

**RESPIRATORY PROTECTION POLICY (“Mask-Fit Policy”)
AND PROCEDURE FOR UNIVERSITY OF TORONTO FACULTY OF MEDICINE
UNDERGRADUATE MEDICAL STUDENTS**

1. POLICY

Hospitals/training sites affiliated with the University of Toronto, Faculty of Medicine have respiratory protection policies and procedures to follow when at risk of exposure to airborne infectious agents, specifically tuberculosis. To protect the health and safety of Undergraduate Medical students, patients and staff, students must comply with the assigned sites’ respective policies, including the Ministry of Labor orders issued under the Occupational Health and Safety Act regarding the use of N95 respirators.

2. PROCEDURE

Medical Students must comply with their training site’s respiratory protection policies (i.e. attend respiratory protection training and fit testing session(s), and provide the Academy Undergraduate Medical Education (UME) Office and the hospital Occupational Health Office the fit-test data for input to the electronic student record. Fit test data must be updated every 2 years or when facial characteristics change due to weight gain/loss or facial trauma. If available, arrangements may be made with the hospital Occupational Health Office to wear an alternative respiratory protection device, if the trainee cannot wear N95 respirators for accommodation reasons. Students are required to be immune to vaccine preventable airborne infectious agents, i.e. measles and varicella.

Academy Undergraduate Medical Education Office must maintain at least one electronic record of respirator-fit data (model, size of respirator, expiration date of respirator-fit, site of respirator-fit, and comments, if necessary) for each student as part of the mandatory electronic immunization record in MedSIS. The academy UME Office must provide respirator-fit information as required to the hospital Occupational Health Office staff.

Affiliated Hospitals’ Occupational Health Offices must train and respirator-fit test medical students as needed. The Academy Undergraduate Medical Education Offices must ensure that respirator-fit data of the students is part of the UME electronic record (MedSIS) and input the data if it is not.

3. PROCEDURAL GUIDELINES FOLLOWING OCCUPATIONAL EXPOSURE TO AIRBORNE INFECTIOUS AGENTS:

- i. Students must report incidents to the hospital’s Occupational Health Office and the Academy Undergraduate Medical Education Office and the Office of Health Professions Student Affairs as necessary.
- ii. Hospital Occupational Health Office will take history and assess risk:
 - ✓ By characteristics of source (i.e., high risk source includes patients with active pulmonary or laryngeal TB)
 - ✓ By nature of exposure (e.g., exposure is close, direct interaction with active TB patient without wearing N95 respirator)
- iii. Student/Occupational Health Office/Office of Health Professions Student Affairs will manage follow-up including counseling, baseline TB skin testing and follow-up TB skin testing 3 months post exposure.
- iv. Student must report incident to his/her Supervisor, Academy Director, Office of Health Professions Student Affairs
- v. Hospital Occupational Health Office will report to WSIB and Ministry of Labor if skin test converts (according to WSIB directives)
- vi. Hospital Occupational Health Office and Student will make arrangements with a TB Clinic for medical consultation and treatment (if applicable) of latent TB infection
- vii. Student will forward a copy of the medical consultation to the Registrar’s Office and to the Office of Health Professions Student Affairs.