

Policy Document

Clinical Placement Compliance

Position Statement

AMSA is the peak representative body for medical students across Australia. At present, inconsistencies exist between medical schools regarding clinical placement compliance requirements and policies. Disparities regarding transparency of clinical placement compliance are also prevalent.

AMSA therefore believes that:

1. Clinical placement compliance measures should only be introduced when necessary to protect students and the patients that they are working with;
2. Clinical placement compliance requirements should be transparent and accessible for all prospective and current students;
3. Where possible, clinical placement compliance requirements should be consistent across universities in the same state;
4. Where possible and/or necessary, medical schools should support students financially to comply with clinical placement requirements; and
5. Students who are positive for blood borne viruses should have their confidentiality maintained and be supported with access to counselling and specialist medical care.

Policy

AMSA calls upon:

1. The Commonwealth Government of Australia to:
 - a. Expand the catch-up National Immunisation Program for healthcare students, including, but not limited to, students:
 - i. Over the age of nineteen;
 - ii. Who are suspected non-responders to the hepatitis B vaccine, requiring subsequent boosters for confirmation;
 - b. Subsidise hepatitis A vaccines for students and healthcare workers in roles where additional vaccination is recommended by state health authorities;
2. Australian hospitals and health care systems to:
 - a. Increase accessibility of influenza vaccine programs to students by including funding for and advertising to students;
 - b. Ensure hepatitis B vaccine non-responders experience no limitations to clinical placement due to immunity status; and
 - c. Ensure BBV testing is accompanied by appropriate pre and post-test counselling, particularly if a test returns positive.
 - d. Ensure that students positive for a blood borne virus (BBV) receive counselling regarding appropriate medical management, health monitoring, any relevant adjustments for placement, Exposure Prone Procedures (EPPs), and their future careers with a BBV;
 - e. Ensure that medical students positive for a BBV have access to affordable specialised medical management and treatment, inclusive of medications and screening.

Head Office
42 Macquarie Street,
Barton ACT 2600

Postal Address
PO Box 6099
Kingston ACT 2604

ABN 67 079 544 513

Email info@amsa.org.au
Web www.amsa.org.au
Twitter [@yourAMSA](https://twitter.com/yourAMSA)

3. Australian Health Practitioners Regulation Authority (AHPRA) and the Medical Board of Australia (MBA) to:
 - a. Continue to implement and comply with the Communicable Disease Network Australia (CDNA) guidelines regarding BBV testing, inclusive of:
 - i. Pre-test counselling;
 - ii. Serological testing for HIV, Hepatitis B and Hepatitis C;
 - iii. Post-test counselling including supplemental guidance and counselling for a positive result;
 - iv. Referral to an Infectious Diseases Specialist where appropriate, for further planning and information about future testing procedures;
4. Medical Deans Australia and New Zealand (MDANZ) to:
 - a. Standardise First Aid and CPR training requirements for all medical students and, where possible, integrate First Aid and CPR certification into compulsory basic and advanced life support training;
5. Australian medical school faculties to:
 - a. Increase transparency around associated costs with compliance requirements;
 - b. Provide financial assistance to medical students in financial hardship to access:
 - i. Accredited First Aid and CPR courses,
 - ii. National Police Certificates (NPC),
 - iii. Catch up vaccination for international students, and
 - iv. Subsidised influenza vaccination;
 - c. Ensure clear policies on:
 - i. Immunisation boosters, and
 - ii. Tuberculosis screening after high-risk exposures, including but not limited to:
 1. Overseas electives, and
 2. Clinical exposure to active pulmonary tuberculosis without personal protective equipment;
 - d. Require all clinical students receive the influenza vaccine except where this is contraindicated by a health condition;
 - e. Ensure medical students have appropriate background checks for the vulnerable populations with which they are interacting including but not limited to working with children checks (WWCC);
 - f. Ensure their policies and protocols regarding BBV status comply with the *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*, or the most up to date guidelines;
 - g. Integrate sufficient resources and teaching sufficient resources and teaching into orientation and the medical curriculum, in accordance with the CNDA guidelines, to:
 - i. Inform students of their rights and obligations regarding BBV testing and results;
 - ii. Address any misconceptions about positive BBV status;
 - iii. Ensure students understand their obligations following a potential BBV transmission and/or positive BBV status; and
 - iv. Inform students of the relevant support services available to them with regard to BBVs;

