

Committee of Deans of Australian Medical Schools

GUIDELINES FOR INFECTIOUS DISEASES POLICIES AND PROGRAMS FOR MEDICAL STUDENTS

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Overview

These guidelines have been developed by the Committee of Deans of Australian Medical Schools (CDAMS) to provide direction to medical schools in the development, implementation and review of their infectious diseases' policies and programs. The guidelines can be read as best-practice standards that allow medical schools the flexibility to adapt and/or implement them in accordance with their own existing policies and programs or in the development of new programs.

In the absence of binding National and/or State infectious diseases' policies and legislation specifically covering medical students, medical schools have a responsibility to develop and implement thorough infectious diseases' policies and programs. However, the National Health and Medical Research Council, the Australian Medical Association and the Australian Medical Students' Association have developed a series of broad policies regarding the screening, immunisation and management of infectious diseases and blood-borne viruses. The CDAMS guidelines are in accordance with the NHMRC, AMA and AMSA policies but are targeted specifically at medical students.

General Principles

The following points articulate a set of general principles for infectious diseases' policies and programs. In developing their own infectious diseases' programs, medical schools should take these points into consideration:

- In applying these general principles, universities must comply with Commonwealth and State legislation and regulations including anti-discrimination legislation, and with their own university's policies and procedures.
- The university and the individual student have a duty of care towards both students and patients to minimise the risk of spreading or contracting infectious or blood-borne diseases.
- Universities have a legal duty to ensure the safety of students and patients. If a student or patient is knowingly or unknowingly infected during the course of a student's clinical experience, the university may be held legally liable. It is not sufficient to have infectious diseases policies in place, it is necessary to ensure programs are implemented and that students comply.

- □ The infectious diseases policy should clearly distinguish between recommendations to protect students from infectious diseases in the course of their studies and recommendations to protect patients from infected students. It is important that elements of the policy, which may be considered essential to protect students, are not interpreted as threatening students' rights.
- □ The principle of informed consent should govern all infectious diseases' policies and programs. After appropriate education and individual counselling students should be required to sign a statement indicating that they have read and agree to comply with the school's infectious diseases' policy at the time of enrolment. Students must understand their responsibilities to protect themselves as individuals and their responsibilities to protect patients from the hazards of blood borne and other infectious diseases.
- □ The implementation of these guidelines will be maximised by ensuring that students are well informed and that the programs are accessible and provided at no cost to the student.
- □ Recommendations for an immunisation program including vaccinations and related tests for specified infectious diseases are detailed in the Appendix.
- □ Students should have the choice to opt out of the immunisation program on medical or conscientious grounds with the written approval of the Dean. Opting out is not grounds for exclusion from the medical course.
- □ Students who are not included in the immunisation program for whatever reason and the non-responders should be referred to an appropriate specialist (infectious diseases or occupational health) for further advice on protecting themselves and their patients from infectious diseases.
- □ Recommendations for screening for blood-borne viruses and management of students with blood-borne viruses are outlined in the Appendix. Screening for blood-borne viruses remains the responsibility of the student (please see section on Students' Responsibilities).
- □ The infectious diseases policy should include a statement outlining how any information obtained as a result of implementing the policy will be managed to ensure that students' confidentiality is protected. If the policy allows for disclosure of certain information, the nature of the information and the circumstances leading to disclosure should be stipulated.
- □ The infectious diseases policy should include a cautionary statement prohibiting coercion of disclosure of status and discrimination against students with blood-borne viruses.
- □ Dependent on the outcome of the CDAMS review of the need for students to participate in exposure-prone procedures, medical schools should
 - □ Identify learning activities, which currently include exposure-prone procedures.

- Determine the impact of excluding infected students from these activities and if necessary provide alternate learning activities. Modified programs should allow students to complete their studies and adequately prepare them for a range of medical careers.
- Inform all students that they are expected to exclude themselves from these procedures if they are infected.
- Encourage and support students with blood-borne virus infections to inform the medical school of their status in order to modify their learning activities.
- Ensure that students who elect not to participate in exposure-prone procedures are not discriminated against on the basis that non-participation is seen as surrogate disclosure of their status.
- Develop a succinct educational website on infectious and blood-borne diseases which is kept current and which may be accessed by all medical students throughout their course to ensure that up-to-date information is readily available to all students.
- Ensure that when there are exposure hazards students have access, in the hospitals to which they are assigned, to occupational health surveillance and management in relation to blood borne and other infectious diseases.

