

Infectious Diseases & Vaccination Process

November 2023

Contents

1. Introduction.....	3
2. Scope.....	3
3. Principles	3
4. Responsibilities	4
4.1 Responsibilities of the College of Health and Medicine.....	4
4.2 Responsibilities of the Student	4
4.3 Additional Resources.....	6
4.4 Cost	6
4.5 International Students and Domestic Students from other Universities	6
4.6 Students Undertaking Overseas Electives	6
4.7 Consequences of Non-compliance	6
5. Infectious Diseases Screening.....	6
5.1 Tuberculosis	6
5.2 Testing for Blood-borne Viruses: HIV, HBV and HCV.....	6
6. Exposure-Prone Procedures (EPPs)	7
7. Exposure to Blood and Body Fluids during Placements	7
8. Immunisations.....	8
8.1 Diphtheria, Tetanus and Pertussis (dTpa).....	8
8.2 Hepatitis B Virus	8
8.3 Measles, Mumps and Rubella (MMR).....	9
8.4 Varicella	10
8.5 Influenza	10
8.6 COVID-19.....	10
8.7 Other Immunisations.....	11
9. Supporting Documents	11
10. Versioning.....	12

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Relevant Policy or Procedure the Process supports	University Safety and Wellbeing Policy; Professional Experience Placement Procedure; College of Health and Medicine Safety in Practice Compliance and Risk Assessment Process.
Responsible Organisational Unit	College of Health and Medicine

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 antibody
ATAGI	Australian Technical Advisory Group on Immunisation
BCG	Bacillus Calmette–Guérin
CHM	College of Health and Medicine
dT	diphtheria-tetanus vaccine for use in adults (ADT)
dTpa	Adolescent/adult formulation diphtheria-tetanus-acellular pertussis vaccine
EPPs	Exposure-prone procedures
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/mL	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
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.

This Infectious Diseases and Vaccination Process document provides direction related to the College of Health and Medicine infectious diseases and vaccination requirements for students undertaking professional experience placement (PEP) in health care and other settings.

2. SCOPE

This process document applies to all students enrolled in College of Health and Medicine courses which include PEP. 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 vaccinations recommended in the Australian National Immunisation Program Schedule, students who do not undertake PEP are exempt from this process.

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 [Safety and Wellbeing 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; administration of vaccines; 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 and Vaccination Process. Students will be provided with access to the Infectious Diseases and Vaccination Process document 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 Compliance 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 to disclosure status of 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, are unable to receive a vaccine due to allergy, or are a non-responder to a course of vaccination, must complete a College of Health and Medicine [Safety in Practice Medical Declaration Form](#).

Students who become infected with a blood-borne virus must be aware of the [Australian National Guidelines for Healthcare Workers on Managing Bloodborne Viruses](#) and adhere to the recommendations in this document. This **may** include 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, exposure-prone procedures, and infection control practices relevant to their course or unit of 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 and Vaccination Process document in accordance with College of Health and Medicine [Safety in Practice Compliance and Risk Assessment Process](#).
- 4.1.4 Screening for infections and the administration of appropriate vaccines and chemoprophylaxis is not the direct responsibility of the College, but the College is responsible for ensuring that students have required evidence of compliance.

4.2 RESPONSIBILITIES OF THE STUDENT

- 4.2.1 The onus to comply with this Process document rests solely with the student.
- 4.2.2 Students are required to sign a declaration that they have both read and understood this Process document and acknowledge their rights and responsibilities in their Safety in Practice Agreement.
- 4.2.3 Students must demonstrate their compliance with the College of Health and Medicine Infectious Diseases and Vaccination Process by uploading to InPlace a completed College of Health and Medicine Tasmanian Student Immunisation Record (Tasmanian students only) or a completed NSW Health Vaccination Record Card for Health Care Workers and Students (NSW students only), in accordance with College of Health and Medicine [Safety in Practice Compliance and Risk Assessment Process](#) timelines. If a student has any of the following, they must complete [a Safety in Practice Medical Declaration form](#):

