THE UNIVERSITY OF WESTERN AUSTRALIA

**SCHEDULE F**

# MEDICAL SCHOOL INFECTION CONTROL REQUIREMENTS

The aim of the UWA Medical School's Infection Control Requirements is to minimise the risks to both students and patients from coming to harm by passing infections between each other. By adhering to the Requirements, you will also be complying with policies established by the Health Department of Western Australia, the Medical Board of Australia, and those of the teaching hospitals in which you will be working. The Requirements are based on Western Australian Department of Health Guidelines.

The Requirements have been designed to deal with a range of particular infections that are known to pose risks to both patients and health care workers. In order to make the requirements work effectively it is important that all students understand them and support them.

All students enrolled in the Medical School, and who will have patient contact during their courses, are expected to comply with these specific requirements.

The School is required to ensure all students undertaking clinical placements with WA Department of Health comply with the WA Department of Health infection control requirements. Students must comply with the *Infection Control Requirements* on admission, and continually while enrolled in relevant courses.

The Infection Control Officer (ICO) is a medically qualified academic staff member. The ICO can give advice regarding concerns about contracting infections from patents or conversely, about passing on an infection to a patient. When the ICO is not available, the Head of School will appoint an interim delegate.

January 2024

**Governing Documents**

- University Policy on Work Health and Safety
- University Policy on Student Enrolment
- UWA Policy on Courses: Experiential Learning
- Government of Western Australia Department of Health Management of occupational exposure to blood or body fluids in the healthcare setting
- Australian Government Department of Health, Australian Immunisation handbook https://immunisationhandbook.health.gov.au/
- Australian Government Department of Health, 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 https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm

**Responsibility for Implementation:**

Manager, Admissions, HMS
Manager, Student Services & Engagement, HMS (hereafter Manager Student Services)
Associate Dean, Learning and Teaching, Medical School
Program Director, Heads of Schools, Unit Coordinators

**Status:**

This document is based on the 2015 Faculty of Health and Medical Sciences policy document, but has been substantially revised and updated.

Key Stakeholders:

- The University of Western Australia WA Health Department
- Oral Health Centre of Western Australia UWA Medical Centre
- Course Directors Heads of Schools Unit Coordinators
- Student Office
- Student Societies
- Students

**Endorsement:**

Faculty Teaching and Learning Committee
Meeting date: 20/02/2020
Agenda item: Item 2. Resolution R7/20

Approval
HMS - Faculty Board
Meeting date: 24/02/2020
Agenda item: Item 14. Resolution 7/20

Academic Council
Meeting date 25th 1st April 2020
Agenda item 8. Resolution 12/20

This version endorsed Medical Program Committee 17 January 2024.

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**Related Documents:**

- UWA Guidelines for Conduct in the Workplace
- UWA Charter of Student Rights and Responsibilities
- Pre Enrolment Document Pack
- Sonia, Student Placement system
- Statute 17 Student Discipline

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## 1. Screening and vaccination requirements

These must be fulfilled prior to enrolment. Failure to produce evidence of compliance with requirements may preclude a student from having contact with simulated or actual patients during the first semester of their course.

Students can arrange testing and vaccination at one of the following.

- The **University Medical Centre**. Appointments can be made on 6488 2118 or online.
- **Their usual GP**. Supporting evidence of compliance with requirements, in the form of a standardised letter signed by the GP, must be presented to Health and Medical Sciences Admissions at, or prior to, enrolment. A copy of the Notes for General Practitioners regarding potential student's compliance with UWA Medical School's Infection Control Requirements should be provided to the GP at the time of consultation.

The cost of all testing and vaccinations are met by the student.

### 1.1 Student compliance requirements

**Prospective Students**

Once a GP has determined that a prospective student has complied with items 1.2 to 1.7 of the requirements below, both the GP and the student will be required to sign the Infection Control Form found in the Pre-Enrolment Document Pack. https://www.uwa.edu.au/study/fhms-pre-enrolment
The student needs to upload the form to *Sonia*, the University's placement software program, to facilitate enrolment.