Medical School Responsibilities

- Medical schools should provide detailed information on the risks and management of infectious diseases encountered during the course.
 - As a minimum, medical schools should provide prospective students with hard or electronic copies of the school's infectious diseases policy, including an outline of the immunisation program, information about blood-borne viruses and relevant state policies and regulations covering health care workers *prior to enrolment*.
 - This should be followed up early in the course by additional resources covering aspects of infectious diseases, blood-borne viruses, exposure-prone procedures and infection control practices.
- Medical schools must inform students, prior to enrolment, of their statutory requirement to be aware of their infective status for blood-borne viruses. The Appendix includes a list of recommended tests for this purpose.
- Medical schools should require students to acknowledge their understanding and acceptance of the schools' infectious diseases policy at the time of enrolment. This declaration should include:
 - An acknowledgment that the student has fulfilled the requirement for testing for blood-borne viruses.
 - An acknowledgment that there is no requirement for the student to disclose their status to the medical school and that the student retains the right to confidentiality.
 - An agreement that if any test(s) for blood-borne viruses is positive the student will seek counselling regarding the implications for their future career.

- □ All infectious diseases programs should be completed prior to significant clinical experience.
- □ The medical school or faculty should nominate one person or unit to coordinate, monitor and evaluate the infectious diseases program.
- □ Medical schools should cover the cost of all vaccinations and related tests to ensure the highest uptake and bearing in mind the considerable costs to the community of the spread of infectious and blood borne diseases.
- □ It is recommended that immunisation programs are organised through a designated service provider such as university health services or a specific service developed for this purpose. The coordinator of the program is responsible for ensuring that the service provider adheres to the policy. Students would have the option of using their own general practitioner although this would not be recommended as adherence to the policy and documentation of the student's participation would not be assured.
- □ Data collected by the service provider should be stored in a secure manner.
- □ Designated service providers should provide evidence documenting students' compliance with the infectious diseases program to the program coordinator. Information on the results of tests and vaccinations should only be provided as aggregated data.
- □ Academic, personal and career counselling should be made available to students with infectious diseases and blood-borne viruses. Contact details on counselling services should be provided to all students. Medical schools should provide students with information on existing university counselling and support services, and should form closer linkages with these services to better target at-risk or infected students.
- □ Medical schools should consider developing grievance/appeal procedures as part of their infectious diseases policies and programs, particularly for students who choose to opt out of immunisation program and students with blood-borne viruses.
- □ The medical schools have a responsibility to ensure that students undertaking a period of study overseas are aware of the health risks and that appropriate precautions are taken to reduce the risks. Students must receive an individual preparation tailored to their specific needs with respect to the countries to be visited and the tasks which they are likely to perform. The Appendix includes recommendations for fulfilling this responsibility.
- □ Infectious diseases' policies and programs should have in-built provisions for ongoing monitoring and evaluation.

Student Responsibilities

- □ Medical students have an ethical duty to be aware of their immunity or infectious status to ensure they do not place others at risk of infection.
- □ Students should arrange testing for blood-borne viruses to determine their status prior to enrolment.
- □ Students' have a legal right to confidentiality and cannot be compelled to disclose their immunity or infectious status to others. The medical school should respect and uphold students' rights to confidentiality.
- □ Students infected with blood-borne viruses should exclude themselves from exposure-prone procedures as a standard precaution. Doctors treating students with a blood-borne viral infection who fail to self-exclude or modify their medical practice may have a legal duty to inform their State Medical Board or Council of the student's status.
- □ Students who engage in at-risk behaviour and/or suspect they may have been infected with a blood-borne virus during the medical course have an ethical duty to seek testing and counselling.
- □ Students who elect to complete the requirements of the infectious diseases policy through an external provider must document their compliance with the immunisation program and provide that documentation to the medical school. The documentation should provide evidence of compliance but does not have to include results.
- □ Students are responsible for understanding and practicing infection control practices, including standard and additional precautions, in their clinical experiences.

