
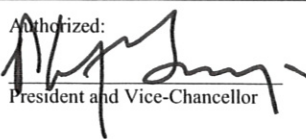
 McMaster University Risk Management Manual	RMM # 603 Title: Medical Monitoring of Personnel Working With Biological Agents	Date: November 2008 Page: 1 of 3
Submitted: Chair, Biosafety Advisory Committee	Approved:  Vice President, Administration	Authorized:  President and Vice-Chancellor

1 PURPOSE

- 1.1 To set out the policy for medical monitoring as required by the Laboratory Biosafety Guidelines published by Public Health Agency of Canada. The Presidential Biosafety Advisory Committee recommends McMaster policy to comply with the LBG.
- 1.2 This policy provides guidance to principal investigators, staff and students. Approval must be sought from the Presidential Biosafety Advisory Committee prior to the start of work.

2 SCOPE


- 2.1 This document applies to those individuals who have had recommendations made by the Presidential Biosafety Advisory Committee for medical monitoring as a result of working with biological agents.

3 RELATED DOCUMENTS

- 3.1 *Laboratory Biosafety Guidelines*, Public Health Agency of Canada, 3rd edition, 2004.
- 3.2 *Biosafety in Microbiological and Biomedical Laboratories*, 5th Edition, CDC.NIH.
- 3.3 *Canada Immunization Guide*.
- 3.4 Level 3 Management Guide – McMaster University

4 RESPONSIBILITIES

- 4.1 Supervisors have the responsibility to ensure that all persons who are recommended for medical monitoring must meet the criteria of this policy.
- 4.2 Supervisors have the responsibility to ensure that documentation is available to guide workers through the procedures.
- 4.3 Workers have the responsibility to work within the procedures as set out by their supervisors.

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- 4.4 The Presidential Biosafety Advisory Committee has the responsibility to review the documentation presented and provide guidance based on the *Laboratory Biosafety Guidelines* and make recommendations for immunization and medical monitoring.

5 PROCEDURES (Example #1)

- 5.1 Blood samples will be drawn as required. Two 2ml samples of serum will be prepared for freezing. Each sample will have the following information:

- Staff name
- Sequential number
- Date of sample
- Name of Principal Investigator
- Organisms used

Samples will be double coded and documentation will be maintained under lock and key both with an independent physician and the Principal Investigator.

Samples will be stored in a locked -70°C freezer on an alarm point in a restricted access room.

- 5.2 Samples will be collected at the following occasions.

- As a baseline sample before any work commences
- Bi-annual thereafter
- At the time that placement within the biohazard area ends
- After a spill, or breach of skin integrity or mucous membrane exposure
- Follow-up to #4 at 1 month and 6 months or as deemed appropriate

- 5.3 Samples will be collected only when exposure is suspected.


No sample will be tested without the signed consent of the individual

All results remain confidential by ensuring results are sent only to medical staff acting as the consultant.

Counseling for staff, on behalf of the University, will be provided by a physician selected by the Presidential Biosafety Advisory Committee.

All cases of clinical disease in staff will be forwarded to the Worker Safety and Insurance Board for compensation, to the Ministry of Labour and to the Joint Occupational Health and Safety Committee for investigation, as required by law.

Without breaching confidentiality, test results will be brought to the Presidential Biosafety Advisory Committee for review and recommendations.

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6 RECORDS

- 6.1 Approval records for the Presidential Biosafety Advisory Committee will be maintained by the FHSc. Safety Office, HSC 3N1C.
- 6.2 It is the responsibility of the Principal Investigator to ensure that documentation on biohazards in use and any exposure / spill is maintained.
- 6.3 The Safety Office will maintain documentation that sample collection and storage has occurred.