- Blood borne virus;
 - Medical contraindication to a vaccination;
 - Non-responder to hepatitis B vaccination.
- 4.2.4 Students have a responsibility to comply with best practice infection control practices, including standard and transmission-based precautions, during PEP.
- 4.2.5 In relation to blood borne viruses, students who may perform exposure-prone procedures in the Bachelor of Paramedicine and Bachelor of Medical Science and Doctor of Medicine, 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; and undertake testing for blood-borne viruses at commencement of study or no longer than 12 months prior to commencement in their first year of study in their current enrolled course; and
 - Be aware of their BBV status and be tested for BBVs at least once every 3 years (as per the [CDNA National Guidelines – Healthcare Workers Living with Blood Borne Viruses / Perform Exposure Prone Procedures at risk of Blood Borne Viruses .](#)
 - Should a student have a potential exposure associated with a risk of BBV acquisition they must have appropriate timely testing and follow-up care.
 - Students who become infected with blood-borne viruses must be aware of the [National Guidelines for Healthcare Workers on Managing Bloodborne Viruses](#), and must comply with these guidelines in relation to performing EPPs.
 - A positive status alone will not prevent a student from completing their course.
- 4.2.6 Students with non-blood borne infectious diseases, which may be a risk to patients/clients, such as pertussis, influenza, or gastroenteritis, are required to consult a medical practitioner or public health unit and seek guidance. The Unit Coordinator should be contacted as soon as possible to ensure a safe professional experience placement.

4.3 ADDITIONAL RESOURCES

Communicable Diseases Network Australia (2019) [National Guidelines for Healthcare Workers on Managing Bloodborne Viruses](#).

NHMRC (2019) [Australian National Guidelines for the Prevention and Control of Infection in Healthcare](#).

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 vaccines.

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 vaccination standards as University of Tasmania (UTAS) domestic students. Students participating in short-term electives are required to produce a completed College of Health and Medicine Tasmanian Student Immunisation Record to demonstrate that they meet the same requirements prescribed for UTAS domestic students prior to beginning study.

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. Students should be aware of the current prevalence of infectious diseases in different countries and recommended vaccinations prior to travel may include Hepatitis A, polio, typhoid, meningococcal and yellow fever vaccines.

The provision of relevant information and advice on health risks and the administration of appropriate vaccines and chemoprophylaxis is not the direct responsibility of the University. The student is required to provide documentation confirming that they have obtained appropriate information and advice.

4.7 CONSEQUENCES OF NON-COMPLIANCE

All students are required to provide evidence of vaccination compliance. Students who have not provided evidence of vaccination compliance in accordance with College of Health and Medicine [Safety in Practice Compliance and Risk Assessment Process](#) timelines will not be eligible for PEP within the health care setting.

5. INFECTIOUS DISEASES SCREENING

5.1 TUBERCULOSIS

Tuberculosis (TB) risk assessment is mandatory for all students who will undertake PEP. Screening for active/latent TB may be necessary dependent on the outcome of the TB risk assessment.

In **Tasmania**, students must complete the [UTAS Tuberculosis \(TB\) Assessment Tool](#).

In **NSW** all students need to complete the [NSW Health Tuberculosis \(TB\) Assessment Tool](#).

5.2 TESTING FOR BLOOD-BORNE VIRUSES: HIV, HBV AND HCV

Screening for HIV, HBV and HCV is required for all Medicine and Paramedicine students and those students who will undertake exposure prone procedures, as defined by the Communicable Diseases Network Australia in accordance with Australian Health Practitioner Regulation Agency requirements.

Rationale

Students who undertake Exposure Prone Procedures have a responsibility to be aware of their status in relation to blood-borne viruses (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. If diagnosed with a BBV the student must cease performing EPPs immediately and seek appropriate medical care. The student may recommence performing EPPs once they meet criteria set out within [National Guidelines for Healthcare Workers on Managing Bloodborne Viruses](#), and are given clearance by their medical specialist. A positive status alone will not prevent a student from completing their course.

Required Testing for Blood-Borne Viruses

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

Hepatitis B Virus (**HBV**): HBsAg test (only required if Hep B immunity not demonstrated)

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

Results from Testing for Blood-borne Viruses

The University recognises the right to privacy and confidentiality of all students and prohibits coercion of disclosure of status or discrimination against students with blood-borne viruses. If a student has a blood borne virus they must:

- be referred to an appropriate specialist for further testing, advice, and treatment.
- complete a College of Health and Medicine [Safety in Practice Medical Declaration Form](#) and
- not undertake exposure-prone procedures until further assessment is made by the appropriate specialist in accordance with national guidelines.

6. EXPOSURE-PRONE PROCEDURES (EPPs)

Reference: [National Guidelines for Healthcare Workers on Managing Bloodborne Viruses](#) (2019).

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).

