Infectious Diseases Guidelines and Procedures

December, 2018

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### Term/Acronym | Definition
--- | ---
AHPRA | Australian Health Practitioner Regulation Agency
Anti-HBc IgG | Antibody to Hepatitis B core antigen
Anti-HBs | Antibody to Hepatitis B virus surface antigen
BCG | Bacillus Calmette-Guérin
CHM | College of Health and Medicine
dT | Diphtheria-tetanus vaccine for use in adults (ADT)
dTpa | Adult/adolescent formulation diphtheria-tetanusacellular pertussis vaccine
EPPs | Exposure-prone procedures
FH | Faculty of Health
HBeAg | Hepatitis B early antigen
HBIG | Hepatitis B immunoglobulin
HBsAg | Hepatitis B surface antigen
HBV DNA | Hepatitis B virus DNA
HBV | Hepatitis B virus
HCV RNA | Hepatitis C virus RNA
HCV | Hepatitis C virus
HIV | Human Immunodeficiency Virus
mIU/m-L | milli-International Units per millilitre
MMR | Measles, mumps, rubella vaccine
NHMRC | National Health and Medical Research Council
NIPS | National Immunisation Program Schedule
PEP | Professional Experience Placement
Program Course
SHS | School of Health Sciences
SoM | School of Medicine
TB | Tuberculosis
UTAS | University of Tasmania
WH&S | Work Health and Safety
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 College of Health and Medicine 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 related to the College of Health and Medicine 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 College of Health and Medicine courses, which include a professional experience placement. Students undertaking PEP in some healthcare regions/agencies or 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 University [Work Health and Safety Policy](#).

The College of Health and Medicine 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 University [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 College of Health and Medicine 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 the College of Health and Medicine

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 College of Health and Medicine 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 College, but the College 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 College of Health and Medicine 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 no longer than 6 months prior to census date in their first year of study in their current enrolled course; and
- seek follow-up and/or regular testing and counselling if they 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 CHM 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


University Infection Control Procedure

College of Health and Medicine Infection Control Student and Staff Guidelines

In addition, students are expected to access, read and comply with relevant 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 a 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 University.
4.5 **INTERNATIONAL STUDENTS AND DOMESTIC STUDENTS FROM OTHER UNIVERSITIES**

International students, both long-term fee-paying students and students on short-term electives, and domestic students from other universities undertaking short-term electives in Tasmania, are subject to the same screening and immunisation standards as University of Tasmania (UTAS) domestic students. Students participating in short-term electives are required to produce documentation that they have met the same requirements prescribed for UTAS 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](https://www.cdc.gov). 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 (e.g. the completed *Infectious Disease: Form for Period of Elective Study* available for Year 4 MBBS students).

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 College of Health and Medicine *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 all students who will undertake PEP in Tasmania.

**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 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.

**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 medical contraindication to vaccinations or non-responders to vaccines must complete a College of Health and Medicine Immunisation Variation Form.

**Required Testing for Blood-borne Viruses**

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

- If HBsAg is positive, further testing to determine the degree of infectivity

**Hepatitis B Virus (HBV):** HBsAg test

**Hepatitis C Virus (HCV):** HCV antibody test

- If HCV antibody positive, further testing to determine action required

**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. If students are infected however, they must:

- be referred to an Infectious Disease Specialist for further testing, advice and treatment;
- complete a College of Health and Medicine Immunisation Variation Form; and
- not undertake exposure-prone procedures.

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


These Guidelines and Procedures are supplemented by the College of Health and Medicine 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
- Intra-abdominal EPPs: gastrectomy, hemicolecctiony
• Intrathoracic EPPs: all procedures involving sternotomy, pneumonectomy, intercostal (chest tube) catheter insertion

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 online edition) 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, or are unable to receive vaccine due to allergy or non-responders to vaccines, must complete a College of Health and Medicine Immunisation Variation Form.

7.1 HEPATITIS B VIRUS

| Immunisation against Hepatitis B virus (HBV) is required for all students who will undertake PEP, unless there is serological evidence of Hepatitis B core antibody positive. |

Evidence of Immunity to HBV

Students who have been previously vaccinated are required to provide evidence of a completed course of age appropriate Hepatitis B vaccinations and evidence of anti-HBs antibody level ≥10 mIU/mL following vaccination or Hepatitis B core antibody positive. Students who have Hepatitis B infection are required to complete a College of Health and Medicine 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). Whilst being 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 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 Hepatitis b serology testing 4 weeks after the last dose. Refer to the current online edition of the Australian Immunisation Handbook.

- 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)

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.

Immunisation against Measles, Mumps and Rubella

In Australia, all non-immune adults should be given at least 2 doses of 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)

Evidence of Immunity to Varicella

Students are required to have documented history of age appropriate immunisation or positive varicella serology.

Immunisation against varicella is required for all students who will undertake a PEP, unless there is documented immunisation or positive varicella serology.
Immunisation against Varicella
Students without documented immunisation of varicella (chicken pox or shingles) 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 all students who will undertake PEP.