**Continuing Students:**

*Methicillin Resistant Staphylococcus aureus (MRSA)*
Students who attend hospitals outside Western Australia during their enrolment, either as patients or students, must be retested for MRSA, and cannot recommence placements unless clear or until they have commenced treatment. Testing can be arranged through a GP or the UWA Medical Centre. Results need to be submitted to the MD Elective Coordinator. See 1.7 below.

*Other infectious diseases in items 1.2 to 1.9 below*
Students who contract any of the listed diseases should consult a GP and must take appropriate steps to avoid infecting others.

*Change from negative to positive carrier status*
Students who contract the following infections during their enrolment must meet with the School's Infection Control Officer, or delegate as appointed by the Head of School, as soon as possible, before commencing or continuing any clinical placements:

- Hepatitis B
- Hepatitis C
- Human Immunodeficiency virus

Compliance with the Communicable Diseases Network (CDNA) National Guidelines for Health Care Workers living with blood borne viruses or performing exposure prone procedures at risk of exposure to blood borne viruses is required.

Failure to comply with requirements may prevent a student from commencing contact with patients, or commencing or continuing clinical placements during their course.

## 1.2 Hepatitis B

All students must have a blood sample taken to determine Hepatitis B immunity prior to enrolment into the course. Evidence of immunity to hepatitis B virus infection is required prior to undertaking exposure-prone procedures. A Hepatitis B surface antibody (HBsAb) titre of ≥10 mIU/mL is required to demonstrate immunity. Exposure-prone procedures are defined in the Communicable Diseases Network (CDNA) National Guidelines for Health Care Workers living with blood borne viruses or performing exposure prone procedures at risk of exposure to blood borne viruses.

If HBsAb titre is <10 mIU/mL and there is nil or incomplete documentation of prior vaccination, the student requires completion of a hepatitis B vaccination course prior to undergoing repeat serological testing.

Further information on vaccination is available in the Australian Immunisation Handbook.

If there is no response to a full course of Hepatitis B vaccination (or after a booster following a previous course) the Infection Control Officer must be contacted for advice.

Students who are known to be carriers of Hepatitis B, or non-immune to Hepatitis B, must meet with the School's Infection Control Officer, or delegate as appointed by the Head of School, and develop a risk management plan, before undertaking any clinical placements or procedural skills workshops involving procedures performed on living humans. The risk management plan will be developed in accordance with the principles outlined in the Communicable Diseases Network (CDNA) National Guidelines for Health Care Workers living with blood borne viruses or performing exposure prone procedures at risk of exposure to blood borne viruses. Consultation with relevant Heads of Discipline will be undertaken and changes in placement allocations may be required.

## 1.3 Human Immunodeficiency Virus (HIV) and Hepatitis C virus (HCV) status

All students entering the MD Program must have a blood sample taken to determine their HIV and HCV status.
Students who are known to be infected with HIV or Hepatitis C must meet with the School's Infection Control Officer, or delegate as appointed by the Head of School, and develop a risk management plan, before undertaking any clinical placements or procedural skills workshops involving procedures performed on living humans. The risk management plan will be developed in accordance with the principles outlined in the Communicable Diseases Network (CDNA) National Guidelines for Health Care Workers living with blood borne viruses or performing exposure prone procedures at risk of exposure to blood borne viruses. Students will be supported to complete their attendance and assessment requirements. Consultation with relevant Heads of Discipline will be undertaken and changes in placement allocations may be required. Students will be supported to complete their attendance and assessment requirements.

## 1.4 Measles, mumps, rubella and varicella

All students must provide evidence of immunity to measles, mumps, rubella and varicella. Acceptable evidence of immunity includes:

- documented evidence of a prior full vaccination course (2 vaccinations at least one month apart for measles, mumps, rubella and 6-8 weeks apart for varicella); OR
- presence of adequate antibodies on serological testing (Measles IgG, Mumps IgG, Rubella IgG, and Varicella IgG).