Overseas Students

- □ Overseas students, both long-term fee-paying students and students on short-term electives, should be subject to the same screening and immunisation standards as domestic students.
- □ Medical students attending Australian medical schools for short-term electives are required to produce documentation prior to arrival in Australia that they meet the same requirements prescribed for local students. Medical schools should provide a thorough orientation to elective students on infection control practices.
- □ Long-term fee-paying overseas students are required to meet the same standards and offered the same program as local students.
- □ Medical schools retain the right to request overseas students to undergo further screenings and/or vaccinations on arrival.

Appendix 1: Recommendations for Implementation of Infectious Diseases Guidelines

The following document provides recommendations to assist medical schools in fulfilling the requirements outlined in the Guidelines.

The recommendations have been graded as follows:

- A. Recommendation is accepted by all medical schools and the medical school accepts responsibility to ensure that the recommendation is met. The responsibility of the medical school does not necessarily include providing the service to meet the recommendation.
- B. Recommendation is not universally accepted and medical schools may choose to include the recommendation within its program.
- C. Recommendation is accepted by all medical schools but the medical school is not responsible for ensuring the recommendation is met. The role of the medical school is to ensure that the student is aware of the recommendation.

Immunisations

The recommendations concerning immunisations are primarily applicable to Australian-born students who have been covered by the Australian Standard Vaccination Schedule. It is important that the extent of vaccination be established in students born overseas.

Medical students with underlying medical conditions, which are recognised by the NHMRC as indications for the following vaccines, should be informed of the need to be vaccinated irrespective of the general recommendations concerning all medical students (C).

Medical students with underlying medical conditions, which are recognised by the NHMRC as contraindications for the following vaccines, should be referred to an Infectious Diseases physician for further assessment and management (A).

- □ Hepatitis B

Immunisation against hepatitis B is required for all students, unless there is a documented history of prior infection or immunisation (A).

Students who have been previously vaccinated are required to provide evidence of anti-HBs antibody level >10 IU/mL following vaccination (A).

Post-vaccination serology should be performed 3-6 months after the third dose (A).

Students who fail to achieve a satisfactory anti-HBs antibody level after vaccination should be referred for further assessment and management (A).

See Section *Recommendations for Management of Students with Blood-borne Viruses (HIV, HBV & HCV)* for recommendations regarding tests for hepatitis B infection.

- □ Diphtheria, Tetanus and Pertussis

Students should have their adolescent dose of diphtheria/tetanus toxoids if not boosted within the past 10 years (C).

The use of vaccines containing pertussis antigens to boost pertussis immunity is not currently recommended (B).

- □ Polio

The risk of exposure to polio in the Australian community including the health care setting is considered too low to routinely recommend polio booster to medical students (B).

Oral polio vaccine is recommended for students who will be undertaking a period of training in countries where polio is endemic (C).

- □ Measles, mumps and rubella (MMR)

Immunisation against measles, mumps and rubella (MMR) is required for all students, unless there is documented immunity or immunisation with two doses of MMR (A).

A history of clinically diagnosed measles, mumps or rubella is unreliable in excluding students from immunisation (A).

MMR vaccine can be administered without serological testing in the absence of documented immunity or a history of immunisation (B).

- □ Varicella

Immunisation against varicella is required for all students, unless there is a history of infection or immunisation (A).

Students with a history of either chicken-pox or shingles do not require testing to document immunity (B).

Prevaccination serological testing should be performed in students without a history of infection or immunisation (A).

- □ Hepatitis A

The risk of acquiring hepatitis A in the Australian health care setting is considered too low to routinely recommend hepatitis A vaccination to medical students (A).

Hepatitis A vaccine is recommended for students who will be undertaking a period of training in areas, including certain Australian communities, where hepatitis A is prevalent (C).

- □ Tuberculosis

Mantoux testing should be performed in all students, unless there is documentation of a positive Mantoux test or prior history of TB (A).

Students with a positive Mantoux should be referred for appropriate assessment and management (A).

Two-step Mantoux testing should be considered in students with a prior history of BCG vaccination or birth in an endemic country (B).

BCG vaccination is not required in students with a negative Mantoux (B).

Mantoux-negative students should be re-tested following any subsequent exposure to TB (A).

Routine repeat Mantoux testing during the medical course is not required unless students are deemed to be in high-risk clinical situations (B).

