

**University of Toronto Faculty of Medicine**  
**Department of Surgery, Division of General Surgery**

**General Surgery Postgraduate Education Committee**  
**Immunization and Communicable Diseases Policy**

1. This policy is based on the University of Toronto's Faculty of Medicine Postgraduate Medical Education online document entitled "Immunization Requirements" and the Council of Ontario Faculties of Medicine document entitled "Immunization Policy."
2. Residents who do not comply with this immunization policy may be delayed in starting residency and may be excluded from clinical activities pending compliance.
3. The following investigations must be completed before starting residency. The resident may incur costs associated with some immunizations.
  - a. Tuberculosis – residents must have an initial baseline two-step Mantoux skin test, and an annual TB skin test thereafter if the results are negative. A chest x-ray is required if the TB skin test is positive.
  - b. Hepatitis B – Immunization is a series of 3 injections. Following vaccination, all students must be tested for anti-HBs antibodies, and the results must also be submitted to the Faculty Postgraduate Office. Individuals who are non-immune (i.e. do not have the antibodies against HBsAg or no prior history of immunization), must be screened for the surface antigen (HBsAg) prior to registration. If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed. Those who are non-immune and HBsAg negative must undergo a second series of HBV immunization, and subsequent lab evidence of immunity. Registration status for HBV Carriers remains CONDITIONAL until the Expert Panel on Infection Control reviews their case.
  - c. Measles, Mumps, Rubella (MMR) – Proof of two immunization dates or positive titre results. Immunization against mumps is strongly recommended.
  - d. Chicken Pox – Details of history of infection, or VZV titre, or 2 varicella vaccines.
  - e. Diphtheria, Tetanus and Polio – Immunization against diphtheria, tetanus and polio is generally valid for ten years. Proof of up-to-date immunization status is recommended. Acellular pertussis vaccination strongly recommended.
4. An Annual influenza vaccination is strongly recommended by December first annually.
5. Each of the hospitals fully or partially affiliated with the University of Toronto Faculty of Medicine have policies and procedures to follow when sustaining a percutaneous or mucous membrane exposure to blood or body fluids. Residents will receive this information during their orientation at each site.
6. Residents are expected to seek appropriate medical care when ill. In addition, residents are expected to follow appropriate infection control practices and are expected to notify the Occupational Health Department of the hospital following needle stick injuries and following contact with patients with communicable diseases.

### **Residents with a Communicable Disease**

7. All residents are expected to be in a state of health such that they may participate in the academic program, including patient care, without posing a risk to themselves or to others. Residents with a communicable disease may pursue their studies only as long as their continued involvement does not pose a health or safety hazard to themselves or others. Such a health or safety hazard, if protracted, may preclude them from participation in clinical work essential to the satisfactory completion of the general surgery training program.
8. Residents who acquire a communicable disease are required to seek medical opinion.
9. In addition to complying with local hospital regulations, residents with tuberculosis, hepatitis B, hepatitis C or HIV infection must notify the Associate Dean who may consult with the Board of Medical Assessors, or other experts, as appropriate.
10. The health status of the residents shall remain confidential.

### **Resident Participation in Care of Patients with Communicable Diseases**

11. Residents are required to participate in the care of all patients assigned to them, including patients with communicable diseases, to a level commensurate with their level of training. Such participation is necessary for the resident's training as well as for satisfactory completion of academic requirements.
12. All residents are expected to understand and adhere to infection control policies, including the principles of body substance precautions, when participating in the examination and care of all patients, regardless of the diagnosis.
13. Residents are responsible for conducting themselves in a manner that is consistent with the health and safety of themselves and others and shall be given appropriate training to do so. Residents who fail to meet these responsibilities may, depending on the circumstances, face sanctions under the provisions of the Standards of Professional Behaviour for: Medical Undergraduate and Postgraduate Students; Occupational Therapy Students, Physical Therapy Students, or Radiation Sciences Students.