

Inhibiting Conditions Policy for all UND SMHS Residents/Fellows

POLICY STATEMENT

Residents/fellows who are known to have a condition (injury, infection, environmental disease) that may negatively impact themselves, fellow residents, staff, faculty or patients have a professional obligation to inform and work with UND SMHS faculty to develop a plan to balance their own health, educational needs and confidentiality as well as the health of others with whom they may come in contact.

REASON for POLICY

Identify potential educational modifications to address the educational needs of the affected resident/fellow while safeguarding the welfare of all residents/fellows, staff, faculty and patients.

RELATED INFORMATION

UND Incident Reporting & Investigation Instructions	https://campus.und.edu/safety/resources/forms.html#d20e84-2
UND Safety & Loss Control Manual	https://und.policystat.com/policy/4716818/latest/
GME Policy Page	https://med.und.edu/policies/medical-residents.html
Occupational Safety & Health Administration	https://www.osha.gov/
Center for Disease Control and Prevention	http://www.cdc.gov/

DEFINITIONS

Aerosol Transmissible Disease	An infectious disease that is transmitted by respiratory aerosols, which are particles of respiratory secretions from the nose or mouth.
Bloodborne Pathogens	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
Category I Likely to change without revision of this policy, provided here as an example.	Using the CDC MMWR from July 6, 2012 “Updated CDC Recommendations for the Management of Hepatitis B Virus Infected Health Care providers and Students”; <ul style="list-style-type: none"> • Digital palpation of a needle tip in a body cavity and/or • The simultaneous presence of a health care provider’s finger and a needle or other sharp instrument or object (e.g. bone spicule) in a poorly visualized or highly confined anatomic site.
Category II Likely to change without revision of this policy, provided here as an example.	All other invasive and noninvasive procedures: These and similar procedures that pose low or no risk for percutaneous injury to occur to a health-care provider or if a percutaneous injury occurs does not pose a risk of provider to patient blood exposure.
Environmental disorder	Usually refers to an allergic reaction to an environmental substance that may lead to contact dermatitis, allergic skin rash or anaphylactic reaction.
Immediate supervisor	The instructor, clinical site supervisor and/or preceptor with the direct responsibility for the resident/fellow at the site at time of the incident.
Infection	A disease that may be either temporary or chronic in which an individual may put others at risk while participating in care, education or clinical enrollment.
Injury	Physical incapacitation severe enough to prevent the resident/fellow from being able to complete expected functions of the program (technical standards). An injury may be temporary or chronic.
Universal Precautions	An approach to infection control. According to the concept of universal precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

PRINCIPLES

OVERVIEW—This policy addresses conditions that may impact, temporarily or chronically, a resident's/fellows ability to participate in a medical or health sciences program. It addresses not only the health and safety of the individual resident/fellow but also others with whom the resident/fellow may come in contact.

As an educational institution UND SMHS is dedicated to the education and confidentiality of residents/fellows as well as the health of all resident/fellow faculty, staff, and patients. The administration and faculty are keenly aware of the importance of both patient and resident/fellow safety. UND SMHS will use all reasonable methods to balance the educational needs of the resident/fellow while addressing the goals of confidentiality and health for the affected resident/fellow; taking into account the health of others with whom the individual may come in contact. The Program Director shall be responsible for developing an individualized learning plan to meet the learning objectives for the resident/fellow known to have an injury, infectious or environmental disorder that may negatively impact themselves, the patient, fellow resident/fellow, staff or faculty.

A resident/fellow with a serious infection, injury or environmental disorder must seek immediate and appropriate medical care. The resident/fellow has a professional obligation to inform and work with the Program Director/DIO to develop an educational plan that will best balance the needs of the affected resident/fellow and other parties with whom they may come in contact. The Program Director of the program may consult a group of experts with regard to the student's specific situation.

The resident/fellow is encouraged to seek assistance through the Affirmative Action Office in order to "identify and coordinate reasonable accommodations" that might be available and appropriate for the situation. The Program Director of the program will attempt to accommodate the requests with modifications to the educational experience, however if unable to do so they will attempt to find an alternative educational experience for the resident/fellow. It may be necessary for the Program Director to issue a leave of absence (either voluntary or involuntary) until the resident/fellow is able to recover/recuperate prior to return to full, unrestricted duty.

The CDC special article "Guideline for infection control in health care personnel, 1998" often cited as one of the most comprehensive documents of its kind, addresses hospital obligations with regard to infection control with employees. In applying the information to students, the "technical standards" (as defined by the program or department) identify the minimum abilities needed for an individual to complete the educational program with or without "reasonable accommodations." In the case of a resident/fellow with a communicable disease spread by aerosol they could be justifiably denied contact with others until such time that they were no longer infectious. In an employment setting it is not reasonable to limit the scope of contact of an immunocompromised person; however, where the individual is a resident/fellow the program would maintain the responsibility to work with the student's health care provider to develop the best plan for the affected resident/fellow.