Depending on the above, primary or boosting vaccinations may be required against these infections. This will be determined by the Infection Control Officer.

Live virus vaccines (measles, mumps, rubella and varicella) should not be administered to those who are pregnant, to immunocompromised people or within 4 weeks of administration

with any other live vaccine. If pregnancy is being planned, it should be delayed for at least 28 days after last being administered one of these vaccines.

A small number of people receiving the varicella vaccine may develop mild infection with the vaccine strain of the virus during the six weeks following administration. Those developing a rash during this period should not be in contact with patients for one week following the onset of the rash.

### 1.5. Pertussis

All students must provide documentary evidence of up-to-date immunisation against pertussis.
Immunity against pertussis cannot be determined by blood testing, and serology should not be performed.
At least one documented dose of vaccine within the last 10 years is accepted for enrolment. If not previously vaccinated, or if vaccination records are incomplete, vaccination will be necessary.
Pertussis vaccine is only available in Australia in combination with diphtheria and tetanus thereby providing a booster against these at the same time.

### 1.6. Tuberculosis

All students must have a Quantiferon-TB blood test or a Mantoux test (Tuberculin skin test) to determine evidence of past exposure to tuberculosis. If either of these tests is positive, further action is required. The student will be referred to the Anita Clayton Centre (previously Perth Chest Clinic) for review. A positive test does not preclude a student from enrolling; however, the case must be discussed with the Infection Control Officer or delegate as appointed by the Head of School. If the student has no symptoms of active TB (respiratory or systemic symptoms, they can be cleared to start while awaiting ACC appointment.

### 1.7. Methicillin-resistant Staphylococcus aureus (MRSA)

Any student who has been in a hospital (either working or as a patient) outside Western Australia, in the 12 months prior to starting placement in a Western Australian hospital, must have swabs taken to determine whether they are carriers of MRSA. Placements cannot commence until swabs are shown to be MRSA negative or until eradication treatment is commenced (for those with positive results).

### 1.8. COVID-19

Vaccination requirements will reflect the current advice from the Australian Technical Advisory Group on Immunisation (ATAGI), available at https://www.health.gov.au/news/atagi-update-on-the-covid-19-vaccination-program.

Vaccination against COVID-19 protects students, patients with whom they have contact and the wider community. All students should have completed a primary course of vaccination, followed by booster vaccination as per recommendations in the Australian Immunisation Handbook. Note that clinical placements occur in private hospitals and residential aged care facilities who may have vaccination requirements above those that are in place for public hospitals.

### 1.9. Influenza

Annual influenza vaccination requirements will be consistent with clinical site requirements. Note that clinical placements occur in private hospitals and residential aged care facilities who may have vaccination requirements above those that are in place for public hospitals.

### 1.10. Infectious diseases subject to an emergency health warning

Students must comply with any requirements of an emergency health warning to an infectious disease.

### 1.11. Follow-up tests

Students with clinical placements have their antibodies levels re-tested for Hepatitis B,

Hepatitis C and HIV every three years if undertaking exposure-prone procedures.

All pathology tests must be performed by a National Association of Testing Authorities (NATA) accredited laboratory.

## 2. Exposure to blood or body fluids

UWA follows the WA Health guidelines for the management of exposure to bloods or body fluids.

### 2.1 Immediate management of person exposed (i.e. the recipient).

Immediately following exposure to blood or body fluids, the recipient is to do as follows.

1.1. Wash the wound or skin sites thoroughly with soap and water or use a waterless cleanser or antiseptic if water is unavailable. Apply a waterproof dressing as necessary, and apply pressure through the dressing if bleeding is still occurring. Do not squeeze or rub the injury site.
1.2. Rinse the eyes gently but thoroughly (remove contact lenses), for at least 30 seconds, with water or normal saline. If blood or body fluids are sprayed into the mouth, spit out and then rinse the mouth with water several times.
1.3. If any clothing is contaminated, remove and shower if necessary.

