Faculty of Health Infectious Diseases Guidelines and Procedures

October, 2017

Contents

1. Introduction................................................................................................................................. 3
2. Scope........................................................................................................................................... 3
3. Principles ...................................................................................................................................... 3
4. Responsibilities ............................................................................................................................ 4
   4.1 Responsibilities of Faculty of Health ...................................................................................... 4
   4.2 Responsibilities of the Student .............................................................................................. 4
5. Infectious Diseases Screening ..................................................................................................... 6
   5.1 Testing for Blood-borne Viruses: HIV, HBV and HCV ......................................................... 6
6. Exposure-Prone Procedures (EPPs) ............................................................................................ 7
7. Immunisations ............................................................................................................................. 8
   7.1 Hepatitis B Virus ................................................................................................................... 9
   7.2 Measles, Mumps and Rubella (MMR) .................................................................................. 10
   7.3 Varicella (Chickenpox) ........................................................................................................... 11
   7.4 Diphtheria, Tetanus and Pertussis (DTP) ............................................................................. 11
   7.5 Influenza .............................................................................................................................. 12
   7.6 Other Immunisations ............................................................................................................. 13
   7.7 Tuberculosis (Mantoux Testing) ............................................................................................ 13
8. Exposure to Blood and Body Fluids during Placements ............................................................... 13
9. Screening and Immunisation Procedure .................................................................................... 14
10. Supporting Documents .............................................................................................................. 14
11. Versioning .................................................................................................................................. 14

Appendix 1 Tasmanian STUDENT IMMUNISATION RECORD ................................................. 15
Appendix 2 SAFETY IN PRACTICE IMMUNISATION VARIATION FORM ................................. 17
Responsible Officer: Director of Professional Experience
Approved by: Faculty of Health PEP Committee
Approved and commenced: September, 2014
Reviewed: October, 2017
Review by: October, 2020
Relevant Policy or Procedure the Guideline supports:
- UTAS Work Health and Safety Policy
- UTAS Safe to Practise Policy
- UTAS Privacy Policy
- UTAS Infection Control Procedure
- Faculty of Health Safety in Practice Compliance and Risk Assessment Procedure

Responsible Organisational Unit: Faculty of Health

<table>
<thead>
<tr>
<th>Term/Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
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<td>AMSA</td>
<td>Australian Medical Students Association</td>
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<tr>
<td>Anti-HBc IgG</td>
<td>Antibody to Hepatitis B core antigen</td>
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<td>Anti-HBs</td>
<td>Antibody to Hepatitis B virus surface antigen</td>
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<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>dT</td>
<td>Diphtheria-tetanus vaccine for use in adults (ADT)</td>
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<td>dTpa</td>
<td>Adult/adolescent formulation diphtheria-tetanusacellular pertussis vaccine</td>
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<tr>
<td>EPPs</td>
<td>Exposure-prone procedures</td>
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<td>HBeAg</td>
<td>Hepatitis B early antigen</td>
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<td>HBIG</td>
<td>Hepatitis B immunoglobulin</td>
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<td>Hepatitis B surface antigen</td>
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<td>Hepatitis C virus RNA</td>
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<tr>
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<td>Hepatitis C virus</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>mIU/m-L</td>
<td>Milli-International Units per millilitre</td>
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<td>MMR</td>
<td>Measles, mumps, rubella vaccine</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>NIPS</td>
<td>National Immunisation Program Schedule</td>
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<td>PEP Program</td>
<td>Professional Experience Program</td>
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<td>Program</td>
<td>Course</td>
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<td>RHH</td>
<td>Royal Hobart Hospital</td>
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<td>School of Medicine</td>
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<td>TB</td>
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<td>UTAS</td>
<td>University of Tasmania</td>
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<td>WH&amp;S</td>
<td>Work Health and Safety</td>
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1. **INTRODUCTION**

The University is required to comply with Commonwealth and State legislation and regulations to ensure the safety of students and patients/clients. The Faculty of Health has a duty of care towards both students and patients/clients to prevent or minimise the risk of transmission of infectious or blood-borne diseases.

These Guidelines and Procedures provide direction as to the Faculty of Health infectious diseases and immunisation protocols for students undertaking professional experience placement (PEP) in health care settings.

