Introduction

As you prepare to embark on your studies at the faculty of Medicine, Dentistry and Health Sciences, 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's Infections Diseases Policies will govern your participation in your course. Consequently, it is important that you consider or seek advice regarding these important issues before you commence your course, as these issues may have an impact on your future career pathways.

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.

This policy applies to the following courses offered by the Faculty of Medicine, Dentistry and Health Sciences:

Bachelor of Oral Health
Master of Clinical Audiology
Master of Nursing Science
Master of Psychology
Master of Social Work
Master of Speech Pathology
Doctor of Dental Surgery
Doctor of Medicine
Doctor of Physiotherapy

Policy

The following requirements address general infectious diseases matters, and the complex medical, legal and ethical issues relating to testing of HCW (including all MDHS students undertaking the courses listed above or who are otherwise required by the faculty MDHS) 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
Faculty Policy

Immunisation and Infectious Disease Status

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. Throughout their course of study students must learn and practise 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. Medical, dental and oral health students must be tested for these infectious diseases before commencing studies, and undertake ongoing 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 and other Health Sciences 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 regarding the nature of the virus, extent of infection, likelihood of transmission and the student’s ability to undertake particular clinical and coursework activities within accepted professional standards.

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 medical, dental and oral health students must make an appointment to discuss the issues with the Dean or his or her representative on a confidential basis.

8. Students with chronic hepatitis B infection (manifest as circulating hepatitis B surface antigen) will 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 antigen and antibody status, and their circulating concentration of hepatitis B viral DNA. An appropriate local specialist medical practitioner must assess these matters. Medical, dental and oral health students must make an appointment to discuss these issues with the Dean or his or her representative on a confidential basis.

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 presence 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. Medical, dental and oral health students must make an appointment to discuss issues with the Dean or his or her representative on a confidential basis.

10. Students will provide the Faculty with a signed declaration and undertaking that they:
    a. have received this Policy,
    b. have read and understood this Policy,
    c. agree to comply with the policies and requirements set out in this Policy,
    d. have been immunised to the standard of the National Immunisation Program Schedule (www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips2) and tested for chronic infection with HIV, hepatitis B and hepatitis C (compulsory for medical, dental
and oral health students, highly recommended for nursing students, recommended for physiotherapy students),

e. if not immunised to the standard of the National Immunisation Program Schedule or tested for chronic infection with HIV, hepatitis B and hepatitis C, undertake to complete any outstanding immunisations and testing by the relevant date prescribed by the faculty MDHS;

f. if found to be infected with a blood-borne virus, have obtained advice from an appropriate specialist medical practitioner regarding the nature of the virus, extent of the infection, likelihood of transmission and ability to undertake particular clinical and coursework activities within accepted professional standards and, for medical, dental and oral health students advised the Dean or his or her representative on a confidential basis of this advice;

g. will provide their consent to the faculty MDHS to liaise with their specialist medical practitioner regarding the matters outlined in (f) above, and

h. generally understand the importance of ongoing periodic testing and agree to undertake ongoing periodic testing.

Strategies to Minimise Infectious Disease Risks

Infection Control Strategies:
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 sterilisation 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:
Vaccination provides protection against many of the infectious hazards of health care settings.

Knowledge of Infectious Disease Status
Certain blood-borne viruses such as human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus are of particular significance 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.

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.

Requirements

Student Immunisation

Students must comply with this Infectious Diseases Policy (including the requirements relating to student immunisation) unless a written exemption has been provided by the Dean or his or her representative.

It is the student’s responsibility to consult their health practitioner in order to fulfil the immunisation, testing and screening requirements of this Policy. The MDHS Student Centre can advise students who cannot access their own practitioner of a nearby Healthcare service. The Healthcare Students Immunisation Program requires the following tests, immunisations and services:

- Completion of routine childhood immunisations, including a booster for diphtheria, tetanus and pertussis (“Boostrix”) during or subsequent to secondary school.
- 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.
- Screening for HIV or hepatitis B or C infection.
- Tuberculosis screening by two-step tuberculin (Mantoux) skin testing or QuantiFERON Gold blood test before entry to the course. Further screening may be required 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.

– Medical students

Medical students must arrange to be tested and to have consulted a local specialist medical practitioner if a positive TB or blood-borne virus result is received, before commencing first semester of their course.

Students must complete the appropriate declaration and undertaking and lodge with the Medical School before commencing first semester of their course.

If a positive TB or blood-borne virus result is received, a student must make an appointment with the Dean or his or her representative by the end of the first four weeks of the first semester of their course to discuss this result and any relevant considerations on a confidential basis.

Medical students who test positive for a blood-borne virus may not be able to participate in exposure-prone procedures but adjustments may be made which will nonetheless enable them to complete the course.
Medical students should however note that some specialist professions are not able to accept students who test positive for blood borne viruses. Students may want to approach the Medical Board of Australia for further information in this regard.

**– Dental and Oral Health students**
Dental and oral health students must arrange to be tested for, and must consult a local specialist medical practitioner if a positive TB or blood-borne virus result is received, before commencing the first semester of their course.

Students must complete the appropriate declaration and undertaking and lodge it with the Dental School before commencing the first semester of their course.

If a positive TB or blood-borne virus result is received, a student must make an appointment with the Dean or his or her representative by the end of the first four weeks of the first semester of their course to discuss this result and any relevant considerations on a confidential basis.

Dental and oral health students who are held not to be able to participate in any exposure-prone procedures because of their blood-borne virus status may not be able to complete their course. Students who would like advice on career opportunities should discuss their concerns with the Dean or his or her representative.

**– 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.

**– Other Health Sciences students**
Physiotherapy, Psychological Sciences, Social Work, Audiology and Speech Pathology professional entry students are recommended to seek testing for blood-borne viruses before commencing clinical activities.

Students in these programs 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. Students should check with their local course coordinator for the further information.

**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 their employment or clinical functions where these are able to be safely performed under various policies and procedures in place in the facility. Such questions can also be referred to designated institutional personnel, such as infection control staff.
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 or her 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, understand and comply with 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.

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 or her representative will be treated in confidence.

References


Contact

For all queries relating to this policy contact:

MDHS Student Centre
Level 1, Brownless Biomedical Library
The University of Melbourne VIC 3010
Email: sc-mdhs@unimelb.edu.au
Phone: +61 3 8344 5890