- v. Include the risks of occupational transmission of BBVs, and related risk reduction;
 - h. Protect students living with BBVs from stigma and confidentiality breaches, particularly when enforcing clinical placement compliance requirements;
 - i. Provide support services to BBV positive students, including access to discrete and supportive advocates;
 - j. Ensure students placed internationally have similar access to BBV testing, treatment and supportive care;
6. Australian medical students to:
- a. Maintain compliance, in accordance with their university, with:
 - i. First Aid and CPR requirements;
 - ii. Tuberculosis risk-based screening recommendations; and
 - iii. Working with vulnerable population checks, ensuring validity and application for renewal within a timely manner;
 - b. Comply with university guidelines and (CDNA) Guidelines regarding HCW and BBVs, namely to:
 - i. Receive testing for BBVs, as per university guidelines, and after any potential occupational or non occupational exposure to BBVs; and
 - ii. Consult an independent medical practitioner for their screening, and management if tests return positive;
 - c. Ensure compliance with AHPRA mandatory reporting with regard to criminal convictions;
 - d. Be aware of personal tuberculosis risk status changes after exposure to active pulmonary tuberculosis and seek appropriate screening.

Background

First Aid and CPR

The ability to provide basic life support (BLS) and Cardiopulmonary Resuscitation (CPR) are expected skills for all medical students as future healthcare providers. As an inherent requirement, all medical graduates need to be competent in: assessing deteriorating and critically unwell patients, and performing common emergency and life support procedures, including caring for the unconscious patient and performing CPR. [1] First Aid and CPR certification (HLTAID003 – Provide First Aid (includes CPR) and HLTAID001 – Provide Cardiopulmonary Resuscitation) provides a standardised approach and the relevant training necessary for medical students, and the general public, to administer First Aid. [2,3] The First Aid component is valid for 3 years; the CPR component is valid for 1 year. [2,3]

While First Aid and CPR is often recognised as a necessary prerequisite prior to undertaking clinical placements, there is a lack of consistent and clear guidelines available to medical students regarding compliance to these training requirements. Twenty-two Australian medical school providers were analysed for this policy (Table 1 in Appendix); four universities did not acknowledge First Aid training and CPR as a prerequisite for enrollment into medical studies or clinical placement, while one university has recently removed annual requirements for CPR renewal. [8] For universities that did require First Aid and CPR training, there were discrepancies regarding when these need to be completed (i.e before enrollment or before clinical placements) and how training is accessed or monitored. Some universities only require a valid First Aid and CPR qualification at enrollment or pre-placement, while others make this optional. In contrast, a few institutions closely monitor the validity of First Aid and CPR throughout the medical degree and may even withhold results or

delay release of placement information until compliance to these requirements are satisfied.

To align with First Aid in the Workplace Code of Practice guidelines, medical students as members of the healthcare team, should hold current First Aid and CPR training throughout the entire program.[9] At present, many institutions place the responsibility on students to meet the costs of an accredited First Aid and CPR course; accessing these training courses may contribute a significant financial burden for students. [10,11,12] Furthermore, access to quality training through accredited providers is variable; some rural areas are undersupplied by course providers, and there are significant differences in how training is delivered which range from online, face-to-face or internationally provided courses. Therefore, encouraging universities to incorporate First Aid and CPR (at least every 12 months) as part of the Basic Life Support (BLS)/ Advanced Life Support (ALS) medical curriculum, may standardise the level of training for medical students. Supporting medical students to renew their First Aid and CPR requirements through incorporation of this into BLS/ ALS within the medical course, allows for better preparation into the workforce, as healthcare workers are expected to keep their BLS/ALS training up to date.

