



Student Immunisation and Infection Risk Policy

1. All students entering programs for training as health care workers in which they will have contact with patients in the clinical/medical environment must take responsibility for the prevention of transmission of infectious diseases to either themselves or the public. Students must be able to apply '**standard precautions**' in their clinical and laboratory activities from early on in their training and will be provided with comprehensive information that covers:
 - (i) the significance for students of infectious disease risks throughout the course and in their professional working lives;
 - (ii) broad infection control procedures with which they will be required to become familiar;
 - (iii) Faculty procedures regarding student immunisation, testing and follow-up requirements.

2. All students in these programs will be requested to make an appointment with an appropriate Health Care practitioner prior to their placements with external clinical organisations begin.

This consultation will:

- (i) provide further information regarding the importance of following infection control guidelines in all teaching environments during the course;
- (ii) provide advice about immunisation required and administer if necessary. Immunisation advice will follow the guidelines outlined in appendix A;
- (iii) arrange appropriate hepatitis B serology in association with hepatitis B immunisation; blood may be stored for further testing to this aim, if appropriate;
- (iv) arrange appropriate hepatitis C and HIV serology (medical records related to this consultation will be held in confidence by the medical practitioner involved);
- (v) provide advice about Faculty requirements regarding subsequent risk behaviour or events in relation to blood-borne viruses, as follows:
 - (a) *Recreational risk*

Where this occurs, consultation with the medical practitioner involved in the initial consultation and, if appropriate, an Infectious Disease Physician.
 - (b) *Training related risk*

Action following any potentially infectious incident involving blood and/or body substances (BABS) should follow existing guidelines for all health care workers (HCW) in the teaching institution concerned. Any incidents falling outside the jurisdiction of the teaching institution will be subject to Faculty guidelines and as such, should be reported to the medical practitioner involved in the initial consultation above, or discussed with an appropriate medically qualified member of the Faculty, for further advice and action.

The Faculty **highly** recommends students make use of the group of practitioners in the Monash University Health Service for this purpose as they are familiar with the Faculty's requirements in relation to this policy and are able to provide students with all immunisations on site. They are located in the university grounds. <http://www.adm.monash.edu.au/community-services/health/>
Students at Peninsula and Gippsland campuses are to follow course specific instructions regarding their immunisation appointments

If students wish, they may involve a medical practitioner of their choice in the consultation and immunisation process. In this situation, the practitioner must have a full understanding of the Faculty policy and its implications in relation to individual student's undergraduate training and his/her subsequent careers. To ensure this, the student must:

- Collect written information from the Faculty about the requirements of the consultation to take to the practitioner;
- Take a letter for him/her to sign on completion of the visit/tests stating that the student been seen for this purpose – without detailing results or follow up.
- Ensure that the letter is forwarded to the relevant course administrator/campus nurse.

If students have not previously been vaccinated with BCG for TB, they may need to ascertain whether the medical practitioner is accredited to perform Tuberculin Skin Testing (Mantoux Test) as this is an essential part of the process. If not, a blood test can be performed.

Information relating to Immunisation for Health Care Workers can be found at:
<http://www.health.vic.gov.au/immunisation/downloads/immguidelineshcw.pdf>

Students will not be permitted to use the services of a relative for this consultation.

3. Change in blood-borne infection status

It is important for all students to clearly understand and acknowledge their responsibility in following up any situation that may have led to a change in blood-borne infection status in particular. Appropriate follow up should include contact with the medical practitioner involved in your initial consultation after entering the Faculty, or a suitable alternate. It is important to emphasise again that the Faculty does not consider that a relative is an appropriate person to be involved in this consultative process:

4. Infection status and clinical exposure during training

(No student will be excluded from the course on the basis of infection status)

- i) The Faculty expects each student to understand that at all times they have a duty of care to minimise the risk of spreading infectious or blood-borne diseases to patients. The Faculty therefore expects that all students will make themselves aware of their infection status through the consultative process recommended previously and take appropriate action.
- ii) Policy on Students Carrying Blood-borne Diseases

It is possible that students may enter the course carrying blood-borne diseases or may acquire these diseases whilst in the course.