- □ Meningococcus

The risk of acquiring meningococcal infection in the Australian health care setting is considered too low to routinely recommend meningococcal vaccination to medical students (A).

Meningococcal vaccine is recommended for students who will be undertaking a period of training in areas, including certain Australian communities, where meningococcal infection is prevalent (C).

- □ Pneumococcus

The risk of acquiring pneumococcal infection in the Australian health care setting is considered too low to routinely recommend pneumococcal vaccination to medical students (A).

- □ Influenza

Influenza vaccination is recommended for medical students undertaking clinical activities (C).

Recommendations for Management of Students with Blood-borne Viruses (HIV, HBV & HCV)

The Guidelines recommend that students should be informed about blood-borne viruses prior to enrolment and should arrange testing to determine their status.

The following recommendations address issues, which should be included in the information provided to students (A):

- □ Tests for determining status:
 - □ HIV antibody test.
 - □ Hepatitis B surface antigen. Students with a positive test should arrange to have the following tests performed to determine the relative degree of infectivity:
 - □ Hepatitis B e antigen.
 - □ Hepatitis B DNA (particularly indicated in student populations with high prevalence of pre-core mutants).
 - □ Hepatitis C antibody. Students with a positive test should arrange to have a test for HCV RNA performed to determine the relative degree of infectivity.

The recommendation to include tests to detect HBV DNA and HCV RNA is optional (B).

- □ Explanation of the concept of exposure-prone procedures and a list of procedures which must not be undertaken by a medical student.
- □ Statement concerning the implications for an infected student being unable to participate in exposure-prone procedures with regard to completing their academic requirements (*this would depend on the outcome of CDAMS determining this issue*).
- □ Statement concerning the implications for an infected student on future career opportunities in medical practice.
- □ Statement describing existing state legislative and statutory requirements for an infected student.
- □ Recommendation for student to seek further counselling on these issues and inclusion of specific details of appropriate service(s)/person(s) who can be contacted by the student.

Recommendations for Overseas Electives

- □ The medical schools have a responsibility to ensure that students undertaking a period of study overseas are aware of the health risks and that appropriate precautions are taken to reduce risks (A).

- The provision of this information and the administration of appropriate immunisations and chemoprophylaxis are not the direct responsibility of the school but the school should document that students have obtained advice (A).
- The school should provide the following information to students when they enquire about overseas electives (A):
 - Statement emphasizing the risk of participating in exposure-prone procedures during placements.
 - Contact details of appropriate services, which can provide advice on health risks and appropriate precautions. It is important that services to which students are referred are aware of the additional risks for students as health care workers.
 - Requirement for students to provide documentary evidence that relevant advice on health risks has been obtained.
 - Recommendations on action to be taken in the event of exposure to blood-borne viruses.
- Schools should consider providing a limited supply of anti-retroviral drugs for students who sustain an exposure to HIV in countries where these drugs are not available (B).

Appendix 2: Infectious Diseases Workshop – Participants Friday July 20 2001

Convenor:

- Dr Philip Jones, Department of Infectious Diseases, Prince of Wales Hospital, Sydney

Co-convenor:

- Danielle Brown, Executive Officer, Committee of Deans of Australian Medical Schools

Participants:

- Dr Liam O'Connor, Senior Lecturer, Department of Microbiology, Faculty of Medicine and Dentistry, University of Western Australia
- Dr Mark Veitch, Public Health Physician, Department of Microbiology and Immunology, University of Melbourne
- Professor David Grove, Infectious Diseases Unit, Queen Elizabeth Hospital, Adelaide
- Professor Barry Baker, Chair, Infectious Diseases Committee, Faculty of Medicine, University of Sydney
- Dr Michael Oldmeadow, Senior Lecturer, Monash Medical School, Alfred Hospital, Monash University
- Associate Professor Joe McCormack, Department of Medicine, Mater Adult Hospital, Brisbane
- Associate Professor David Gordon, Department of Microbiology and Infectious Diseases, Flinders Medical Centre
- Professor Geoff Cutfield, Anaesthesia and Intensive Care, Faculty of Medicine and Health Sciences, University of Newcastle
- Dr Janet Vail, Senior Lecturer, Medicine, Faculty of Health Sciences, University of Tasmania