Immunisation and Tuberculosis

The National Immunisation Handbook states that all healthcare workers (HCWs) should have a complete childhood immunisation schedule with particular recommendations for hepatitis B, influenza, measles, mumps and rubella, pertussis and varicella. In addition, hepatitis A vaccination is recommended for HCWs who work with Aboriginal or Torres Strait Islander communities or children in NT, QLD, SA and WA. [13] Victoria extends this recommendation to HCWs in paediatric wards, infectious disease wards, emergency rooms and intensive care units. [14]. The Northern Territory requires all HCWs to be vaccinated for hepatitis A. [15] These guidelines exemplify the differences between state-based requirements depicted in Table 2. The handbook also states the annual flu vaccine is strongly recommended for healthcare workers. [16] Requirements for medical student vaccines are based on state health systems. The National Immunisation Program covers the cost of catch up vaccination until 20 years of age. [17] With the increasing age of medical students due to increased postgraduate study options, [18] domestic medical students are often out of this age range and required to self-fund vaccination at the start of medical school. Coverage for immunisations under Overseas Student Health Cover for international students is limited and varies between providers and packages. For example, nib OSHC Ultimate covers 50% of the cost vaccinations with a limit of \$100 and a two month waiting period to claim. [19] This can lead to large out of pocket expenses within the first few months of moving or attainment of immunisations from the home country of the international students.

Influenza

Healthcare workers and students are not covered under the National Immunisation Program for influenza vaccination, requiring students to pay the private vaccination rate. [17] Most hospitals and health services have programs that provide influenza vaccination for healthcare workers to cover this cost and increase accessibility. While available to many students, many programs actively exclude students from these programs. [see table 2] Vaccination of people in direct contact with patients reduces influenza-like illness and all-cause mortality amongst patients [20] and is often required for hospital staff. [see table 2]

Hepatitis B

Five percent of people do not mount a significant antibody response to the hepatitis B vaccine and are not considered immune. [21] The National Immunisation Handbook has a guide on how to confirm a non-responder status. [22]

Tuberculosis

Some universities require all students to be tested for tuberculosis (TB), while others use state-based risk assessment screening to determine which students require testing. [See Appendix, Table 2] One of these risk factors is contact with active pulmonary TB. On overseas electives, students in high prevalence countries are often exposed to active pulmonary TB and then expected to self-test and report.

Blood Borne Viruses (BBV)

Blood borne viruses (BBVs) are viruses that are carried in the blood and spread from one person to another. They can be transmitted through exposure with contaminated blood products, sexual intercourse, receiving of infected blood products including blood transfusions, sharing unsterile needles, needle stick injuries, mother-to-child transmission, unsterile piercing and tattooing practices, and during healthcare procedures, particularly exposure prone procedures (EPPs). [23] The most prevalent BBVs in Australia are: human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and human T-lymphotrophic virus 1 (HTLV-1). [23]

Infections can be asymptomatic, meaning they may not be noticed by the infected individual. Nonetheless, untreated BBVs can be highly transmissible, highlighting the importance of prompt diagnosis and treatment by a BBV specialist. A BBV specialist 'may include appropriately trained and experienced general practitioners as well as infectious diseases or sexual health physicians, hepatologists or immunologists experienced in the treatment of BBV(s)'. [24]

Rates of these three BBVs have been stable or slightly down-trending for a number of years in Australia. [25] However, HCW have a higher risk of infection than the general public due to occupational exposure risks. [26] The impact of a positive BBV status on health-care workers can be significant due to the restrictions it may place on career options, health impacts, and the stigma associated with a BBV. [27-29]

It is important to recognise that HIV, and HBV, can be well controlled with appropriate medical management. [24] In addition HCV can be cured in many patients with specialised medical treatment. [24] For example, modern HIV treatment can make a patient's viral load so low that it is undetectable and consequently untransmittable. [24]

Exposure prone procedures (EPP)

In healthcare the majority of commonly performed procedures (IV cannulation, phlebotomy etc) pose minimal risk of BBV transmission, assuming appropriate use of personal protective equipment (PPE) and infection control precautions. [30] That said, more invasive procedures, known as EPPs, carry a higher risk of BBV transmission. [30]