2. **SCOPE**

These Guidelines and Procedures apply to all students enrolled in Faculty of Health courses which include a professional experience placement. Students undertaking PEP in other states/territories or countries may be required to meet additional jurisdiction specific requirements – more information and assistance is provided to students where required.

Notwithstanding the general principle that the University encourages all students to receive the immunisations recommended in the Australian National Immunisation Program Schedule, students who do not undertake professional experience placements are exempt from these guidelines and procedures.

3. **PRINCIPLES**

**Work Health and Safety: Preventing the Transmission of Infectious Diseases**

The University is committed to providing a safe and secure teaching and learning environment. Refer to the UTAS Work Health and Safety Policy.

The Faculty of Health is committed to ensuring the safety of students and patients/clients by incorporating measures to prevent or minimise the risk of transmission of infectious and/or blood-borne diseases including infection control practices; immunisations; serological and other testing of immunity and student access to WH&S management programs within professional experience placement (PEP) agencies.

**Students have a responsibility to familiarise themselves with work health and safety and infection control policies and/or guidelines in each placement they undertake.**

**Informed Consent**

The principle of informed consent governs the Infectious Diseases Guidelines and Procedures. Students will be provided with access to the Infectious Diseases Guidelines and Procedures upon enrolment or during orientation.

Students are required to understand their responsibility to protect themselves as individuals and their responsibilities to protect patients/clients from transmission of blood-borne and other infectious diseases.

**Privacy**
Personal information will only be used or disclosed for the primary purpose for which it is collected. Personal Information will be managed in accordance with UTAS Privacy Policy.

Discrimination
In accordance with the law and University policy, the University strives to provide a work and study environment that is free from discrimination. The University prohibits coercion of disclosure of status and discrimination against students with blood-borne viruses by its staff, with the exception whereby it is necessary to protect public health under Section 47 of the Anti-Discrimination Act 1998 Tasmania and AHPRA requirements.

Students who have a blood-borne virus or have tuberculosis or are unable to receive vaccine due to allergy or non-responders to vaccines must complete a Faculty of Health Immunisation Variation Form.

Students who become infected with blood-borne viruses must be aware of the Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood-Borne Viruses. (PDF printable version PDF 211 KB), which includes non-participation in exposure-prone procedures.

The University will endeavour to ensure that students unable to participate in exposure-prone procedures are not discriminated against on the basis that non-participation is seen as surrogate disclosure of their status. The University will strive to support students who disclose their status where appropriate in order to protect them and the people for whom they are caring.

4. Responsibilities

4.1 Responsibilities of Faculty of Health

4.1.1 The Programs will provide information to students on aspects of infectious diseases, blood-borne viruses, exposure-prone procedures and infection control practices relevant to the course or unit or study.

4.1.2 Where relevant, Programs will inform students, prior to enrolment, of the need to be aware of their infective status for blood-borne viruses.

4.1.3 The Programs will require students to acknowledge their understanding and acceptance of this Infectious Diseases Guidelines and Procedures in accordance with Faculty of Health Safety in Practice Compliance and Risk Assessment Procedure.

4.1.4 Screening for infections and the administration of appropriate immunisations and chemoprophylaxis is not the direct responsibility of the Faculty but the Faculty is responsible for documentation of compliance where this is required of the student.

4.2 Responsibilities of the Student

4.2.1 The onus to comply with these Guidelines and Procedures rests solely with the student.

4.2.2 Students are required to sign a declaration that they have both read and understood the Guidelines and Procedures and acknowledge their rights and responsibilities in their Safety in Practice Agreement.
4.2.3 Students must document their compliance with the immunisation program by providing a completed Student Immunisation Record to their Program PEP Administrator in accordance with Faculty of Health Safety in Practice Compliance and Risk Assessment Procedure timelines.

4.2.4 Students have a responsibility to comply with best practice infection control techniques, including standard and transmission based precautions, during PEP.

4.2.5 In relation to blood borne viruses, students who may perform exposure-prone procedures during their course have an ethical duty to:

- be aware of their immunity or infectious status to ensure they do not place themselves or others at risk of infection;
- undertake testing for blood-borne viruses to determine their status prior to census date in semester 1 of their studies (test results received within the last 6 months are acceptable unless risk of infection has occurred); and
- seek follow-up and/or regular testing and counselling if they engage in at-risk behaviour, suspect they may have been infected with a blood-borne virus during their course or receive a positive result from testing.

