



THE UNIVERSITY OF
MELBOURNE

FACULTY OF MEDICINE, DENTISTRY AND HEALTH SCIENCES

SUMMARY OF POLICY “MEDICAL, DENTAL, NURSING AND PHYSIOTHERAPY STUDENTS AND INFECTIOUS DISEASES”

A. Immunisation program

Students must participate except with the written approval of the Dean.

Students must complete the consent form and hand over to program personnel at first attendance at the program.

B. Testing for infectious diseases – medical and dental students

Medical and dental students must arrange for themselves to be tested for infection with HIV, hepatitis B or hepatitis C, and to have consulted a local specialist medical practitioner if a positive result is received, by the end of the first four weeks of their first semester in the course.

Students must complete the appropriate declaration and lodge with the relevant School by the end of the first four weeks of their first semester in the course.

If a positive result is received, a student must make an appointment with the Dean to discuss the consequences on a confidential basis.

Medical students with a blood-borne virus may not be able to participate in exposure-prone procedures but will nonetheless be able to complete the course.

Dental students who are held not to be able to participate in any exposure-prone procedures because of their blood-borne virus status will not be able to complete the course.

C. Testing for infectious diseases – nursing students

Nursing students are highly recommended to seek testing for blood-borne viruses before commencing clinical activities.

Nursing students may not be able to participate in exposure-prone procedures unless they have recently been tested and shown not to carry a blood-borne virus.

D. Testing for infectious diseases – physiotherapy students

Physiotherapy students are recommended to seek testing for blood-borne viruses before commencing clinical activities.

Physiotherapy students may not be able to participate in exposure-prone procedures unless they have recently been tested and shown not to carry a blood-borne virus.



FACULTY OF MEDICINE, DENTISTRY AND HEALTH SCIENCES

Medical, Dental, Nursing and Physiotherapy Students and Infectious Diseases

Introduction

As you prepare to embark on a health care training program it is important that you understand the risks of infection that may occur between health care workers and their patients or contacts.

These risks cannot be totally eliminated, but it is essential to take all possible steps to minimise them. The Communicable Diseases Network Australia, the Australian Government Department of Health and Ageing and other bodies have recommended reasonable measures to minimise these risks. The Faculty provides this document to ensure you consider these important issues before you commence your course.

Infectious diseases affect health care workers (HCW) and students during their training and in their professional lives in three ways:

1. HCW may transfer infectious agents (bacteria, viruses, parasites) from patient to patient.
2. HCW may become infected with infectious agents acquired from patients.
3. HCW who are incubating, ill or carrying infectious agents, may infect patients or other HCW.

Strategies To Minimise These Infectious Disease Risks

Early in your studies you will be taught infection control strategies known as "standard and additional precautions". These include assessing the risk posed by persons with particular infections and clinical syndromes, hand washing, aseptic technique, disposal of sharps and clinical waste, use of single-use only equipment, aspects of sterilization and disinfection of re-useable equipment, the use of personal protective equipment (such as gloves, gowns, masks and eye protection), and managing patients in various forms of isolation. Exemplary performance of these precautions is a key professional skill.

Vaccination provides protection against many of the infectious hazards of health care settings. Students must be vaccinated through either the immunisation program provided by the Faculty or through an alternative Faculty approved program. A student can only opt out of the immunisation program with the prior written approval of the Dean. The Faculty provides a program in which students may be tested for immunity to various infectious diseases, and offered vaccines to protect them in health care settings. The program (described below) is free to students, and confidential between the student and the program medical providers.

Health Care Students And Blood-Borne Virus Infections

Certain blood-borne viruses such as human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus are of particular importance in health care settings.

Following infection with these viruses, individuals may carry virus in their blood and remain infectious for many years, even life-long. Many people infected with these viruses feel completely well and are unaware of their infection.

HCW may be involved in the transmission of these viruses in each of the three ways described on page 1 of the introduction.

1. Transfer of blood-borne viruses from one patient to another is very rare in Australia. Breaches of infection control (such as inappropriate re-use of contaminated equipment) have caused this in the past.

2. Australian HCW have, rarely, been infected by blood-borne viruses. Good infection control practice reduces this risk. Adequate hepatitis B vaccination virtually eliminates the risk of significant hepatitis B infection. HCW who suffer an injury contaminated with the body fluids of a patient require immediate on-site assessment of any risk of HIV, hepatitis B or hepatitis C infection. Treatment may be indicated to reduce the risk of infection.
3. Transmission of a blood-borne virus from an infected HCW to one or more patients is very rare. However, the risk of a blood-borne virus infected HCW causing serious harm to patients is an important public and professional concern. All potential students of health care sciences must personally consider this issue – before embarking on their training, and throughout their career.