For a list of exposure prone procedures and examples see page 38 of [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#).

7. 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 required to adhere to 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 exposed to a blood-borne virus at any time during their course have an ethical duty to seek testing and counselling.

Resources:

NHMRC (2019) [Australian Guidelines for the Prevention and Control of Infection in Healthcare.](#)

8. IMMUNISATIONS

Students with underlying medical conditions, which are recognised by the NHMRC as contraindications for the following vaccines, must seek and receive advice from the appropriate specialist to protect themselves and patients/clients from infectious diseases.

8.1 DIPHTHERIA, TETANUS AND PERTUSSIS)

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 of a dose of adult dTpa administered within the last 10 years. For **All students** the dTpa batch number is mandatory, or alternatively documentation of the vaccine brand name on the Medicare Immunisation History Statement will be accepted. For **Tasmanian students**, the batch number or brand name must be documented on the Tasmanian Student Immunisation Record.

8.2 HEPATITIS B VIRUS

Immunisation against Hepatitis B virus (HBV) is required for all students who will undertake PEP

Evidence of Immunity to HBV

Tasmanian students must provide evidence of a 'history' of Hepatitis B vaccinations **AND** a Hepatitis B surface antibody level $\geq 10\text{IU/L}$ following an age-appropriate course of vaccinations, **OR** positive Hepatitis B core antibody serology from a previous infection. Evidence of a 'history' of Hepatitis B vaccinations may be a record of age-appropriate vaccinations or a verbal history. Where a record of age-appropriate vaccinations is not available and cannot be obtained, a verbal history of Hepatitis B vaccinations must be accompanied with [Utas Hepatitis B Vaccination Declaration](#).

NSW students must provide evidence of a 'history' of Hepatitis B vaccinations **AND** a Hepatitis B surface antibody level $\geq 10\text{IU/L}$ following an age-appropriate course of vaccinations, **OR** positive Hepatitis B core antibody serology from a previous infection. Evidence of a 'history' of Hepatitis B vaccinations may be a record of age-appropriate vaccinations or a verbal history. Where a record of age-appropriate vaccinations is not available and cannot be obtained, a verbal history of Hepatitis B vaccinations must be accompanied with [NSW Health Hepatitis B Vaccination Declaration \(Appendix 9\)](#).

Students who have HBV are required to complete a College of Health and Medicine [Safety in Practice Medical Declaration Form](#).

Immunisation against Hepatitis B

- **All students** who are not immune to HBV require vaccination against HBV, as recommended in the Australian Immunisation Handbook (online edition). Depending on evidence of past Hepatitis B vaccinations, a student may require a complete (primary) course of vaccination or may only require up to 3 additional booster dose/s of Hepatitis B vaccine. An accelerated Hepatitis B vaccination schedule **will not** be accepted.
 - **Tasmanian students** can attend their first PEP after having 2 doses of Hepatitis B vaccine, however prior to completing any further placements the students must have completed their full course of hepatitis B vaccinations and actively scheduling their booster doses (with input from immunisation staff) if required to demonstrate immunity on post-vaccination serology. **All Tasmanian students** must have completed their full course of vaccinations and provided evidence of their serology results by **December 31st** of their first year.
 - **NSW Students** can attend PEP if granted the 6-month hepatitis B temporary compliance status by the NSW Health Clin Connect Placement Management System. No further extension to the temporary compliance status is given. Prior to completing any further placements, the student must have completed their full course of hepatitis B vaccinations and post-vaccination serology.
- **Students in the Bachelor or Master of Laboratory Medicine** are required to provide evidence of either immunity to Hepatitis B virus or administration of at least the first dose of a three-dose course of Hepatitis B vaccination by the start of the second week of their degree.
- **All NSW and Tasmanian students** are required to provide evidence of a Hepatitis B surface antibody level ≥ 10 IU/L ideally completed 4 weeks after administration of the final dose of Hepatitis B vaccine. If this Hepatitis B surface antibody level is < 10 IU/L (indicating the student has not developed immunity to the Hepatitis B virus) following a primary course of vaccinations the Australian Immunisation Handbook (online edition) should be consulted for further information regarding administration of additional Hepatitis B vaccines and further serology. If the student remains seronegative, they should be informed about their 'non-responder' status and the need for hepatitis B Immunoglobulin within 72 hours of parenteral or mucosal exposure to HBV-infected blood or body fluids. A [Safety in Practice Medical Declaration Form](#) will also need to be completed.