4.2.6 Students who become infected with blood-borne viruses must be aware of the Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood-Borne Viruses. (PDF printable version PDF 211 KB), which includes non-participation in exposure-prone procedures. Failure to comply constitutes a breach of the Faculty Code of Professional and Ethical Conduct and AHPRA regulations.

- A positive status alone will not prevent a student from completing his/her course.

4.2.7 Students with non-blood borne infectious diseases, which may be a risk to patients/clients, such as pertussis, influenza and gastroenteritis, are required to consult a medical practitioner or public health unit and seek guidelines regarding exclusion from the workplace/University and appropriate treatment. The Unit Coordinator should be contacted as soon as possible to ensure a safe professional experience placement.

4.3 Additional Resources


UTAS Infection Control Procedure

Faculty of Health Infection Control Student and Staff Guidelines

In addition, students are expected to access, read and comply with exposure policies at each health care agency where they undertake a professional experience placement.

4.4 Cost

Students are responsible for the cost of required testing and immunisations. Influenza vaccination may be offered free to students at the discretion of and by the placement agency.
Students who experience difficulty in meeting the cost of the required testing and immunisations are referred to the Safety Net Grant Scheme, a financial assistance scheme offered by UTAS.

4.5 International Students

International students, both long-term fee-paying students and students on short-term electives, are subject to the same screening and immunisation standards as domestic students. Students participating in short-term electives are required to produce documentation that they have met the same requirements prescribed for domestic students prior to beginning study. The relevant Program will provide an orientation to elective students on infection control practices.

The University retains the right to request overseas students to undergo further screenings and/or vaccinations on arrival.

4.6 Students Undertaking Overseas Electives

Students undertaking a period of study overseas must be aware of the health risks and ensure that appropriate precautions are taken to reduce risks. Malaria, tuberculosis, HIV and a range of other infectious diseases are common in developing countries and elsewhere. Information regarding the current prevalence of infectious diseases in different countries and recommendations for vaccinations prior to travel including Hepatitis A, polio, typhoid, meningococcal and yellow fever vaccines is available at Centres for Disease Control and Prevention. Information is available from the University’s Student Health Service at Sandy Bay.

The provision of relevant information and advice on health risks and the administration of appropriate immunisations and chemoprophylaxis are not the direct responsibility of the university. The student is required to provide documentation confirming that they have obtained appropriate information and advice including the completed Infectious Disease: Form for Period of Elective Study.

Where relevant each Program will provide students undertaking an elective placement overseas with a statement emphasising the risk of participating in exposure-prone procedures. The Program will also provide recommendations on action to be taken in the event of exposure to blood-borne viruses.

4.7 Consequences of Non-compliance

All students are required to provide evidence of compliance by submitting a Student Immunisation Record. Students who have not provided evidence of compliance in accordance with Faculty of Health Safety in Practice Compliance and Risk Assessment Procedure timelines will not be eligible for Professional Experience Placements within the health care setting, which may increase the time required to undertake the course.

5. INFECTIOUS DISEASES SCREENING

5.1 Testing for Blood-borne Viruses: HIV, HBV and HCV

Screening for HIV, HBV and HCV is required for any student who will or may perform exposure-prone procedures. Note- pre and post-test counselling should be undertaken for blood-borne virus testing.

Rationale
Students have a responsibility to be aware of their status in relation to blood-borne viruses including HIV, HBV and HCV prior to enrolment in the course.

In order to protect patients/clients, students who engage in at risk behaviour or suspect they may have been infected with a blood-borne virus at any time during their course have an ethical duty to seek testing and counselling. In order to protect patients/clients, students infected with blood-borne viruses must not undertake exposure-prone procedures.

Students who are not required to perform EPPs to complete their degree, but who wish to do so where such opportunities arise within their Program, will need to know their status and provide evidence of their immunity to Hepatitis B upon request.

**Legislative Requirements**

All health care workers and students must be aware of their status. If positive for a blood-borne virus, a student must not undertake exposure-prone procedures.

A positive status alone will not prevent a student from completing his/her course.