### 2.2 Reporting exposure and follow up treatment

The recipient should inform an appropriate person (e.g. supervisor) as soon as possible after the exposure, so that a risk assessment and follow-up can be undertaken in a timely manner.

It is important that there is minimal delay in seeking advice and help following an exposure. In the situation where the source is known to be, or at high risk of being infective for HIV, the risk of acquiring this infection can be substantially reduced if antiretroviral drugs administered as soon as possible.

In the clinical placement setting, students should notify their supervisor as soon as possible and follow the relevant site protocol.

### 2.3 Exposure outside of the clinical placement setting (including exposure in the general community)

Please note that in Western Australia to date there has not been a documented case of a person contracting HIV, hepatitis B or hepatitis C from a needlestick injury that occurred in a community setting (such as a park or beach), and the risk is considered to be very low.

However, it is important that there is minimal delay in seeking advice and help following an exposure. In the situation where the source is known to be, or at high risk of being infective for HIV, the risk of acquiring this infection can be substantially reduced if antiretroviral drugs administered as soon as possible.

Students on campus should attend the University Medical Centre as soon as possible. Other students should attend their GP or a hospital emergency department (for high- or moderate-risk exposure as defined in the WA Health guidelines).

### 2.4 Actions should exposure result in contracting the infection.

Should the exposure result in contracting the infection, students must arrange to meet the Infection Control Officer or delegate. Compliance with the Communicable Diseases Network (CDNA) National Guidelines for Health Care Workers living with blood borne viruses or performing exposure prone procedures at risk of exposure to blood borne viruses is required.

Following effective treatment and policy compliance, students may be able to return to their studies.

## 3. Infectious diseases exposures

### 3.1. Contact with rubella, chickenpox, shingles, mumps or measles

If you are exposed to a case of any of these infections without appropriate use of personal protective equipment and are unsure about your immunity, you should contact the Infection Control Officer as soon as possible.

### 3.2. Acute gastrointestinal illness

If you suffer acute diarrhoea or vomiting, you must not attend a healthcare setting until 48 hours after symptoms resolve.

### 3.3. Acute respiratory illness

You must not attend healthcare setting if you have symptoms of acute respiratory infection (fever plus cough or sore throat). Additional advice related to COVID-19 and seasonal infections will be provided to students via LMS at the start of teach teaching year and at intervals during the year as required.

### 3.4. Potential MRSA contact

Compliance with hospital directive will be required in the setting of placement in an outbreak ward.

### 3.5. Contact with tuberculosis

If you are exposed to a case of active pulmonary or laryngeal tuberculosis without appropriate use of personal protective equipment, then you are at risk of acquiring this infection yourself. Tuberculosis patients who have been on appropriate antimycobacterial therapy for several weeks are no longer infective to others. Following contact with an infectious patient you should contact the Infection Control Officer immediately. The Anita Clayton Centre will usually provide testing and follow up for you.

### 3.6 Contact with encapsulated bacteria

If you have significant contact with somebody who has invasive disease with either *Neisseria meningitidis* or (less likely) *Haemophilus influenzae* you may be at risk of being colonised with this bacterium, subsequently becoming ill with it or passing it on to someone else. Very close contacts are defined as those who have had close (within arm's length) and prolonged contact with a person who is carrying the bacteria within 7 days before the start of symptoms. Contacts can include household members, sexual contacts and party, pub or nightclub goers, as well as having your face, mouth or eyes come into contact with vomit or respiratory secretions from an infected patient (e.g.: during resuscitation or intubation).

Contacts and clearance antibiotics for invasive meningococcal or Hib disease are managed according to the CDNA national guidelines for public health units with Public Health Unit staff conduct contact tracing once informed by the hospital of a meningococcal case.

