John A. Burns School of Medicine University of Hawai‘i

Health Guidelines and Requirements for Medical Students

I. Purpose

These Health Guidelines and Requirements for medical students are promulgated to ensure that students:

1. Are adequately protected against specific diseases;
2. Provide evidence of vaccination and/or immunity for select infectious diseases and annual screening for tuberculosis;
3. Are aware of the risks of exposure to diseases and disability;
4. Are aware that they can receive accommodations in their medical education for disease and disability;
5. Are covered by a health and disability insurance policy;
6. Are aware of the availability of emergent, urgent and ongoing medical and mental health services.

The School of Medicine subscribes to the philosophy that health care and maintenance is the individual responsibility of each student. This includes having adequate health insurance coverage as detailed in this document. However, in recognition of the increasing cost of acquiring a medical education and in order to decrease some anticipated costs, certain programs are provided by the School of Medicine as outlined in this policy.

II. Guidelines and Requirements

These Guidelines and Requirements are proffered in accordance with the Association of American Medical College’s “Recommendations Regarding Health Services for Medical Students”, and approved and amended by its Executive Council (September, 2006).

A. Requirements for Admission

All entering students will be required to submit:

1. Results of a TUBERCULIN SKIN TEST (PPD) and/or CHEST X-RAY performed within three months prior to matriculation in accordance with Hawai‘i State regulations (§11-93-14):
   a. An initial two-step PPD, not less than one week and not more than three weeks apart if the initial PPD is negative and annually thereafter, read within 364 days of the last negative PPD; OR
   b. A chest X-ray if the initial PPD is positive; OR
   c. If there is a history of a positive PPD, documentation of a follow-up chest X-ray, and antimicrobial therapy for tuberculosis and subsequent chest X-rays if applicable.
   d. TB screening is required annually
2. Documentation of CURRENT IMMUNIZATION status and/or PROTECTIVE TITERS according to CDC guidelines against the following diseases:

1) diphtheria,  
2) tetanus,  
3) measles (rubeola),  
4) mumps,  
5) rubella (protective titer)  
6) polio,  
7) varicella (protective titer)  
8) hepatitis B

Influenza vaccination is required annually.

B. Mandatory Health Insurance

In order to facilitate provision of outpatient, mental health and hospitalization services, all students are required to carry health insurance with the following minimum coverage:

1. Outpatient (including periodic screening): 80% of charges  
2. Mental Health: 80% outpatient visits  
3. Hospitalization: 80% of charges  
4. Emergency Care: 80% of charges

Students must provide proof of current health insurance annually.

The cost to the student for evaluation and treatment of a condition shall be determined by the student’s health insurance policy.

C. Disability Insurance

Students are required to carry Disability Insurance. The medical school has made arrangements to obtain disability insurance through the AMA at a nominal cost. Information is available through the Office of Student Affairs (OSA).

D. Mental Health Services

The Medical School recognizes that mental health problems can take many forms that may affect a student’s academic performance or personal adjustment. Potential health problems include academic stress; personal and family problems; physical health concerns including substance use disorders and chemical dependency; and psychiatric illness. In all cases, early recognition and prompt treatment is the most effective approach toward well-being, and students are encouraged to use resources identified and/or provided by the School.

1. Appropriate mental health intervention may be obtained in one of two ways:

   a. The School of Medicine may require an assessment or intervention as part of an academic decision-making process to facilitate recommendations for remediation and issues related to student standing. The results are not confidential and a student must agree to allow appropriate faculty, via the Office of Student Affairs, access to information regarding a mandated plan in order to facilitate monitoring and re-assessment. The cost of the initial assessment will be covered by the School of Medicine.

   b. A student may self-refer to a psychiatrist/psychologist/mental health counselor of his/her choice in the community, or be referred by his/her advisor, or the Director, OSA. These
proceedings, including the initial referral, are confidential and protected by doctor-patient confidentiality, and can only be waived if the student so desires and provides written permission thereof. The cost of the evaluation and treatment shall be covered by the student's health insurance.

c. JABSOM retains the services of a clinical psychologist who is on-campus 1 day per week. Students may be referred by an advisor or by the Director, OSA, or by self-referral. There is no cost to the student. This care is confidential and protected by doctor-patient confidentiality.

2. Confidentiality of records:

In situations where an evaluation or referral is administratively mandated, relevant information will be summarized by the Director, OSA and reported to the appropriate Committee as needed. The records will be kept in a Confidential file and not open for review except by the Director, OSA.

E. Leave of Absence (Medical)

Any Leaves of Absence for medical reasons will be in adherence with the general Leave of Absence Policy with the exception that any relevant medical documentation will be held as confidential and not become part of the open record. The reason for the request will be noted as “personal” without further notation.

F. Chemical Dependency/Substance Use Disorder

1. Students will be exposed to the concerns of chemical dependency and alcohol use as part of their professional education, including the fact that chemical dependency/substance use disorder is a treatable illness that affects all of society.