Whilst it is inappropriate to discriminate against such students, it is essential that in the public interest their risk of transmission of blood-borne infections is eliminated. On this basis such students are precluded from participating procedural activities which might result in the transmission of disease. These activities may include surgical or obstetric activities. The most common blood-borne diseases referred to in this policy are Hepatitis B, Hepatitis C, and HIV. Counselling will be available either through the initial medical practitioner contacted, or an appropriate member of the Faculty.

There is an obligation on the part of students who are carrying blood-borne diseases to meet with the Dean, Deputy Dean, or nominee so that an appropriate course of study can be mapped out which does not preclude the student from completing the course. The Faculty will not direct career changes, however career counselling will be provided to ensure that the student does not have unrealistic expectations. All relevant issues will be openly and fully discussed.

The Faculty is guided by a range of policies relevant to your course (eg the Medical Practitioners Board of Victoria, The Nursing Board, and the Victoria government's guidelines for health care workers available from:

http://www.health.vic.gov.au/immunisation/general/guide_hcw

All students should note that each case will be managed individually and with the strictest confidentiality.

5. Student Declaration

Each student is required to sign a declaration confirming their understanding of this policy and information discussed during the medical consultation including:

- (i) the need for appropriate immunisation;
- (ii) standard precautions and infection risk;
- (iii) importance of testing and appropriate follow-up for potentially infectious diseases;
- (iv) appropriate procedures;
- (v) reporting requirements and follow-up in relation to course-associated or other incidents or behaviours which carry an infection risk.

Any student unwilling to comply with these guidelines must notify their course administrators and arrange to discuss their specific concerns with the Deputy Dean of the Faculty.

6. Tuberculosis screening and immunisation

Contact with active, open tuberculosis (TB) is quite likely to occur during the course of current undergraduate training. Many changes are occurring in the epidemiology and biology of this disease locally, nationally and internationally, and appropriate screening prevention and management strategies for undergraduate medical students and other health care workers have been widely discussed. Information may be obtained at:

http://www.health.vic.gov.au/ideas/diseases/tb_mgmt_guide.htm

In 2002, the Victorian Department of Human Services (DHS) published updated guidelines for the management, control and prevention of tuberculosis. This includes a section outlining current recommendations in relation to screening and immunisation of all health care workers, including students in relevant disciplines. These guidelines were developed by a widely representative panel of experts and the Faculty will follow these in relation to all undergraduate students. The aims of the strategies being implemented are to:

- (i) address the Faculty's obligation to minimise the risk of TB to all students;
- (ii) identify any students who may be infected with TB and initiate appropriate care.

The Faculty's guidelines in relation to this are outlined in the [Vaccination Management Plan](#) (Page 5).

8. Overseas Electives

During the undergraduate program most students will spend time either overseas or in remote locations within Australia. These will usually be elective rotations. These new environments may expose students to new infections or to a greater risk of infection.

The Faculty expects students to be fully aware of the health risks relevant to these environments and to maintain strict compliance with precautions that will reduce these risks. Many will be the same as those outlined in this document, but students may need to obtain additional vaccinations and become familiar with procedures relevant to new or different infections.

When overseas electives are planned, the Faculty will provide details regarding:

- i) the risk associated with participation in exposure-prone procedures during placements;
- ii) specific health risks which may be encountered, and appropriate precautions regarding these;
- iii) drugs to be obtained which may need to be taken urgently in the event of an inadvertent exposure to the risk of acquiring HIV infection, in locations where these drugs are not readily available;
- iv) forms for students to provide documentary evidence that relevant advice on health risks has been obtained;
- v) action to be taken if exposure to blood-borne viruses occurs.

All steps taken by the Faculty in relation to infectious diseases and their transmission are intended to ensure each student is fully informed about these important issues prior to exposure in clinical situations which may occur from very early in the undergraduate course.

Understanding and awareness of these issues is vital, if risks involved throughout the course and beyond are to be minimised. The availability of counselling from an appropriate medical practitioner, based on a broad infectious diseases knowledge and a clear understanding of Faculty policy, is also fundamental to this process. All students are strongly advised to make full use of this counselling as the situation demands. Failure to do so may compromise the safety of both students and patients in the health care system.

