



## BioPath: Biohazards Medical Monitoring Program

UNIVERSITY OF FLORIDA

Revised April 2016

- The **Biohazards Medical Monitoring Program** is part of the University of Florida's overall **Occupational Medicine Program** and provides occupational health oversight for *employees, students, visitors, and volunteers* in instances where it has been determined that such oversight is necessary due to the potential for exposure to biohazards.
- The purpose of the program is to prevent illness and injury from biohazards by:
  - Identifying medical conditions that may place an individual at an increased risk of adverse health effects from their work with biohazardous agents
  - Conducting baseline, periodic, exit, or problem-specific health assessments or testing
  - Educating individuals about their risks, how to minimize the risk(s) and protect their health
  - Providing preventative vaccines as appropriate
  - Establishing medical clearances for personal protective equipment when required
- The need for program participation is determined by the Biosafety Department in consultation with the UF [Institutional Biosafety Committee](#) and the UF Occupational Medicine Service, a division of Student Health.
- A medical monitoring program for biohazards, based on underlying assessments of possible risk, is mandated by several regulatory agencies (e.g. OSHA, NIH, AAALAC, etc) and is therefore part of UF's compliance obligations.
- For positions in which participation in the Biohazards Medical Monitoring Program is deemed to be appropriate, initial medical screening should be completed before starting activities with potential for biohazard exposure. This offers the best health protection and provides the UF OCCMED Service with a baseline health assessment.
- Volunteers or visitors/vendors with potential exposure to biohazards are expected to meet the same requirements as UF employees or students, either through participation in UF's program or by providing evidence to the UF OCCMED Service of coverage under their own institution's occupational medicine program.
- A separate program exists for those working with animals or who will be working in proximity to animals, called the [Animal Contact Medical Monitoring Program](#).
- It is the responsibility of the supervisor or Principal Investigator to ensure that persons requiring participation in the biohazard medical monitoring program do so and complete and submit the forms. The supervisor acknowledges and signs the form.

### **Program Components/Services**

- **Health Assessment:** Some job types and activities require baseline, periodic, or problem-specific health assessments or examinations to determine fitness for work with biohazards.
- **Personal Protective Respirator Clearance:** An assessment conducted by the SHCC determines and documents an employee's fitness for the use of respirators, including those used to protect against biohazards (e.g. N95 or PAPR). Fit testing for filtering face piece respirators (e.g. N95) is also required before commencing work requiring respirators, and annually thereafter. Fit testing and education about proper respirator use is through EH&S. Call 392-1591 for an appointment.
- **Vaccination:** Individuals with duties that may result in exposure to certain infectious agents must be offered the vaccination (if available). Any medical conditions contraindicating the vaccine use must be discussed with the SHCC Occupational Medicine Program providers.
- **Medical Testing:** Tests for previous exposure to infectious diseases are done as appropriate at the UF OCCMED Clinic.

Individuals requiring these services should identify to the UF OCCMED Service provider:

- the type of work they do
- what biohazards are involved,
- their work environment,
- their health status, including pre-existing conditions such as immune system deficits or pregnancy, and any questions or concerns they have about their health and work-related exposures

Appointments for these services are made through the SHCC (294-5700).

### **Routing of Biohazards Medical Monitoring Program Forms: Authorization and Participant**

These forms should be completed at the time a department fills a vacant position in instances where it has been determined that oversight is necessary due to the potential for exposure to biohazards. These forms should also be completed any time an individual's exposure potential changes and on an annual basis.

- 1) The department completes the first section of the Authorization Form.
  - a) The participant's UFID must be included on the form. Lack of this UFID will prevent the SHCC review process.
  - b) The fiscal contact and payment for SHCC services must be included on the form. Insufficient payment info will delay risk assessment review.
  - c) The PI/Supervisor must sign the department section and have the form submitted to EH&S.
- 2) Environmental Health and Safety must complete the second section of the Authorization Form.
  - a) EH&S documents any specific risk assessment information
  - b) EH&S makes respirator use recommendations.
  - c) EH&S' signature authorizes participation in the Program.
  - d) EH&S submits the Authorization Form to the SHCC and notifies the department of its completion.
- 3) The participant completes the [Biohazards Medical Assessment Questionnaire](#)
  - a) Participants who will handle Risk Group 3 agents or will be present when agent(s) are in active use must submit the completed questionnaire and contact the SHCC at 352-294-5700 for a physical examination. Participants on a short-term visit and who will not handle agents (short-term visitors, guests, vendors or contractors) only need to submit a completed questionnaire unless upon review the SHCC determines that additional information is required.
  - b) Completed Questionnaires may be submitted by mail, confidential fax or in person to the following address:

**UF Occupational Medicine Clinic**  
**University of Florida**  
**Box 100148, Gainesville, FL 32611**  
**D2-49 Health Science Center ( Second floor of the Dental Tower)**  
**Ph #: 352-294-5700 Fax #: 352-846-2003**
  - c) The participant contacts EH&S at 392-1591 for a respirator fit test if medically cleared for a filtering face piece (e.g. N95) respirator. N95 online training must be completed annually. Please note Powered Air Purifying Respirator (PAPR) training will be conducted by your supervisor (or designated EH&S approved trainer). Please contact your supervisor prior to using a PAPR for this training.
- 4) The UF OCCMED Service provider conducts the health assessment.
  - a) For participants who will handle Risk Group 3 agents or will be present when agent(s) are in active use, the health assessment begins with a physical exam by the SHCC provider.  
For participants on a short-term visit and who will not handle agents (short-term visitors, guests, vendors or contractors), the health assessment begins with a SHCC provider review of the submitted medical assessment questionnaire. If necessary they contact the participant for further clinical interaction or a medical consultation.
  - b) When the health assessment is complete, the UF OCCMED Clinic enters the status in myUFL.

## **SHCC Billing and Services Information**

There are fees assessed by the Student Health Care Center for these services. This cost is borne by the individual's department, not the applicant. The Student Health Care Center accepts Purchase Order Numbers and P-card numbers for payment. This information can be obtained from your department's fiscal expert. In cases where these are not payment options, contact the SHCC to discuss payment.

The SHCC fee schedule is listed at <http://shcc.ufl.edu/services/specialty-care/occupational-medicine/>. It is typically updated each year in August.

### **Contact Information**

	Phone	Fax	Location
UF OCCMED Clinic	(352) 294-5700	(352) 846-2003	D2-49 HSC Dental Tower Box 100148
UF OCCMED Administration Environmental Health & Safety	(352) 392-1591	(352) 392-3647	Bldg 179 Newell Dr Box 112190

**Department: Type, hand sign and send to EH&S at [BSO@ehs.ufl.edu](mailto:BSO@ehs.ufl.edu) or fax # (352) 392-3647 or Box 112190**

Participant Name _____		UFID _____	DOB _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Dept/Division _____	Pos Title _____	Pos # _____	Email _____	
Type of Work: <input type="checkbox"/> BSL-3 <input type="checkbox"/> BBP (BBP Training Date: _____) <input type="checkbox"/> Respiratory Pathogen <input type="checkbox"/> Other _____				
Anticipated biohazard exposure (list all agents) _____				
Fiscal Contact _____		Fiscal Phone _____	Fiscal Email _____	
Fiscal person must provide payment info (PO # OR P-card #): PO# _____		P-card # _____		
PI/Spvr Name _____		Phone _____	Email _____	
This information is accurate. I understand the above named individual requires participation in the Biohazard Medical Monitoring Program and have reviewed the Program information.				
PI/Supervisor Signature _____				Date _____

**Environmental Health & Safety Authorization: Complete and Share with SHCC**

Respirator Recommendation: <input type="checkbox"/> N95 <input type="checkbox"/> N99 <input type="checkbox"/> N100 <input type="checkbox"/> PAPR <input type="checkbox"/> Other _____
Biosafety Risk Assessment:  
The above named individual is to be included in the Biohazard Medical Monitoring Program and their work triggers the above selected screening.
<b>EH&amp;S Signature</b> _____ (Print _____) Date _____

**UF OCCMED Clinic Use**

Diagnostic Testing: <input type="checkbox"/> TB TST Test (Initial) <input type="checkbox"/> TB TST Test (Annual) <input type="checkbox"/> TB Annual Symptom Review Other _____
Immunization: <input type="checkbox"/> Hep B: #1 _____ #2 _____ #3 _____ Influenza _____ Small Pox _____ Other _____
Respirator Medical Clearance: <input type="checkbox"/> N95 <input type="checkbox"/> N99 <input type="checkbox"/> N100 (EH&S fit testing is required after medical clearance) <input type="checkbox"/> PAPR
Other:

**UF OCCMED Clinic Statement**

**Follow-Up Due**

<input type="checkbox"/> No Restrictions <input type="checkbox"/> Specific Restrictions _____	<input type="checkbox"/> 1 yr _____
<b>Licensed Healthcare Provider</b> _____ Date _____	<input type="checkbox"/> Other _____