The risk of transmitting a blood-borne virus from an infectious HCW to a patient (or an infectious patient to a HCW) depends on several factors, including the particular virus, and the infectiousness of the infected person (the concentration of virus in the blood).

The procedure being performed by the HCW is the other very important consideration. An *exposure-prone procedure* is any situation where there is a potentially high risk of transmitting a blood-borne virus between a HCW and a patient. In particular, exposure-prone medical or dental procedures pose a risk for direct contact between the skin (usually finger or thumb) of the HCW and sharp surgical instruments, needles, or sharp tissues (broken bone or teeth) in poorly seen or confined body sites (including the mouth) of the patient.

In our society, the responsibility for minimising this risk to patients falls largely on HCW themselves. Should we not meet professionally and socially required standards, coercive laws regarding testing and clinical practice may follow. A HCW who has not minimised these risks may be judged by courts to have acted negligently in not protecting their patients.

Measures to protect patients and HCW from infections in health care settings should be compatible with existing protection available to citizens under legislation and the common law. Measures must also consider the training and expertise of HCW in addressing the risk of transmission of blood-borne viruses to or from HCW.

The Implications Of Blood-Borne Virus Infected Students Not Being Permitted To Perform Exposure-Prone Procedures During And After Training.

Medical Students

Exposure-prone medical procedures are largely the work of surgeons, obstetricians and gynaecologists. In most other medical fields, practitioners rarely do exposure-prone procedures, or do so electively.

Undergraduate clinical training may place medical students in the position of assisting a medical practitioner in an exposure-prone procedure. Students who are infected by a blood-borne virus may not be able to participate in exposure-prone procedures. Students who have a blood-borne virus of any kind revealed by blood testing must discuss the issue on a confidential basis with the Dean.

A medical student who carries a blood-borne virus therefore may be able to complete the requirements of the course with relatively little restriction of their undergraduate training. A prudent student would, however, bear in mind the implications of blood-borne virus infection for later training in the more “invasive” medical specialties.

Dental Students

Most dental procedures involve handling or treating gum tissues that are liable to bleed. The mouth is a confined body site, and teeth and many dental instruments are sharp. Thus, most dental procedures are exposure-prone and associated with a risk of transferring blood from the patient to the operator, or from an injured operator to the patient. Dental students must frequently perform exposure-prone procedures during the clinical components of their course.

A dental student who is infected by a blood-borne virus may not be able to participate in exposure-prone procedures. Students who have a blood-borne virus of any kind revealed by blood testing must discuss the issue on a confidential basis with the Dean. If a dental student is held not to be able to participate in exposure-prone procedures at all, he or she will not be able to complete the course.

Nursing Students

There are only a small number of exposure-prone procedures within nursing and these usually occur in specialist areas. During the undergraduate course, clinical activities may place nursing students in the position of assisting in an exposure-prone procedure. It is highly recommended that nursing students seek testing for blood-borne viruses before commencing clinical activities. It remains good professional practice to be aware of one's blood-borne virus status. This knowledge is relevant to one's personal health, and it may be advantageous to document one's blood-borne virus status before entering settings that pose some low risk of occupationally-acquired infection.

Students who are infected by a blood-borne virus may not be able to participate in exposure-prone procedures. Students who have a blood-borne virus of any kind revealed by blood testing must discuss the issue on a confidential basis with the Dean.

A nursing student who carries a blood-borne virus therefore may be able to complete the requirements of the course with relatively little restriction of their undergraduate training. However, the student should bear in mind the implications of blood-borne virus infection when considering later training in specialist areas.

Physiotherapy Students

Exposure-prone procedures are not part of the usual activities of physiotherapy students during undergraduate training or subsequent clinical practice. Accordingly, a physiotherapy student who carries a blood-borne virus can expect that restrictions to prevent transmission of blood-borne viruses will not affect their training. Physiotherapy students must, however recognise the nature of exposure-prone procedures.

Should the opportunity to electively participate in an exposure-prone procedure arise, physiotherapy students may not be able to participate unless they have recently been tested and shown not to carry a blood-borne virus. It remains good professional practice to be aware of one's blood-borne virus status. This knowledge is relevant to one's personal health, and it may be advantageous to document one's blood-borne virus status before entering settings that pose some low risk of occupationally-acquired infection. Accordingly students of physiotherapy are recommended to seek advice and testing for blood-borne viruses from the medical practitioner of their choice before commencing clinical activities.