Immunisation against Diphtheria, Tetanus and Pertussis
Students are required to have documented evidence (including batch number) of a dose of adult dTpa administered within the last 10 years.

7.5 Tuberculosis
Screening for Tuberculosis is recommended for all students who will undertake PEP. Testing may be necessary, pending the outcome of TB screening questionnaires.

In Tasmania, the doctor must complete the mandatory TB questionnaire on the Student Immunisation Record form.

In NSW all students need to complete the Tuberculosis (TB) assessment tool (Attachment 7) and the Student Undertaking/Declaration (Attachment 6).

7.6 Influenza
Annual influenza vaccination is required for all students who will undertake PEP.

The College of Health and Medicine requires influenza vaccination annually (Recommended by Mid-June) on the basis that an increasing number of healthcare organisations providing PEP for students make annual vaccination mandatory.

7.7 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 PEP 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.

8. Exposure to Blood and Body Fluids during Placements

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 College of Health and Medicine Infection Control Student and Staff Guidelines.

9. SCREENING AND IMMUNISATION PROCEDURE

The College of Health and Medicine 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 PEP. 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 National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010)

10.2 NSW Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (2018)

10.3 National Health and Medical Research Council Australian Immunisation Handbook 10th Edition

11. VERSIONING

<table>
<thead>
<tr>
<th>Version</th>
<th>Approval Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td>Approved 2nd January, 2009 by FH Dean</td>
</tr>
<tr>
<td>Version 2</td>
<td>Approved 4th February, 2011 by FH Dean</td>
</tr>
<tr>
<td>Version 3</td>
<td>Approved October, 2014 by FH PEP Committee</td>
</tr>
<tr>
<td>Version 4</td>
<td>Approved June, 2018 by CHM Director of Professional Experience</td>
</tr>
</tbody>
</table>
# APPENDIX 1  TASMANIAN STUDENT IMMUNISATION RECORD

## PERSONAL DETAILS  
*(Please print)*

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

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

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## Vaccine
(Mandatory)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date of administration and/or serology</th>
<th>Batch Number</th>
<th>Vaccination provided by or evidence sighted by - Clinic/practice stamp or name and signature required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult formulation: diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (ADULT dose of dTpa)</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>Hepatitis B Vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mlIU/mL OR hepatitis B core antibody positive)</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>AND</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 (please circle)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR) vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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)</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>OR</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/IU/ml result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella vaccine (age appropriate course of vaccination OR positive serology)</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>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology Varicella</td>
<td>IgG result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccination (required annually two weeks prior to June 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## TB Questionnaire (Mandatory)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>(please circle)</th>
<th>Clinic/practice stamp or full name and signature required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete all questions</td>
<td>Yes</td>
<td>No</td>
<td>(please circle)</td>
<td>Assessed by Health Care Provider</td>
</tr>
<tr>
<td>Was the student born outside of Australia?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, where was the student born?</td>
<td></td>
</tr>
<tr>
<td>Has the student lived in or travelled to a country with a high incidence of TB?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To view countries of high TB incidence please go to:

Has the student been in physical contact with a person known to have TB? Yes No

If the answer to any of the above is yes, this student does require TB screening.

**TB Screening (If Required)**

<table>
<thead>
<tr>
<th>Tubercul Skin Test (Mantoux)</th>
<th>Date</th>
<th>Given by - Clinic/practice stamp or name and signature required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td>Induration</td>
<td>mm</td>
</tr>
<tr>
<td>Skin Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td>Induration</td>
<td>mm</td>
</tr>
</tbody>
</table>

### Testing for Blood-borne Viruses to determine infectivity status (Mandatory)

#### DO NOT RECORD RESULTS

<table>
<thead>
<tr>
<th>Virus</th>
<th>Test</th>
<th>Yes</th>
<th>No</th>
<th>Date of Serology:</th>
<th>Evidence sighted by Health Care Provider - Name &amp; signature required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human immunodeficiency syndrome (HIV)</td>
<td>HIV antibody test</td>
<td>Yes</td>
<td>No</td>
<td>(please circle)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of Serology:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B virus (HBV)</td>
<td>HBsAg Test</td>
<td>Yes</td>
<td>No</td>
<td>(please circle)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of Serology:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C virus (HCV)</td>
<td>HCV antibody test</td>
<td>Yes</td>
<td>No</td>
<td>(please circle)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of Serology:</td>
<td></td>
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</tr>
</tbody>
</table>

### HEALTH CARE PROVIDER DECLARATION

Where applicable (tick box):
- If the student has had a positive result for a blood borne virus or TB, I have arranged further testing, advice and treatment.  
- If the student has a blood-borne virus or has/had tuberculosis or has a medical contraindication to a vaccination or is a documented non-responder to a vaccination, a Safety in Practice Immunisation Variation form must be completed. The Safety in Practice Immunisation Variation form can be accessed at:

I have completed and returned the Safety in Practice Immunisation Variation Form to the student to submit to their Program PEP Coordinator/Administrator.

### Practitioner to Complete

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

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

The student must scan and submit this Student Immunisation Record 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 College of Health and Medicine 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: .....................