Students should have the clear understanding that it is not possible to become a trainee health care worker in the current era without incurring an infection transmission risk, but that it is possible to minimise the risk to acceptable levels. Whilst the Faculty accepts responsibility for the educational and practical aspects of these infection related matters, the learning and understanding of relevant information and the implementation of safe practices in relation to all aspects of training, will be entirely the responsibility of students, as will appropriate medical consultation as advised in these guidelines.

Vaccination Management Plan

1. Diphtheria, Tetanus, and Pertussis (Whooping Cough)

Diphtheria, Tetanus and Pertussis would normally have been given as part of the triple antigen course in early childhood and then boosted with Diphtheria and Tetanus (prior to 2004) or as combined Diphtheria Tetanus and Pertussis around Secondary school years 9 or 10 (ie approx 15 years of age) since 2004.

As most students are part of the “phasing in” of this program it will assist vaccination planning if students are able to define which vaccination was administered in secondary school.

- If you received both the early childhood immunisation and the adolescent booster, of Diphtheria, Tetanus and Pertussis, no further boosting is required now.
- If you received your childhood course (triple antigen) but failed to have a booster in secondary school, the booster should be given at this stage.
- If you did not receive the early childhood course, it is very important that you have a primary immunisation course of 3 injections, at not less than two-month intervals.

If there is sufficient doubt as to the timing of pertussis, tetanus and/or diphtheria boosters, this should be discussed with the medical practitioner during your consultation.

2. Polio

The risk of polio infection occurring in the Australian community is considered too low to routinely recommend a polio booster to medical students. However, a primary course of immunisation is recommended if not done in early childhood, and booster immunisation will be recommended for students returning to or doing elective periods in countries where polio is endemic.

3. Measles, Mumps and Rubella

i) Measles and Mumps

A combined measles and mumps vaccine had been part of the childhood immunisation schedule in Australia until the Measles Mumps Rubella (MMR) vaccine replaced it a few years ago. It remains a very important vaccine as outbreaks of these infections continue to occur in this country. Adult infections with either may be associated with serious complications.

If you have not had this vaccine in infancy or since, the importance of having it now must be emphasised. A minimum of 2 documented doses is required.

ii) Rubella

All Australian females would have had access to this vaccine in year 6 or 7 of their schooling. It is currently recommended that males be immunised as well, and this should be carried out using MMR vaccine. A minimum of 2 documented doses is required.

Note: A past history of measles and rubella is very unreliable, either one being readily under diagnosed or over diagnosed. As past infection occurring without the individual's knowledge is not a contraindication to vaccination, we strongly recommend a single dose of MMR vaccine now for all students not previously vaccinated against measles, mumps and rubella.

If past infection has occurred without your knowledge, vaccination now will not be harmful. (A history of mumps is more reliable than either measles or rubella. However, this would usually not determine the need for MMR vaccination at this time).

4. Tuberculosis

As outlined previously, these recommendations are based on current guidelines provided by the department of Human services Management, prevention and control of tuberculosis: Guidelines for health Care Providers 2002-2005 (http://www.health.vic.gov.au/ideas/diseases/tb_mgmt_guide.htm) as they pertain to all health care workers. To best comprehend these guidelines, students need to understand the nature of the Mantoux test (Tuberculosis Skin Test) and Tuberculosis (BCG) vaccination:

- (i) the Mantoux test is a simple skin test used to establish the existence or otherwise of immunity to TB. This is equivalent to serological blood tests used, for instance, to determine immunity to specific viral infections;
- (ii) BCG is an actual vaccination which is administered to the skin of the upper arm and leaves a small round scar thereon. Some students will have had this vaccination in their earlier years, but others may not.

A Mantoux test will be offered by way of a screening test to all students entering the Faculty. The purpose of that is to:

- (i) promptly identify students who may be infected with TB;
- (ii) prevent those infected with TB from progressing to TB disease;
- (iii) establish a baseline for reference if further Mantoux testing is required (eg. following exposure to a patient with TB);
- (iv) provide an information base which may be used to determine the TB immunity and infection status of medical students at the time of entry into the Faculty.