Disclosure Of Blood-Borne Virus Status

In the course of routine clinical care, disclosure to patients of the blood-borne virus status of a HCW is not recommended. In the absence of any clear exposure to blood or body substances, patients are at an extremely low risk of acquiring blood-borne infections. Mandating the "right" of a patient to be informed of the blood-borne virus status of a HCW may mislead the public about the risk of transmission of blood-borne viruses between HCW and patients. Appropriate infection control practices will protect patients (and HCW). Further, there is no onus on the patient to reveal their own infectious status.

HCW should respond to questions about their own health by stating that infection control procedures are in place to protect both HCW and patients, and that HCW are not excluded from employment or functions they can safely perform under policies in place in the facility. Such questions can also be referred to designated institutional personnel, such as infection control staff.

Students must comply with the Faculty policy for screening for blood-borne viruses, and if infected, seek ongoing specialist medical advice, inform the Dean on a confidential basis and comply with any consequent restrictions on their course-related activities.

Testing For Blood-Borne Viruses

- Students of medicine and dentistry must seek confidential advice and testing for blood-borne viruses from the medical practitioner of their choice *by the end of the first four weeks of their first semester of the course*. Should this reveal infection with HIV, hepatitis B or hepatitis C, students must seek advice from an appropriate local specialist medical practitioner, and advise the Dean on a confidential basis.
- Nursing students are highly recommended to seek testing for blood-borne viruses before commencing clinical activities. Should this reveal infection with HIV, hepatitis B or hepatitis C, students must seek advice from an appropriate local specialist medical practitioner, and advise the Dean on a confidential basis.
- There is no requirement for students of physiotherapy to seek advice and testing for blood-borne viruses. However, students of physiotherapy are recommended to seek advice and testing for blood-borne viruses before commencing clinical activities.

Faculty Policy on Health Care, Students and Infectious Diseases

The following requirements address general infectious diseases matters, and the complex medical, legal and ethical issues relating to testing of HCW (students in particular) for HIV, hepatitis B and hepatitis C, and managing HCW chronically infected with blood-borne viruses.

In presenting this approach the Faculty has considered the current accepted guidelines, including the Communicable Diseases Network of Australia (CDNA) Infection control guidelines, and the Committee of Deans of Australian Medical Schools' (CDAMS) Guidelines for Infectious Diseases Policies and Programs for Medical Students. Immunisation recommendations, the scientific basis for assessing the risk of transmission of blood-borne viruses, and strategies for managing persons infected with blood-borne viruses may change as new evidence arises.

1. Students have a responsibility to "first do no harm."
2. Students must learn and practice standard and additional infection control precautions.
3. Students have a responsibility to ensure that they are protected from infection with the vaccine-preventable diseases associated with health care.
4. Students have a responsibility to take measures to prevent transmission of acute infectious diseases from themselves to others.
5. Students have a responsibility to know their infectious status for HIV, hepatitis B and hepatitis C. This involves testing of medical and dental students before commencing studies or as soon as possible after the commencement of studies, and periodic testing, as long as the risk of exposure to these viruses (through occupation or other activities) continues. Nursing students are highly recommended to seek testing for blood-borne viruses before commencing clinical activities. Physiotherapy students are recommended to seek testing for blood-borne viruses before commencing clinical activities.
6. Students who are chronically infected with a blood-borne virus must consult a local specialist medical practitioner experienced in the particular blood-borne virus infection to assess their medical condition and determine which clinical activities they can perform within accepted professional standards. The student and/or their medical practitioner may seek confidential advice from the relevant Victorian professional board (Medical Practitioners Board or Dental Practice Board or Victorian Nurses Board or Physiotherapists Registration Board) government department and/or employer. It should be noted that the relevant board may impose restrictions on course-related activities.
7. Students with HIV infection confirmed by a State Reference Laboratory may not be able to perform exposure-prone procedures. HIV-infected students must seek the advice of an appropriate local specialist medical practitioner, and must make an appointment to discuss the issues with the Dean on a confidential basis.
8. Students with chronic hepatitis B infection (manifest as circulating hepatitis B surface antigen) require further medical assessment and advice, and may not be able to perform exposure-prone procedures. The degree of infectiousness of hepatitis B carriers depends on their hepatitis B e antigen and antibody status, and their circulating concentration of hepatitis B viral DNA. An appropriate local specialist medical practitioner must assess these matters. They may, in conjunction with the student, seek the confidential advice of the relevant professional board. It should be noted that the relevant board may impose restrictions on course-related activities.