Students who have a blood-borne virus or have tuberculosis or are unable to receive vaccine due to allergy or non-responders to vaccines must complete a Faculty of Health Immunisation Variation Form.

**Required Testing for Blood-borne Viruses**

**Human immunodeficiency virus (HIV):** HIV antibody test

- Hepatitis B Virus (HBV): HBsAg test
  - If HBsAg is positive, further testing to determine the degree of infectivity: HBeAg & HBV DNA

- Hepatitis C Virus (HCV): HCV antibody test
  - If HCV antibody positive, further testing for HCV RNA

**Results from Testing for Blood-borne Viruses**

- The University recognises the right of infected students to confidentiality and prohibits coercion of disclosure of status or discrimination against students with blood-borne viruses.

- However, infected students must not undertake exposure-prone procedures; and should seek counselling regarding the implications for their future career.

6. **EXPOSURE-PRONE PROCEDURES (EPPS)**


These Guidelines and Procedures are supplemented by the Faculty of Health Infection Control Student and Staff Guidelines

EPPS include any procedure where there is potential for direct contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles, or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites (including...
the mouth). There is an increased risk of transmitting blood borne viruses between health care workers and patients.

The following EPPs are examples only, and not intended as a comprehensive list:

- Obstetric and gynaecological EPPs: Caesarean section, episiotomies, high vaginal repairs, vaginal and abdominal hysterectomies
- Orthopaedic EPPs: all prosthetic joint replacements
- Intrathoracic EPPs: all procedures involving sternotomy, pneumonectomy, intercostal (chest tube) catheter insertion
- Intra-abdominal EPPs: gastrectomy, hemicolectomy

Procedures where the hands and fingertips of the operator are clearly visible and outside the patient’s body at all times are unlikely to pose a risk of transmission of HIV, HBV or HCV from an infected health care worker to patient:

- Phlebotomy
- Administering injections
- Placing intravenous or central venous lines
- Performing needle biopsies or aspirations, lumbar punctures, or angiographic procedures
- Excision of epidermal and dermal lesions
- Suturing of superficial skin lacerations
- Any other procedure where the use of sharps is superficial, well visualised and patient unlikely to be exposed to the health care worker’s blood or body substances.

In addition, internal examinations or procedures that do not require the use of sharp instruments are not considered to be exposure-prone. Hence oral, vaginal or rectal examinations, endoscopy, placing nasogastric tubes or urinary catheters or other procedures that do not involve sharps are also excluded from the definition of EPPs.

7. IMMUNISATIONS

The following information concerning immunisation is consistent with the National Immunisation Program as published within the Australian Immunisation Handbook (current edition: 2013) and the National Health and Medical Research Council (NHMRC) guidelines. It is important that international students’ vaccinations meet the Australian Standard.

Students with underlying medical conditions, which are recognised by the NHMRC as indications for the following vaccines, are advised of the need to be vaccinated irrespective of the general recommendations concerning all students. Conversely students with underlying medical conditions, which are recognised by the NHMRC as contraindications for the following vaccines, must seek and receive advice from an infectious diseases specialist to protect themselves and patients/clients from infectious diseases.
Students who, have a blood-borne virus, are unable to receive vaccine due to allergy or non-responders to vaccines, must complete a Faculty of Health Immunisation Variation Form.

### 7.1 Hepatitis B Virus

<table>
<thead>
<tr>
<th>Immunisation against Hepatitis B virus (HBV) is required for any student who will undertake a professional experience placement in a health care setting involved in the provision of patient care, diagnostic or other laboratory services in which there is the potential for exposure to blood or body fluids unless there is documented serological confirmation of immunity.</th>
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**Rationale**

**Australian citizens (National Immunisation Program):**

- Recommended for all Australians. Note that health care workers are regarded as a group at occupational risk for exposure to Hepatitis B infection.

**Australian medical students (Medical Deans, Australia and New Zealand):**

- Immunisation required for all medical students;
- Protects susceptible students from acquisition of disease through occupational exposure; and
- Protects susceptible patients, if exposed, from acquiring disease from infected students.

**Health Care Workers (Tasmania DHHS Code of Practice for Health Care Workers, 2005):**

- Immunisation of all non-immune health care workers is strongly advised: and
- In Tasmania and other jurisdictions, health care workers are required by law to know their HBV status and, if positive, they must not perform exposure-prone procedures. Evidence of immunity to HBV is required for many workplaces, including the Tasmanian Department of Health and Human Services (DHHS) acute care facilities.