Using the guidelines, some students with positive Mantoux tests will be referred for further investigation and management. Those with negative tests will **not** be offered BCG immunisation at this time. (This policy is in accordance with DHS guidelines.)

Students may review the DHS guidelines at the following address:

http://www.health.vic.gov.au/ideas/diseases/tb_mgmt_guide.htm

Following exposure to active TB at any time during undergraduate training, appropriate advice regarding any necessary further steps, particularly in relation to repeat Mantoux testing, should be sought either from an appropriate consultant in the environment when this occurs or an appropriate senior Faculty staff member.

5. Chicken Pox (Varicella), shingles (Varicella-zoster)

You should find out, if possible, whether you have had either of these diseases. A positive clinical diagnosis is very reliable although mild clinical infections may be missed or misdiagnosed (the disease is therefore more likely to be under-diagnosed rather than over-diagnosed).

The Faculty recommends that students who have not had either disease should now be immunised, as an effective vaccine is available, and they may choose to do this **at their own cost**. If you have not been immunised, it is important to avoid, if possible, contact with patients (or others) with chicken pox or shingles. This is to protect individual students as well as patients. In adults in particular, this infection may be severe and any individual whose immune system is at all compromised is at significant risk from the illness. As there are many such patients in our hospitals, all health care workers must be aware that they are at risk of transmitting the disease to them. This may occur at any time after the worker has had contact with the virus, through to the time when all skin sores have dried up. However, this will not occur if you have had immunisation or past infection with the virus.

6. Hepatitis B

Immunisation against hepatitis B is becoming increasingly important for all health care workers in the community.

An initial course of three vaccinations is required. Testing prior to vaccination is appropriate but not critical, as no harm can come from vaccination if you have had the infection before. This only means therefore, that without testing, a very small number of individuals will be vaccinated unnecessarily. Response to this vaccine course must be checked 4weeks – 2months after the third dose. **Evidence of seroconversion (presence of adequate antibodies) must be provided.** If no antibody can be demonstrated, immunity has not developed and a further dose will be required. If you have previously been vaccinated, your antibody status will be checked.

Students who are found to be carriers of the Hepatitis B virus will be counselled by the medical practitioner and may be referred to appropriate specialist care. It is important at this time to address the implications of this infection, not only for your own health, but for patients with whom you will have contact during the course and beyond and for your long term clinical practice, in the public hospital system or elsewhere.

7. Hepatitis C

Hepatitis C is another virus contracted and transmitted through BABS contact. You will be tested for this virus and counselling offered in the same manner as for Hepatitis B. If appropriate you may be referred to specialist care.

8. Human Immunodeficiency Virus (HIV/AIDS)

HIV infection carries health risks and implications, shared in part with Hepatitis B and C infections. Issues relating to this infection will be discussed at the Transition Residential Camp and at your initial consultation with the medical practitioner where testing and further counselling offered. Further referral will be offered if appropriate.

9. Haemophilus Influenzae

In recent years vaccination against Haemophilus type B infection has been offered as a routine childhood vaccination. However, although you will not have been previously vaccinated, this is not appropriate in adults and will therefore not be offered to you.

10. Influenza

Influenza vaccination is highly recommended for all medical students each year. There are some placement sites that do not take students without it.

11. Meningococcus

The risk of acquiring meningococcal infection in the Australian health care setting is still considered too low to routinely recommend meningococcal vaccination to medical students. However this may be recommended for specific electives during the course that involve high risk areas. This may include some Australian and overseas locations. Students may choose to be vaccinated **at their own cost.** (Students living in communal settings such as Halls of Residence may wish to consider vaccination)

12. Pneumococcus

Pneumococcal vaccination will not be routinely recommended for medical students.

13. Hepatitis A

The risk of acquiring hepatitis A in the Australian health care setting is considered low. However, there will be many rural Australian as well as overseas elective experiences for which this is an appropriate vaccination. Each student will need to consider vaccination at the initial consultation.

**Faculty of Medicine, Nursing and Health Sciences
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