EPPs are procedures that place healthcare workers at risk of injury which may expose the patient's open tissue to the blood of the HCW. These procedures include those where the HCW's hands, even when gloved, may be in contact with: sharp tissue (teeth or spicules of bone) inside a patient's open body cavity, sharp instruments, or anatomical spaces where the fingertips or hands are not completely visible at all times. Examples of EPPs include: orthopaedic surgeries, internal cavity surgeries, oral surgeries.[30]

During these EPPs it is feasible that a blood spill from the HCW could cause contamination through an open wound and infection of the patient with a BBV. For this reason, if a HCW tests positive for a BBV they should cease performing EPPs immediately until they receive appropriate medical management and care. [31]

The diagnosis of a BBV will not necessarily impair the career of a HCW who perform EPPs. [32] It is possible to return to performing EPPs if a BBV positive HCW is able to meet "The 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” (the guidelines). [31]

BBVs and Australian Medical Students

In Australia, medical students are advised to attain their HIV, HBV, and HCV antibody status. It is recommended that they undergo BBV testing at the commencement of their medical degree, prior to the commencement of specialist training, where EPP falls within the scope of practise, and following a potential exposure to a BBV. BBV exposures can occur outside of the hospital setting, for example during unprotected sexual intercourse. [31] Further, students who partake in clinical training in higher risk communities may find themselves in environments where occupational BBV transmission risk is greater. [32] Thus, it is important for all people to test for BBVs in accordance with their risk and applicable guidelines.

There are inconsistencies in testing frequency and disclosure requirements between Australian Medical schools. Disclosure requirements range from:

- Doctor-signed BBV status forms with declaration of status mandated
- Doctor-signed BBV testing forms with only the date of the test required
- Student-signed declarations of testing (without the need to disclose BBV status)

Communicable Disease Network Australia (CDNA) Guidelines for Blood Borne Viruses

The *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*, was endorsed by the Australian Health Ministers' Advisory Council (AHMAC) in 2018. [31] These national guidelines articulate the current expert consensus regarding HCW and their BBV status. These guidelines are founded on the beneficence principle, and the professional and ethical responsibility of the HCW to take reasonable steps to obtain their BBV status. [31]

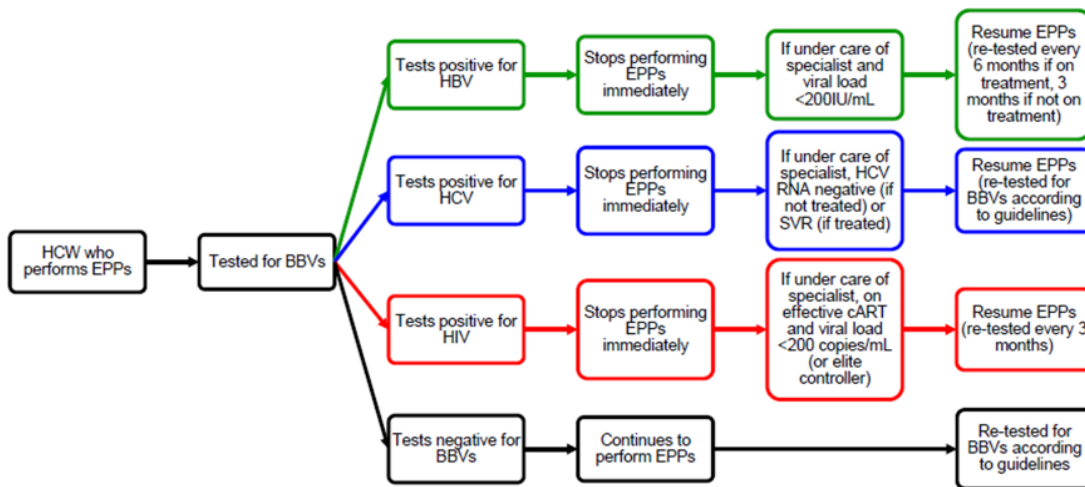
The recommendations include measures related to minimising transmission, and managing HCWs with HBV, HCV and/or HIV. Of particular relevance to this policy are the guidelines specific to medical students, namely: the circumstances in which BBV testing is necessary; the process of seeking BBV testing; a BBV positive status and its implications on performing EPPs; pre- and post-test counselling; and living with a BBV. [31] The guidelines also have suggestions around counselling and HCW privacy:

“HCWs have the same right to access confidential testing, counselling and treatment as the general population.