PROCEDURES

It is expected that residents/fellows, faculty and staff will follow all Universal Precautions. If needed, the SMHS reserves the right to utilize other options up to and including an expert oversight panel to assure safety of the resident/fellow and others with whom he/she may come into contact.

Universal Precautions- All human blood and bodily fluids are to be treated as if they are known to be infectious. Students should follow universal precautions in all appropriate settings and as directed by supervisory staff and faculty.

Education-A resident/fellow with a serious infection, environmental disorder or injury must seek immediate and appropriate medical care. The first step in addressing the situation is education for the affected resident/fellow about his/her own safety and that of his/her patients and colleagues as well as the potential transmissibility of the affecting agent. Consider, as an example the physical therapy student who is allergic to latex, the Program Director will place the student in a setting where latex gloves are not being used but may need to inform the student of the areas of potential danger within his/her current or future clinical settings. This will allow the student to best control their environment and their health. The Program Director will share the information with faculty and staff on a need to know basis.

Continuing/Returning to Educational Environments- The resident/fellow has a professional obligation to work with the Program Director and perhaps their primary health care provider to develop an educational plan that will take into account the students educational needs, the health of the resident/fellow and the potential exposure to other individuals including patients. The Program Director may consult a group of experts with regard to the resident/fellow specific situation. It is expected the experts will be individuals who have the expertise to assist in the decision for what is best for the resident/fellow as well as the patients with whom they will interact. Consider an example of an occupational therapy student who has been diagnosed with Strep Pharyngitis. With documentation from an appropriate healthcare provider addressing clearance and/or limitations, a resident/fellow may be able to return to the educational environment.

Expert Panel Oversight- The Program Director may convene an expert panel with regard to the student's specific situation. The expert panel shall consist of individuals who are well versed in some aspect of the situation, guided by information from the student's primary healthcare provider, the North Dakota Board of Health and/or the Centers for Disease Control. The plan of action will be developed in private and information will be shared on a need to know basis. Consider a medical resident/fellow with a Hepatitis B viral infection. The expert panel may consist of the following:

Program Director is knowledgeable in the course work, technical standards and learning objectives for the program and the situation. He/She will serve as chair of the expert panel.

Pathologist or Infectious Disease Specialist have knowledge of the disease process and transmissibility of the infecting agent.

The panel will be guided by information from the treating physician as to the health and treatment compliance of the affected resident/fellow.

Possible protocols for the above named medical resident/fellow.

Resident/Fellow situation: Actively ill; high HBV titer
Possible Options: Leave of Absence may be an option until the resident/fellow is feeling better and/or has a low enough viral titer to continue.

Resident/Fellow situation: Not feeling ill; high HBV titer
Possible Options: Rearrange or reassign rotations in order to participate in a less interventional rotation awaiting a lower titer when it would be safe to participate more fully.

OR:

Continue with current rotation avoiding high-risk (category I) activities as identified by the UND Affirmative Action Office; for example, abdominal surgery or vaginal delivery. Utilize the simulation center for vaginal deliveries. Observe the procedure without participation, for example being present and scrubbed for the abdominal surgery but not assisting in the surgery. The resident/fellow would have the opportunity to improve suturing skills, observe and participate in non-high-risk (category II and higher) situations in order to obtain clinical skills.

Resident/Fellow situation: Not feeling ill; low HBV titer
Possible Options: Participation in all activities, following appropriate precautions (according to CDC guidelines)

Accommodation-The resident/fellow is encouraged to seek assistance through the UND Office of Affirmative Action in order to “identify and coordinate reasonable accommodations” appropriate for the situation. The Program Director/DIO will attempt to accommodate all requests; if unable to do so will attempt to find alternative educational experiences. It may be necessary for the Program Director to issue a leave of absence (voluntary or involuntary) until the resident/fellow is able to return to full unrestricted duty. An example of this situation may be a resident/fellow with influenza who is either in the classroom or clinical setting.

RESPONSIBILITIES

<p>Resident/Fellow</p>	<p>Report the infection, injury or disorder and work with the Program Director/DIO. The resident/fellow may report the infection, injury or disorder to the Affirmative Action Office.</p> <p>Immediately report any exposure of patient to immediate supervisor.</p>
<p>Program Director</p>	<p>Work with the resident/fellow to identify appropriate alternative educational opportunities where needed. He/She may identify and convene an appropriate group of individuals who will act as the expert panel for the resident/fellow and provide guidance as to alterations/accommodations that may be made to the program to ensure a comparable educational experience. Provide information to others on a need to know basis. Inform clinical faculty/supervisors as needed of any alterations of educational experiences in order to support the resident/fellow in his/her efforts to protect themselves and others.</p>
<p>Health Care Provider</p>	<p>Provide the resident/fellow with a written opinion/evaluation of his/her medical status related to the inhibiting condition. This should include documentation addressing clearance and/or limitations whereby the resident/fellow may be able to return to the educational environments.</p>

GMEC adapted FAC policy and approved on February 14, 2017