2. Information regarding the availability of resource programs, including options for support services will be publicized during orientation and in the Student Handbook. Appropriate levels of confidentiality will be applied for those seeking information, referral and treatment. Any student known to have, or suspected of having, a chemical dependency/substance use disorder will be offered monitoring, diagnostic and therapeutic services through Pu’ulu Lapa’au, the Hawai’i Program for Healthcare Professionals, whose organization assists impaired physicians, physician assistants, pharmacists, nurses, dentists, psychologists, medical residents and medical students.

3. In cases where a chemical dependency/substance use disorder is confirmed or identified as a cause of academic malperformance, entry into a rehabilitation program may be mandated by the Student Standing and Promotion Committee and monitored by OSA.

4. Every effort shall be made to provide an environment in which recovering impaired students are able to continue their medical education without stigma, and, when appropriate, facilitate their transition to licensure.

G. Visiting Medical Students Health Requirements

All visiting medical students must meet all requirements of these guidelines and requirements, including the following, prior to receiving approval for electives:

1. Tuberculin skin test and/or Chest X-ray as detailed above

2. Current health insurance;

3. Current immunization status and/or protective titers to diphtheria, tetanus, polio, measles, mumps, rubella (titer only), hepatitis B, and varicella (titer only) in accord with CDC
H. Student Health Surveillance and Monitoring System

Responsibility for the initial assessment of vaccination/immunization records and periodic reviews of students’ immunization status shall be the responsibility of the Chief Medical Officer (CMO), University Health Partners. All information shall be confidential and accessible only through the CMO of University Health Partners (or designee), and subject to all Federal and State laws regarding confidentiality.

I. Occupational Exposure

As an integral part of the preventive medicine and professional education aspects of the curriculum, and in accordance with the Liaison Committee on Medical Education’s “Standards for Accreditation of Medical Education Programs Leading to the MD Degree”, students will be trained regarding the prevention of (via Universal Precautions), and care and treatment after exposure to infectious and environmental hazards prior to patient contact during Orientation Week, and receive refresher training during the introduction to third year clerkships. The initial orientation shall include information regarding the potential effects of infectious and/or environmental disease or disability on student educational activities.

If a physical injury or occupational exposure occurs, the incident should be reported to the respective clerkship director and OSA, and the student will receive evaluation and care as per protocol of the institution where the student is training. If such protocols do not provide care to student trainees, or if the incident occurs in a private office without an applicable protocol, the student should then receive care through a nearby emergency department as soon as possible. If there is any doubt as to the significance of an injury, occupational exposure or other healthcare concern, the student should seek a medical assessment without delay. The student should then receive any subsequent care from his or her physician or appropriate consultant(s). The cost of the evaluation and treatment shall be covered by the student’s health insurance. Should disability result, coverage is provided through the student’s disability policy.

Before the student may return to a clinical setting, the student must provide documentation from his or her physician stating that the student has been cleared for further patient contact and whether any restrictions or concerns have been recommended or noted. If needed, to determine fitness for duty, the Director of OSA, may convene a panel to determine whether additional consultation or clarification is needed before the student resumes a clerkship in full or limited capacity.

Should disability result, the student with their physician will work closely with the KOKUA Program, University of Hawai‘i, whose role is to provide formal assistance to all university students with an identified disability.

Throughout this process, full confidentiality of the student’s illness will be maintained. School officials and OSA would only receive general information about the incident (e.g., needle stick), but not receive details of the evaluation, management, and any resulting illness or the reason for accommodation. This confidentiality can only be waived if the student so desires and provides written permission thereof.

The above process should be followed for any student who develops a health-related condition that would curtail attendance during any course or medical school activity.
III. Procedure

The responsibility for implementing and enforcing these Health Guidelines and Requirements shall be the responsibility of the Director, Office of Student Affairs. The Chief Medical Officer, University Health Partners, is responsible for the monitoring of vaccination and immunizations.

1. Documentation of immunizations and/or titers will be evaluated prior to matriculation and any additional requirements sent to the student with a deadline for completion. An Immunization Summary Sheet will be maintained by University Health Partners, in a manner that ensures confidentiality, for the purpose of monitoring compliance and responding to hospital requests pursuant to specific Affiliation Agreements.

2. All students shall be required to provide documentation of current health insurance coverage to the Office of Student Affairs.

3. During the First-Year Orientation program, the contents of these Guidelines and Requirements as well as information regarding various resources (general and mental health) will be reviewed with the students by the Office of Student Affairs. In addition, instructions will be given during preventive and infection control training (i.e., Universal Precautions).

4. A general review of exposure risks, available resources and health insurance requirements will be provided to students yearly.

5. Reminders regarding updates with respect to recurring screening tests will be sent by the Chief Medical Officer, University Health Partners or designee, and results added to the Immunization Summary Sheet.

6. Failure to adhere to or fulfill the requirements set forth under these guidelines and requirements shall constitute grounds for suspension or delay of registration.

Lawrence P. Burgess, MD, FACS
Director, Office of Student Affairs

7/16/2018
Date