### 3.7 Contact with invasive group A streptococcus

Antibiotic prophylaxis following exposure to invasive group A streptococcus (iGAS) is not routinely recommended. Students who have had unprotected close exposure of their airway to large particle respiratory droplets of a case during airway management (e.g. suctioning, intubation), or mouth to mouth resuscitation within the infectious period should contact the infection control officer immediately. For all other iGAS exposures, vigiliance should be maintained but prophylaxis is not routinely required; you do not need to be tested for GAS, and you can continue to attend work and other usual activities. Students should monitor their health over the next 30 days, looking for early signs and symptoms of iGAS (high fever, sore throat, severe headache, severe muscle aches, rash, pain, swelling or redness in one area of the body, or at the site of a wound, vomiting or diarrhoea). If they develop any of these symptoms within the next 30 days, they should contact their GP.

Students undertaking Obstetrics and Gynaecology placements who are direct contact with patients infected with Group A Streptococcus (GAS) in the seven days prior to the onset of infection can be a source of transmission of GAS. These students will be managed in accordance with the Group A Streptococcus (GAS) Infection Prevention and Management Guideline or equivalent at their hospital site. Confidential consultation with relevant Discipline Coordinators will be undertaken. Students will be supported to complete their attendance and assessment requirements.

## 4. Data collection

Health & Medical Sciences Admissions and  will maintain a record of student compliance with the various components of the Infection Control Requirements.

## 5. Confidentiality

The specific information obtained from the blood tests will be made available only to the requesting GP and the Infection Control Officer. In special circumstances the Program Director and Associate Dean, Students may be informed.
Students who approach the ICO for advice will have their queries treated with respect and confidentiality.
There may be situations where infection in a student or patient has inadvertently placed others at risk and in order to deal with the situation other School or hospital staff members may need to be informed. This will only be done after consultation with the student concerned.
While confidential information is being collected, it is being done with the clear goal of protecting both students and patients from harmful situations.

## 6. Reference information

Information on diseases mentioned in these Requirements and on immunisation requirements are available online in the *Australian Immunisation handbook* and the American *Centres for Disease Control and Prevention* (CDC).

# 7. Links

## 7.1 Documentation

Full links to the **documentation** cited in these Requirements are provided below.
Australian Government Department of Health, Australian Immunisation handbook
https://immunisationhandbook.health.gov.au/

Australian Government Department of Health, 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
https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm

Government of Western Australia Department of Health, Management of occupational exposure to blood or body fluids in the healthcare setting
https://ww2.health.wa.gov.au/~/media/Files/Corporate/Policy%20Frameworks/Public%20Health/Policy/Management%20of%20Occupational%20Exposure%20to%20Blood%20and%20Body%20Fluids/OD641-Management-of-Occupational-Exposure-to-Blood-and-Body-Fluids.pdf

## 7.2 Websites

Full links to **the websites of the medical centres and clinics** mentioned in the guidelines are provided below.
Anita Clayton Centre
https://healthywa.wa.gov.au/Articles/A_E/Anita-Clayton-Centre

Centres for Disease Control and Prevention
https://www.cdc.gov/

Medical Centre of the University of Western Australia
https://www.student.uwa.edu.au/experience/health/medical-centre/appointments

Metropolitan Communicable Disease Control
https://www.healthdirect.gov.au/australian-health-services/23021678/metropolitan-communicable-disease-control/services/perth-6000-wellington

## 7.3 UWA documents and websites

UWA Guidelines for Conduct in the Workplace
http://www.hr.uwa.edu.au/policies/policies/conduct/guidelines

UWA Charter of Student Rights and Responsibilities
http://www.governance.uwa.edu.au/procedures/policies/policies-and-procedures?method=document&id=UP07%2F132

Pre Enrolment Document Pack
https://www.uwa.edu.au/study/how-to-apply/health-and-medical-sciences-applications/fhms-pre-enrolment

Sonia, Student Placement Software
https://placements.uwa.edu.au

Statute 17 Student Discipline
http://www.governance.uwa.edu.au/statutes/statutes/discipline