



SCHOOL OF MEDICINE

Doctor of Medicine (Fremantle)

Infection Control Policy

This policy is designed to prevent the transmission of some important communicable diseases in the clinical setting, protecting both students and patients

POLICY

Note: Any information relating to a student's medical status will be strictly confidential.

1. Standard Precautions

1.1 All medical students should adhere strictly to standard precautions including the correct use of hand-washing, protective barriers and care in the use and disposal of needles and other sharp instruments.

2. Evidence of Vaccinations and/or Immunity

2.1 Prior to any patient contact each medical student must have a completed and updated vaccination record against Measles, Mumps, Rubella (MMR) and Varicella or serological immunity to all.

MMR and Varicella require 2 doses each for completion.

NB: These are live vaccines and should be given on same day or 4 weeks apart.

2.2 Prior to any patient contact, each medical student will have a confirmation of current immunity to Hepatitis B or a past history of seroconversion following vaccination. See Table 1 for instructions.

2.3 Prior to any medical student having contact with paediatric patients they must have confirmation of a recent booster vaccination against Diphtheria, Tetanus and **Pertussis (DTPa)**. A Pertussis booster should have been received within the last 10 yrs.

It is recommended that if boosting DTPa then to give DTPa & Polio combination vaccine. This will act as a lifelong booster for Polio following completion of the childhood schedule.

2.4 It is **required** that medical students be immune to Hepatitis A.

Evidence of 2 prior doses is sufficient, or positive serology.

3 prior doses of Twinrix (Hep A&B) are also accepted.

If a new course of Hepatitis A vaccination is commenced, complete 2 doses of Hep A vaccine, 6 months apart or 3 doses of Twinrix over 6 months.

Serology after vaccination is not necessary for Hep A.

2.5 It is **mandated** by the medical school that students be immunised annually for Influenza (each April / May). This will be offered on campus.

2.6 It is **required** by the medical school that students be immunised for COVID-19 due to mandated requirements from health and/or aged care providers that will impact on access to clinical placements. For example WA Health instituted mandatory COVID-19 vaccination for all healthcare and health support workers (that includes clinical students) in all public and private hospitals.

2.7 **Tuberculosis:** Each medical student must have a Quantiferon Gold test before enrolment. Mantoux Tests are not accepted by the medical school. BCG vaccination is not recommended.

2.8 **Multiple Resistant Staphylococcus Aureus screening (MRSA):** A medical student who has worked in, or been a patient in a hospital or residential care facility outside Western Australia in the past 12 months, must have MRSA swabs taken. This remains relevant throughout the degree course, including after student electives. The onus is on the students to adhere to this guidance.

2.9 **Meningococcal ACWY** vaccine is a recommendation of the medical school. This is not a requirement for entry.

2.10 Each medical student must be aware of their status for blood borne infectious disease (Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV)) and arrange for such testing as appropriate for their status. Students with an infectious blood borne disease must not perform exposure prone procedures (as defined by the West Australian Health Department).

The School of Medicine will approach these matters on an individual basis respecting the rights of the medical student. However, a student has a responsibility to inform the Dean of the School of Medicine of their conditions, in confidence, before conducting any practicum.

Immunisation Requirement Summary – Table 1

Measles, Mumps & Rubella (Evidence of **2 doses** of vaccine **OR** serological evidence of immunity)

Varicella (Evidence of **2 doses** of vaccine **OR** serological evidence of immunity)

Diphtheria, Tetanus, Pertussis (Whooping Cough) (Evidence of primary course completion **AND** adult booster within last 10yrs)

NB If boosting DTPa, Recommend **DTPa + IPOL** vaccine. .

Do not check serology.

Polio (Evidence of primary immunisation course. Total of 4 vaccines. Adult booster lasts for life).

Do not check serology.

Hep A The School of Medicine *requires* each student be vaccinated or show evidence of immunity (checked prior to vaccination).

Accepted vaccine schedules include;

2 doses of Hep A vaccine, 6 months apart

or 3 doses of Twinrix (Hep A & B)

Do not check serology after vaccination course commenced.

Hep B Check for serological immunity first (HBsAb Titre ≥ 10)

- If **NOT** immune, provide documented evidence of age appropriate vaccination, give booster dose **AND** check for serological evidence of immunity after 4 weeks
- Please forward a copy of serology
- **Only** do HBsAg *if not* responding to vaccine.

Accepted vaccine schedules for Hepatitis B include;

3 doses at 2, 4 & 6 months of age

2 adult doses given in adolescence

3 Hep B vaccines given on day 0, 28 & 180

3 Twinrix (A & B) on day 0, 28, 180

Influenza The School of Medicine mandate each student be vaccinated annually in April/May. This will be offered on campus after commencement.

COVID-19 The School of Medicine and WA Health Department require each student be vaccinated against COVID-19.

MRSA (swab results required if student has been working in or been a patient in a hospital or residential care facility outside WA in last 12 months)

Tuberculosis (Quantiferon Gold blood test *required* within prior 12 months)

Blood Borne Virus Screen – HIV & Hep C Serology required and enclose copies along with HepBsAb. Note HBsAg is not required if immune to Hep B.

NB - it is the student's responsibility to keep copies of clearances. You are required to keep your own immunisation records as you may be asked to provide them on your clinical placements.

