocol, which assures decisions that are consistent with current practice and confidentiality of the resident, will govern the decisions relating to resident participation in invasive clinical activities.

Reasonable accommodations, when requested, will be made in accordance with the Americans with Disabilities Act Amendments of 2008 with the understanding that reasonable accommodations are highly dependent on the nature of the training program. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of an educational training program, imposes an undue and/or unreasonable hardship on USF and/or the clinical training site, or fails to eliminate or substantially reduce a direct threat to the health or safety of others.

Residents who develop one of these bloodborne pathogen infections are ethically bound to report their infections to the USF Health MCOM through the GME office and the USF MHA office and to engage in the processes outlined by this policy. The confidentiality of all information about HIV, HBV, or HCV serostatus will be maintained pursuant to State and Federal laws. Depending on the activities to be undertaken at each location or affiliated site, the Senior Associate Dean/DIO of GME, the Director of GME, or the MHA office is authorized to disclose a Resident's BBP status on a need-to-know basis and such disclosure generally includes some supervising attendings and/or faculty and affiliated institutions and clinical sites. If necessary, however, other supervisors and/or faculty may be notified that the individual has a bloodborne infection or that the resident is "sharps restricted", but they will not be informed of the particular disease. The clinical sites where residents train also may have additional reporting requirements depending upon procedures and activities to be performed by the Resident, and Residents are expected to follow all policies, procedures and reporting requirements of USF affiliated institutions and clinical sites.

The Senior Associate Dean of GME/DIO or Director of GME will ask the USF Health Advisory Committee to formally initiate the USF Health Procedure for those Residents infected with a Bloodborne Pathogen where oversight is required. The Senior Associate Dean/DIO or Director of GME will request the Dean of the MCOM to appoint individuals to the USF Health Advisory Committee on a temporary and ad hoc basis to include: the Program Director of the involved program, a representative from Infectious Diseases, the Medical Director(s) of the involved hospital(s), and at least one representative of the House Staff Advisory Committee. The USF Health Advisory Committee will make a recommendation to the Dean regarding the individual protocol for the resident and will serve as the monitoring and oversight body. The USF Health Advisory Committee will function in a confidential manner and all records will be maintained as individual health care records of the individual. Decisions regarding restriction of invasive clinical activity, ongoing monitoring program, counseling of the resident and patient notification will be made by the Dean of the MCOM.

Procedure

<u>Responsible Party</u>	<u>Action</u>
Resident	Notify the Senior Associate Dean/DIO of GME or Director of GME and the USF MHA office of BBP infection. Adheres to the principles of Standard Precautions at all times to decrease the risk of acquiring or transmitting BBPs.
Senior Associate Dean/DIO or Director of GME	Activates USF Health Advisory Committee (if required).
USF Health Advisory Committee	Review all pertinent information and formulate recommendations for the Dean regarding restriction of clinical activity, on-going monitoring program and notification of patients (if required). Monitor health status of resident and recommend changes in the resident monitoring protocol as appropriate.
Dean, College of Medicine	Notify resident of Committee recommendations.
USF MHA	Provide immunizations, post-exposure follow-up and maintains records for employees

APPROVED:



Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
11/2001	11/2001	06/2005; 08/2008; 10/2011; 10/2013; 04/2018; 04/2020	N/A