9. Students with a positive test for antibody to hepatitis C may not be able to perform exposure-prone procedures. Hepatitis C infection is usually chronic, with persistent or intermittent excretion of virus in the blood. Students infected with hepatitis C should seek the advice of an appropriate local specialist medical practitioner, as should students with “indeterminate” hepatitis C serology results.
10. Students will provide the Faculty with a signed declaration that they have:
 - a. received this document,
 - b. read and understood this document,
 - c. agree to comply with the policies and requirements set out in this document,
 - d. been tested for chronic infection with HIV, hepatitis B and hepatitis C (compulsory for medical and dental students, highly recommended for nursing students, recommended for physiotherapy students),
 - e. *if found to be infected with a blood-borne virus*, obtained advice from an appropriate specialist medical practitioner and advised the Dean on a confidential basis; and
 - f. understood the importance of ongoing periodic testing.

The Healthcare Students Immunisation Program

For 25 years, the Faculty has provided students with an extensive, free and confidential immunisation program. Students must participate in either this program, or an alternative Faculty approved program, which provides a service and documentation that meets the recommendations of the CDAMS Guidelines for Infectious Diseases Policies and Programs for Medical Students. A student can only opt out of the immunisation program with the prior written approval of the Dean. The Healthcare Students Immunisation Program offers the following tests, immunisations and services:

- Tests for immunity to measles, rubella (German measles), mumps, varicella (chicken-pox), and (if previously fully vaccinated) hepatitis B.
- Immunisation (typically a booster dose) for any of these diseases for which immunity is lacking.
- A primary course of hepatitis B vaccination (for those not previously vaccinated).
- Tests to confirm immunity after immunisation.
- Tuberculosis screening by two-step tuberculin (Mantoux) skin testing in first year. Further screening may be offered during the clinical years of the course. BCG vaccine is *not* recommended.
- Follow-up, and (if indicated) referral for specialist advice, of students who fail to respond to hepatitis B vaccination, or have unexplained positive tuberculin skin tests.
- A confidential personal report of tests and immunisations.
- Additional reports, if required by the student. These are typically required for overseas “electives”, but requests for reports can be met years later.
- Expert confidential advice on vaccination matters.

The program starts in the first weeks of all courses, and is completed by October or (for medical students starting in Semester 2) by early in Semester 3. Immunisation sessions are scheduled within the timetable of all courses, and are run by experienced specialist medical practitioners and nurses.

The attached consent form must be signed by the student and handed over to program personnel at the time of first attendance at the immunisation program.

The immunisation program does *not* provide screening for chronic HIV, hepatitis B or hepatitis C infection. Students must have attended to this through the medical practitioner of their choice *by the end of the first four weeks of their first semester in the course*. Students may wish to attend the University Student Health Service for this purpose (for students based at campuses other than Parkville, equivalent arrangements will be made).

Conclusion

The information contained in this policy concerns important questions of public health which affect you as a student and may affect patients with whom you come in contact. You are encouraged to discuss this policy with the Dean or his representative if there are any matters in it which require clarification. All enquiries will be welcomed and treated on a confidential basis.

Students are required to read and understand this policy because of its importance in relation to certain procedures in circumstances where a student carries a blood-borne virus.

Students are required to be vaccinated against certain infectious diseases and are further required to attend a medical practitioner for the purpose of undergoing blood tests.

If blood testing reveals the presence of a blood-borne virus students are required on a confidential basis to discuss the consequences with the Dean. Those consequences may mean in the case of medical and nursing students non-participation in exposure-prone procedures; in the case of dental students, those consequences may require non-participation in exposure-prone procedures with the further consequence (if that occurs) that the student will not be able to complete the course.

The policy sets out in detail the reason for the steps students are required to take in order to comply with Faculty requirements in relation to students who are infected with a blood-borne virus. Compliance with the policy is of the utmost importance. Students are assured that their communications with the Dean or his representative will be treated in confidence. Students are further encouraged to discuss this policy with the Dean or his representative on a confidential basis should they require clarification of any of the issues raised in it.