**Evidence of Immunity to HBV**

Students who have been previously vaccinated are required to provide evidence of an anti-HBs antibody level ≥10 mIU/mL (or detection of anti-HBs antibody if the laboratory does not provide numerical antibody measurements) following vaccination. Students who have a past history of Hepatitis B infection are required to complete a Faculty of Health Immunisation Variation Form.

**Immunisation against Hepatitis B**

- All students who are not immune require vaccination against Hepatitis B according to the National Immunisation Program recommendation for health care workers in the Australian Immunisation Handbook (full course of 3 doses of vaccine). Students are able to attend PEP in first year once they have begun their course of Hep B vaccination. **All** students must have completed the full course of vaccination and provide evidence of their serology results by December 31st of their first year.
- Students are required to provide evidence of immunity by post-vaccination serology (anti-HBs antibody level ≥10mIU/mL or detection of anti-HBs antibody if the laboratory does not provide numerical antibody measurements) performed at least 4 weeks after the third dose.
• Students who are HBsAg negative and who do not reach adequate anti-HBs levels (≥10mIU/mL) should be offered a further dose/s of vaccine followed by further testing 4 weeks after the last dose. Refer to page 226 of the Australian Immunisation Handbook, 10th Edition.

• Students who are persistent non-responders should be referred to an Infectious Diseases Physician for further assessment and management including consideration for intra-dermal vaccination. If they remain seronegative they also should be informed about the need for HBIG within 72 hours of significant exposure to HBV-infected blood or body fluids.

7.2 MEASLES, MUMPS AND RUBELLA (MMR)

| Immunisation against measles, mumps and rubella is required for any student who will undertake a professional experience placement in a health care setting involved in the provision of patient care unless there is documented immunity or documented immunisation with two doses of measles mumps rubella vaccine (MMR). |

Rationale
Australian citizens (National Immunisation Program):

• Vaccination of all Australians in infancy. Funded National Immunisation Program catch-up vaccination, for those born since 1966 to optimise the uptake of measles vaccine in Australia, was discontinued in 2007.

Australian medical students (Medical Deans, Australia and New Zealand):

• Recommended by all medical schools in Australia; and

• Protect non-immune students from acquiring and, if infected, transmitting infection.

Health Care Workers:

• In some other jurisdictions require screening and, where non-immune, are restricted from working in several health care areas including with paediatric, immune-deficient, respiratory patients and in emergency departments and intensive care units.

Evidence of Immunity to Measles, Mumps and Rubella
Students are required to provide documented evidence of vaccination with at least 2 doses of MMR or documented serological evidence of immunity to measles, mumps and rubella. For measles, it is recognised that for persons born before 1966, immunity is likely. However, unless provided with catch-up vaccinations, persons born between 1966 and 1980 are unlikely to have received 2 doses of measles-containing vaccine and may be non-immune. A history of previous infection with one or more of measles, mumps or rubella is not considered reliable evidence of immunity nor is it a contraindication for vaccination against the other components of the vaccine.

Immunisation against Measles, Mumps and Rubella
In Australia, all non-immune adults should be given MMR vaccine, provided there are no contraindications. There are no ill effects from vaccinating those with pre-existing immunity to one or more of the three diseases.
Students who are unable to provide documented evidence of immunity to all three components or documented evidence of immunisation with two doses of MMR, are required to complete two vaccinations against MMR or undertake catch-up vaccination of two doses of MMR according to the Australian Immunisation Handbook guidelines.

7.3 **VARICELLA (CHICKENPOX)**

| Immunisation against varicella is required for any student who will undertake a professional experience placement in a health care setting involved in the provision of patient care unless there is a documented history of infection or documented immunisation. |

**Rationale**

**Australian citizens (National Immunisation Program):**
- Vaccination of all Australians in infancy at 18 months. Funded catch-up vaccination program for 12-13 year old children is currently in place; and
- Recommended for all non-immune adults, especially health care workers.

**Australian medical students (Committee Medical Deans, Australia and New Zealand):**
- Immunisation required for all medical students;
- Protects susceptible students from acquisition of disease; and
- Protects susceptible vulnerable patients from acquiring disease from infected students.

