University of Prince Edward Island	**Policy No**. admordgnl0012	**Revision No.** 1	
Policy Title: Medical Surveillance for Research Involving Biohazardous Materials		**Page 1 of 4**	
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Authority: Board of Governors	**Responsibility:** Vice-President, Academic & Research		**WWW Access:** Yes

1. Purpose

The purpose of this Policy is to outline the medical surveillance for research requirements that aid in the prevention and recognition of illness in UPEI faculty, staff, or students ("University Members") resulting from the exposure to infectious materials, biological toxins, and animal allergens in the course of their research at or for the University of Prince Edward Island (the University, UPEI), in compliance with all applicable Federal and Provincial legislation and guidelines and University standards and guidelines.

2. Scope

This Policy applies to all University Members working with Risk Group (RG) 2 human/zoonotic pathogens, potentially infectious materials, or biological toxins, as well as those who may be exposed to animal allergens within a research environment at the University.

3. Definitions

3.1. **Animal Care Committee (ACC)** means the UPEI committee established and overseen by the Vice-President, Academic & Research under the UPEI Animal Care Committee Policy.

3.2. **Animal Utilization Protocol** means a formal, complete and accurate description of the proposed animal use, as per Canadian Council on Animal Care guidelines, and reviewed and approved by the UPEI ACC.

3.3. **Biosafety Permit** means the authorization to carry out specific work with biohazardous materials approved and issued by the UPEI IBC.

3.4. **Biosafety Program Standard** means the reference document issued and administered by the IBC, detailing Biosafety Policy and Medical Surveillance Policy implementation on campus.

3.5. **Institutional Biosafety Committee (IBC)** means the IBC established and overseen by the Vice-President, Academic & Research under the UPEI Biosafety Policy.

3.6. **Plan for Post-Exposure Prophylaxis (PPEP)** means a document associated with a Biosafety Permit outlining the response to be taken in the event of exposure to human or zoonotic pathogens or toxins, bloodborne pathogens, or other potentially infectious materials (PIM).

3.7. **Potentially infectious materials (PIM)** means any biological material that may contain human or zoonotic pathogens and, therefore, may pose a risk to human health.

3.8. **Risk Group (RG) 2** means the description in the Canadian Biosafety Standard.

3.9. **Universal Precautions** means a series of infection control strategies used to prevent the transmission of bloodborne pathogens from exposure to blood and other potentially infectious materials.

3.10. **University Members** means all UPEI faculty, staff, students, or others involved in the use of RG2 materials and/or toxins at or for the University.

4. Responsibilities

4.1. This Policy is authorized by the Board of Governors.

4.2. The Vice-President, Academic & Research (VPAR) is responsible for administering and implementing this Policy, including developing programs and initiating a review of this Policy once every five years, or earlier, as circumstances dictate.

4.3. All principal investigators/faculty members are required to assume the primary administrative responsibility for the implementation and adherence to this Policy as it applies to their research.

5. Policy

5.1. A plan for medical surveillance is required for research involving RG2 human/zoonotic pathogens, PIM, or biological toxins, as well as research that may expose University Members to animal allergens.

5.1.1. Research requiring medical surveillance may not proceed until surveillance requirements are addressed, a Biosafety Permit has been obtained from the University IBC and, if relevant, an Animal Utilization Protocol has been approved by the University ACC.

5.2. University Members must:

5.2.1. Adhere to this Policy and the medical surveillance guidelines in the UPEI Biosafety Program Standard;

5.2.2. Comply with the personal protective equipment (PPE) requirements, all operational practices and Universal Precautions, as identified in the Biosafety Permit;

5.2.3. Be aware of and follow the plan for post exposure prophylaxis (PPEP) associated with any Biosafety Permit on which they are listed;

5.2.4. Complete any required vaccinations and/or provide proof of protective titre;

5.2.4.1. University Members must visit the UPEI Health and Wellness Centre for information and to receive and/or document vaccinations(s) or titre verifications(s) if determined by the IBC to be relevant to their work.

5.2.4.2. In exceptional cases, medical exemptions may be sought; however, adequate documentation from a licensed medical professional in support of the exemption must be provided. This documentation will be reviewed and considered for approval by the IBC, in consultation

with UPEI Health and Wellness Centre. Additional information or modifications may be requested as part of the review process.

5.2.5. Complete all required training before working with the RG2 pathogens, potentially infectious materials or biological toxins, or animal allergens;

5.2.6. Immediately inform the Biosafety Officer (BSO) of any possible or confirmed research-related incident at the University that may have resulted in:

(a) an exposure of an individual to a human or zoonotic pathogen or toxin; or

(b) any disease that may have been caused by an exposure to a human or zoonotic pathogen or toxin;

5.2.7. Report any exposure to BHM, incident, near miss, or illness that may be associated with the work, to the supervisor or principal investigator (PI) and submit an Incident Report Form, as soon as possible, to the Health, Safety and Environment Manager.

5.3. The Biosafety Officer (BSO) must:

5.3.1. Provide training and advice on biosafety, biosecurity, and bloodborne pathogens, including procedures, PPE and equipment that may be beneficial to University Members' health;

5.3.2. Conduct incident investigations when BHM is involved, with the Health, Safety and Environment Manager and/or other individuals such as the University Veterinarian or those with specialized training (e.g., medical professionals) as needed.

5.4. The Institutional Biosafety Committee (IBC)

5.4.1. Must review all biosafety applications to determine if medical surveillance is required;

5.4.2. May require mandatory changes to the application, based on the local risk assessment;

5.4.3. When medical surveillance is required, award the Biosafety Permit only after all medical surveillance requirements have been addressed.

5.5. The Animal Care Committee must:

5.5.1. Identify Animal Use Protocols that may require medical surveillance and direct this information to the Research Compliance Coordinator, Office of Research Services, who will request input from the IBC;

5.5.2. Provide direction on dealing with research animal related allergies.

5.6. The University Veterinarian must:

5.6.1. Conduct incident investigations when research animals are involved;

5.6.2. Provide education on the risks of research animal allergen exposure and on procedures, PPE, and equipment that may be beneficial to the individual's health.

5.7. The Health, Safety and Environment Manager must:

5.7.1. Conduct incident investigations with the BSO and University Veterinarian when BHM and/or research animals are involved.

6. Review

6.1. This Policy is to be reviewed every five years or earlier, if necessary, to be initiated by the VPAR.

7. References

7.1. Canadian Biosafety Standard, 3rd edition

7.2. UPEI Laboratory Safety Manual

7.3. AVC Rabies Vaccination Program

7.4. Public Health Agency of Canada: Canadian Immunization Guide

8. Related Policies

8.1. UPEI Animal Care Committee Policy

8.2. UPEI Biosafety Policy

8.3. Access to Information and Protection of Personal Information and Privacy Policy

9. Relevant Legislation

9.1. PEI Occupational Health and Safety Act