8.3 MEASLES, MUMPS AND RUBELLA (MMR)

Immunisation against measles, mumps and rubella is required for all students who will undertake PEP, unless there is documented serological evidence of immunity to measles, mumps and rubella, or immunisation with two doses of measles, mumps, rubella vaccine (MMR) or student was born before 1966.

Evidence of Immunity to Measles, Mumps and Rubella

All Students are required to provide documented evidence of 2 x MMR vaccinations or documented serological evidence of immunity to measles and rubella or were born before 1966.

Students who are unable to provide serology results indicating immunity to measles, mumps and rubella or have no documented evidence of 2 x MMR vaccinations are required to have 2 x MMR vaccinations with a

minimum interval of 4 weeks between doses. There are no ill effects from vaccinating those with pre-existing immunity to one or more of the three diseases.

8.4 VARICELLA

Immunisation against Varicella is required for all students who will undertake a PEP, unless there is documented evidence of an age-appropriate course of vaccination, positive varicella serology, or a documented history of varicella infection (Medicare Immunisation History Statement must record natural immunity to chickenpox).

Evidence of Immunity to Varicella

Students are required to have a documented history of age-appropriate varicella vaccination, positive varicella serology, or a natural history of varicella infection (**Medicare Immunisation History Statement must record natural immunity to chickenpox**).

Immunisation against Varicella

Students without documentation of an age-appropriate varicella vaccination, or serological evidence of immunity, or a documented history of varicella infection on their Medicare Immunisation History Statement, are required to be vaccinated with 2 doses of varicella vaccine with a minimum 4-week interval between doses. Where serological testing has not been performed, adults can be vaccinated, as the vaccine is well tolerated in seropositive persons.

8.5 INFLUENZA

Annual influenza immunisation is required for all students who will undertake PEP during the influenza season (1st June until 30th September).

Influenza vaccination is mandatory for all College of Health and Medicine students undertaking PEP between the 1st June and the 30th September.

Additionally, there may be State Public Health Orders or facility-specific requirements in place that require current annual influenza vaccines at other times during the year.

For students participating in PEP at other times of the year, Influenza immunisation is strongly encouraged to ensure eligibility for the widest range of placement opportunities.

8.6 COVID-19

Students must comply with the COVID-19 vaccination requirements of the individual state-based and facility policies where they will undertake placements. Where the State does not require COVID-19 vaccination, students must comply with this Process, which is based on facility requirements and to ensure eligibility for a broad range of placement opportunities.

As COVID-19 Vaccination is required by a number of facilities and jurisdictions, students enrolled in most CoHM courses will be required to provide evidence of COVID-19 Vaccination (either a Medicare Immunisation History Statement or COVID-19 & Influenza (flu) Immunisation History Statement) that includes details of an initial course of TGA approved or recognised COVID-19 vaccine, with doses given at a suitable time frame for

the specific vaccine administered. A list of courses offered by the College of Health & Medicine that do not require COVID-19 Vaccination will be maintained on the Professional Experience Placement website.

Students with vaccine hesitancy should discuss this with the relevant course coordinator, who will assess the impact of non-vaccination on access to the required professional experience placements and seek advice from the Head of School. A [Safety in Practice COVID-19 Vaccination Refusal Form](#) must be completed by non-vaccinated students approved to enrol.

8.7 OTHER IMMUNISATIONS

Students should have received vaccination against polio, meningococcal disease, and pneumococcal disease during childhood under the National Immunisation Program. If a student has not received these vaccinations during childhood, it is recommended that they undertake a catch-up program for these vaccinations. Students should discuss the need for a catch-up program with their health care provider.

9. SUPPORTING DOCUMENTS

- 9.1 Communicable Diseases Network Australia (CDNA) [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#) (2019).
- 9.2 National Health and Medical Research Council (NHMRC) [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) (2019).
- 9.3 National Health and Medical Research Council (NHMRC) [Australian Immunisation Handbook](#) (current online edition).
- 9.4 NSW Health Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (2023).

10. VERSIONING

Version	Version 1	Approved 2nd January, 2009 by FH Dean
	Version 2	Approved 4th February, 2011 by FH Dean
	Version 3	Approved October, 2014 by FH PEP Committee
	Version 4	Approved November, 2020 by CoHM Director of Professional Experience
	Version 5	Approved December, 2021 by CoHM Associate Dean, Professional Experience
	Version 6	Updated March, 2023
	Version 7	Updated November, 2023