**Health Care Workers:**
- In some other jurisdictions require screening and, where non-immune, are restricted from working in several health care areas including with paediatric, immune-deficient, respiratory patients and in emergency departments and intensive care units.

**Evidence of Immunity to Varicella**

Students who have a reliable history of varicella (chickenpox or shingles) or a documented history of immunisation should be considered immune. Many adolescents and adults who do not have a history of varicella are also immune. In the absence of a reliable history of varicella, serological testing before vaccination to establish immunity is available.

**Immunisation against Varicella**

Students without a reliable history of chickenpox or serological evidence of immunity are required to be immunised (currently two doses, 1-2 months apart). Where serological testing has not been performed; adults can be vaccinated as the vaccine is well tolerated in seropositive persons.

7.4 **DIPHTHERIA, TETANUS AND PERTUSSIS (DTP)**

| Immunisation against diphtheria, tetanus and pertussis is required for any student who will undertake a professional experience placement in a health care setting involved in the provision of patient care. Immunisation against pertussis is required for any student who will/may have contact with young children. |
Rationale

Australian citizens (National Immunisation Program):

- Primary immunisation at 2, 4 and 6 months of age with boosters at 4 and 15-17 years;
- To ensure persistent immunity against pertussis, a single dose of dTpa is now recommended for the booster at 15-17 years and in other circumstances described in the Australian Immunisation Handbook, including for adults (who have not previously received a booster dose of dTpa) working with infants and young children; and
- Boosters for tetanus and diphtheria are recommended at the age of 50 years or in adults if a high-risk injury occurs where greater than 5 years have elapsed since the last booster vaccination. (Where the full primary course has not been completed, boosters are recommended every 10 years).

Australian medical students (Medical Deans, Australia and New Zealand):

- Recommended by all medical schools in Australia; and
- Protect non-immune patients from exposure to pertussis from an infected medical student.

Health Care Workers:

- In some other jurisdictions require screening and, where non-immune, are restricted from working in several health care areas including with paediatric, immune-deficient, respiratory patients and in emergency departments and intensive care units.

Acceptable Presumptive Evidence of Immunity to Diphtheria, Tetanus and Pertussis

Students should provide a history of a completed childhood vaccination (at least 5 doses of DTP components, at least one of which was administered above the age of 10 years).

Immunisation against Diphtheria, Tetanus and Pertussis

If there is a history of not receiving a primary series of vaccines (i.e. the primary course of at least 3 doses of DTP-combination vaccine), serology is available to determine immunity. In the NSW Health Policy Directive Table 3 (Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases) it states that “pre- and post-vaccination serological testing for diphtheria, tetanus and pertussis is not recommended and should not be undertaken”. Catch-up vaccination may be considered as currently recommended in the Australian Immunisation Handbook.

Students who have a history of inadequate childhood immunisation should have a booster with dTpa. Students who have not previously received dTpa should receive the booster in line with the recommendation for all adults working with infants and children. Note that once a single booster dose of dTpa has been administered, subsequent booster doses of dTpa to the same individual should not be given.

7.5 INFLUENZA

Annual influenza vaccination is strongly recommended for any student who will undertake a professional experience placement in a health care setting involving activities that will bring them into contact with patients.
Rationale
Australian citizens (National Immunisation Program):
- Recommended for all health care workers in order to protect high-risk patients.

Australian medical students (Medical Deans, Australia and New Zealand):
- Recommended by all medical schools for students involved in health care activities.

Health Care Workers:
- Strongly recommended for all staff who have contact with clients/patients.

7.6 Other Immunisations
At present the risk of acquiring Hepatitis A, polio, meningococcal and pneumococcal infections is considered low in Tasmania, therefore vaccination of non-immune students is not routinely recommended. However, some or all of these vaccinations and others may be recommended for students who will be undertaking a period of training in areas where these infections are prevalent. This includes certain Australian communities and many countries overseas. Students are required to seek advice prior to commencing such periods of professional placement experience.

7.7 Tuberculosis (Mantoux Testing)

Mantoux testing is recommended for any student who will undertake a professional experience placement in a health care setting involving activities that will bring them into contact with patients unless there is documentation of a positive Mantoux test or prior history of TB. Mantoux-negative students should be re-tested following any subsequent exposure to TB, including an elective in a country with a high prevalence of TB.