References

Infection Control Guidelines Steering Committee, the Communicable Diseases Network Australia, the National Public Health Partnership, the Australian Health Ministers' Advisory Council. *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting*. (Australian Government Department of Health and Ageing, 2004) Available at [http://www.health.gov.au/internet/main/publishing.nsf/Content/2804E9F9B95357F7CA256F190003B4DA/\\$File/icg.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/2804E9F9B95357F7CA256F190003B4DA/$File/icg.pdf)

Communicable Diseases Network of Australia *Guidelines for Managing Blood-Borne Virus Infection in Health Care Workers* (Australian Government Department of Health and Ageing, 2005) Available at [http://www.health.gov.au/internet/main/publishing.nsf/Content/E28B5CC8872BE9C5CA2572EC000829EE/\\$File/bloodborne-virus-guidelines.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/E28B5CC8872BE9C5CA2572EC000829EE/$File/bloodborne-virus-guidelines.pdf)

Committee of Deans of Australian Medical Schools'. *Guidelines for Infectious Diseases Policies and Programs for Medical Students*. 2001.

Contacts re Policy

Associate Professor Geoff McColl (Academic Programs)

Professor Michael Burrow (School of Dental Science)

Ms Clare Delany (School of Physiotherapy)

Mrs Karen Nightingale (School of Nursing)

Associate Professor Wilma Beswick (St Vincent's Hospital & Geelong Hospital Clinical School)

Associate Professor Richard O'Brien (Austin Health & Northern Hospital Clinical School)

Healthcare Students Immunisation Program

Dr. Mark Veitch or Dr Geoff Hogg, (Microbiological Diagnostic Unit – Public Health Laboratory, Department of Microbiology and Immunology)



THE UNIVERSITY OF
MELBOURNE

**The University of Melbourne
Faculty of Medicine, Dentistry and Health Sciences**

Medical and Dental Students and Infectious Diseases

Student statement of compliance with Infectious Diseases Policy

<i>Statement of compliance</i>	<ul style="list-style-type: none">• I have received, read and understood the document <i>Medical, Dental, Nursing and Physiotherapy Students and Infectious Diseases</i>.• I agree to comply with the policies and requirements set out in the document <i>Medical, Dental, Nursing and Physiotherapy Students and Infectious Diseases</i>.• I have been tested for chronic infection with human immunodeficiency virus, hepatitis B and hepatitis C.• If found to be infected with a blood-borne virus, I have obtained advice from an appropriate local specialist medical practitioner and advised the Dean on a confidential basis.• I understand the importance of ongoing periodic testing for infection with human immunodeficiency virus, hepatitis B and hepatitis C.
<i>Student name</i>	
<i>Student number</i>	
<i>Signature</i>	
<i>Date</i>	

Students commencing studies in 2009 must lodge the completed form with the MDHS Student Centre or your School Office within a month of commencing semester one in their course.



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Nursing and Physiotherapy Students and Infectious Diseases

Student statement of compliance with Infectious Diseases Policy

<i>Statement of compliance</i>	<ul style="list-style-type: none">• I have received, read and understood the document <i>Medical, Dental, Nursing and Physiotherapy Students and Infectious Diseases</i>.• I agree to comply with the policies and requirements set out in the document <i>Medical, Dental, Nursing and Physiotherapy Students and Infectious Diseases</i>.• If found to be infected with a blood-borne virus, I have obtained advice from an appropriate local specialist medical practitioner and advised the Dean on a confidential basis.• I understand the importance of ongoing periodic testing for infection with human immunodeficiency virus, hepatitis B and hepatitis C.
<i>Student name</i>	
<i>Student number</i>	
<i>Signature</i>	
<i>Date</i>	

Students commencing studies in 2009 must lodge the completed form with the MDHS Student Centre or your School Office within a month of commencing semester one in their course.



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**Immunisation program
Consent to blood collection and testing and vaccinations**

I consent to specimens of my blood being collected and tested for immunity to vaccine-preventable diseases during my participation in the immunisation program conducted on behalf of the Faculty for its students.

I also consent to participate in the immunisation and tuberculin skin testing components of the immunisation program conducted on behalf of the Faculty for its students.

I understand that I may freely and confidentially discuss aspects of the immunisation program with the medical providers of the program, and that details of my testing and immunisation remain confidential between myself and the program providers.

I have read and understood the Faculty policy entitled "Medical, Dental, Nursing and Physiotherapy Students and Infectious Diseases".

<i>Student name</i>	
<i>Student number</i>	
<i>Signature</i>	
<i>Date</i>	

Students commencing studies in 2009 must complete this form and lodge it with the program personnel at the first time of attendance at the immunisation program.