Rationale
Australian medical students (Medical Deans, Australia and New Zealand):
- Recommended for all medical students.

Health Care Workers:
- Screening is performed for all overseas trained health care workers from high risk areas who have contact with clients/patients.

In NSW all students need to complete the Tuberculosis (TB) assessment tool (Form 2) and the Student Undertaking/Declaration (Form 3) but will only require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB.

8. Exposure to Blood and Body Fluids during Placements

Resource:

Health care agencies should have protocols for dealing with needle stick and other blood or body fluid incidents involving either patients or health care workers within their Work Health and Safety
policy and procedures. Students on placement are subject to and covered by, the individual health
care agency’s policies and procedures. Students must become familiar with such policies and act in
accordance with the procedures if exposure occurs.

Students who suspect that they may have been infected with a blood-borne virus at any time
during their course have an ethical duty to seek testing and counselling. Refer to the Faculty of
Health Infection Control Student and Staff Guidelines

9. **SCREENING AND IMMUNISATION PROCEDURE**

The Faculty of Health implements the screening and immunisation procedure by providing the
Infectious Diseases Guidelines and Procedures Student Immunisation Record form (Appendix 1) for
completion by students who will be undertaking professional experience placement. The Student
Immunisation Record form has an associated Immunisation Variation Form for completion where
required.

The Infectious Diseases Guidelines and Procedures Student Immunisation Record form and
Immunisation Variation Form can be downloaded from the Safety in Practice Compliance webpage.

10. **SUPPORTING DOCUMENTS**

10.1 Tasmania Department of Health and Human Services Code of Practice for Healthcare workers
including those infected with HIV, Hepatitis B or Hepatitis C. (2005)

10.2 Tasmania Department of Health and Human Services Hepatitis B Policy (2006)

10.3 National Health and Medical Research Council (NHMRC) Australian Guidelines for the
Prevention and Control of Infection in Healthcare (2010)

10.4 New South Wales Health Policy Directive Occupational Assessment, Screening and
Vaccination Against Specified Infectious Diseases (2011)

10.5 National Health and Medical Research Council The Australian Immunisation Handbook

10.6 The Committee of Deans of Australian Medical Schools Guidelines for Infectious Diseases
Policies and Programs for Medical Students prepared by Dr Philip Jones, UNDSW, and
Danielle Brown, CDAMS. (2001)

11. **VERSIONING**

<table>
<thead>
<tr>
<th>Version</th>
<th>Version 1</th>
<th>Approved 2&lt;sup&gt;nd&lt;/sup&gt; January, 2009 by Dean, Faculty of Health Sciences</th>
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<tbody>
<tr>
<td>Former Version</td>
<td>Version 2</td>
<td>Approved 4&lt;sup&gt;th&lt;/sup&gt; February, 2011 by Dean, Faculty of Health Sciences</td>
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<tr>
<td>Current Version</td>
<td>Version 3</td>
<td>Approved October, 2014 by Faculty of Health PEP Committee</td>
</tr>
</tbody>
</table>
## APPENDIX 1 TASMANIAN STUDENT IMMUNISATION RECORD

### PERSONAL DETAILS *(Please print)*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
<td>Given Names</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td>State:</td>
<td>Mobile:</td>
<td>Student ID:</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
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</tr>
</tbody>
</table>

### Student Declaration:

I agree to have my immunisation requirements contained in this Immunisation Record documented and retain and produce my Immunisation Record for sighting by PEP agencies if/when required.

Signature: .............................................................. Date: ..................................

<table>
<thead>
<tr>
<th>Vaccine <em>(Mandatory)</em></th>
<th>Date of administration and/or serology</th>
<th>Batch Number</th>
<th>Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature ALL required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult formulation: diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (ADULT dose of dTpa)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booster (every 10 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B Vaccine</strong> <em>(age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mIU/mL OR Hepatitis core antibody positive)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AND</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology: anti-HBs (4-6 weeks after 3rd dose)</td>
<td>Result ml/IU/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology: anti-HBc</td>
<td>Positive Negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella (MMR) vaccine</strong> <em>(2 doses MMR vaccine at least 1 month apart OR positive serology for measles and mumps and numerical titre level for rubella only OR born before 1966)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology Measles</td>
<td>IgG result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology Mumps</td>
<td>IgG result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology Rubella</td>
<td>ml/IUml result</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong> <em>(age appropriate course of vaccination OR positive serology OR confirmed history of chicken pox OR shingles)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td></td>
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<tr>
<td>Dose 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology Varicella</td>
<td>IgG result</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Influenza Vaccination</strong> <em>(Strongly recommended)</em></td>
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</tbody>
</table>

**Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature ALL required)**
### TB Questionnaire (Mandatory)

<table>
<thead>
<tr>
<th>Requires TB screening</th>
<th>Date</th>
<th>Yes</th>
<th>No</th>
<th>(please circle)</th>
<th>Given by/Read by (clinic/practice stamp, full name and signature ALL required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**To view countries of high TB incidence please go to:**

### Testing for blood-borne viruses to determine infectivity status (Mandatory)

**Human immunodeficiency syndrome (HIV)**

<table>
<thead>
<tr>
<th>HIV antibody test</th>
<th>Yes (please circle)</th>
<th>No</th>
<th>DO NOT RECORD RESULTS</th>
<th>Date of Test:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Hepatitis B virus (HBV)**

<table>
<thead>
<tr>
<th>HBsAg Test</th>
<th>If positive further testing to determine degree of infectivity: HBeAg &amp; HBV DNA</th>
<th>Yes (please circle)</th>
<th>NO</th>
<th>DO NOT RECORD RESULTS</th>
<th>Date of Test:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Hepatitis C virus (HCV)**

<table>
<thead>
<tr>
<th>HCV antibody test</th>
<th>If HCV antibody positive, further testing for HCV RNA</th>
<th>Yes (please circle)</th>
<th>No</th>
<th>DO NOT RECORD RESULTS</th>
<th>Date of Test:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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### HEALTH CARE PROVIDER DECLARATION

Where testing for **blood borne viruses** has been undertaken, I have provided pre and post-test counselling.

If a student has had a **positive result** for a **blood borne virus**, they have been referred to an Infectious Disease Specialist for further testing, advice and treatment. Students who have a **positive result** also require a **Safety in Practice Immunisation Variation Form** to be completed, available at: http://www.utas.edu.au/health/professional-experience-placement/safety-in-practice-requirements.

The completed Safety in Practice Immunisation Variation Form should be returned to the **student for submission to their Program PEP Coordinator/Administrator**.

**Name:** ...........................................................................................................................................  **Provider Number:** ...................................................................................................................

**Signature:** ......................................................................................................................................  **Date:** .................................................................................................................................

**The student must scan and submit this Vaccination Record Card via upload into InPlace.**
APPENDIX 2 SAFETY IN PRACTICE IMMUNISATION VARIATION FORM

Student Name: ..............................................................................................................

Student Date of Birth: ......................... Student ID: .................................

Course: ...........................................................................................................................

Students intending to undertake Professional Experience Placement (PEP) must ensure this form is completed and submitted if they:

- have a blood-borne virus; or
- have/had tuberculosis; or
- have a medical contraindication to a vaccination; or
- are a documented non-responder to a vaccination.

Student Declaration:

I understand that I am at risk of exposure to OR transmission of infectious diseases within the health care setting during PEP and that as a consequence I have sought and received advice from the appropriate health practitioner to protect myself and patients/clients from infectious diseases.

I declare that I:

- will follow the advice provided by the health practitioner; and
- will not undertake or participate in any exposure-prone procedures if I have a blood-borne virus.

Student Signature: ................................................................. Date: .........................

Health Practitioner Declaration:

Infectious Diseases Specialist – for Medicine and Paramedic courses.

GP or ID/Respiratory/Immunology Specialist – for other Faculty of Health PEP courses

I confirm that I have discussed the risks of exposure/transmission of infectious diseases within health care settings with the student and provided advice to protect the student and patients/clients from infectious diseases during PEP.

Doctor Name & Specialty: ..............................................................................................................

Address: ...........................................................................................................................

Phone: ......................................................... Email: ..................................................

Doctor Signature: ................................. Provider number: ........................ Date: .........................