All patients and HCWs have the right to protection from healthcare acquired infections, in accordance with workplace health and safety, including exposure to BBVs via nosocomial sharps injuries and/or exposure to body fluids and secretions. All HCWs must have access to timely testing, counselling and treatment if such an event occurs.

While the protection of public health is paramount, employers of HCWs must also consider relevant anti-discrimination, privacy, industrial relations and equal employment opportunity legislation in discharging their duty of care to both clients and staff. Employers must ensure that the status and rights of HCWs with a BBV as employees are safeguarded.” [31]

Taking EPPs as an example - contrary to conventional beliefs, the CDNA does not exclude students with a positive BBV status from performing EPPs. The CDNA guidelines regarding BBV and the ability to perform EPPs, are outlined below:



SVR: Sustained virological response, cART: combination antiretroviral therapy

Figure 1: BBV testing requirements for HCWs who perform EPPs [31]

Overcoming stigmas around BBV status

Stigmas around BBVs can pose major barriers to accessing appropriate and timely healthcare. Discrimination and stigma can be addressed by the implementation of laws and guidelines at a policy and/or institutional level. Addressing systemic barriers, stigma, and discrimination surrounding BBV involves: medical student receiving thorough training (both pre- and post-vocational) surrounding transmission risks for BBVs, national guidelines for precautions, diversity training, and compliance with the Anti-Discrimination Act 1997.[32]

National Police Certificate (NPC)

NPCs list individuals disclosable court outcomes and pending charges sourced from all Australian police services. [33] In contrast, state-specific certificates report only charges and convictions processed within the given state or territory. [35] NPCs do not have a validity term, [33] and the frequency at which updated certificates are required varies between medical schools from one to five yearly. Irrespective of the frequency at which NPCs are required, students are legally mandated to notify AHPRA within seven days if:

- “they have been charged with an offence punishable by 12 months’ imprisonment or more; or
- they have been convicted of, or are the subject of, a finding of guilt for an offence punishable by imprisonment; or
- their registration under the law of another country that provides for the registration of students has been suspended or cancelled”. [35]

International police checks are required based on university-specific regulations. This includes but is not limited to; students having resided outside of Australia for longer than two years, and citizens or permanent residents of countries outside of Australia. [36,37]

Working with Children Check (WWCC)

Individuals working with children require registration and a background check. Background checks may include, but are not limited to, an individual's charge and conviction record, child protection prohibition orders, and disqualification orders. [38] The title and validity period of a WWCC varies between states and is required at every Australian medical school.

In addition to WWCC, other vulnerable population checks include the elderly and disabled populations. These checks are incorporated into clinical placement compliance requirements at the discretion of individual universities.

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Appendix

Table 1: CPR and First Aid requirements in all medical schools

University	CPR Requirement	Suggested Providers	When	References & Comments
ANU (Canberra)	N/A	N/A	N/A	-Website is difficult to navigate. -Not listed as a requirement here: https://medicalschoo.anu.edu.au/files/anu-medical-school-clinical-elective-handbook.pdf
Bond (QLD)	Y	Y - Accepts only face-to-face through an Australian Registered Training Organisation.	-Prior to clinical placements. -Remain valid throughout the course.	https://bond.edu.au/files/3826/Compliance%20Handbook.pdf
Deakin (VIC)	N/A	N/A	N/A on website -From Student Rep: School of Medicine provides training in the first couple of weeks.	-Training is not listed as a requirement, but acknowledges that the ability to perform CPR is an inherent requirement for medical practitioners. https://www.deakin.edu.au/_data/assets/pdf_file/0012/1869492/Doctor-of-Medicine-Inherent-Requirements-2020.pdf https://www.deakin.edu.au/course/doctor-medicine
Flinders (SA)	N/A	N/A	N/A	-Not listed as a requirement: https://students.flinders.edu.au/my-course/placements/compliance/medicine
Griffith (QLD)	Y	N/A- but offers First Aid Training https://www.griffith.edu.au/health-safety-wellbeing/first-aid	-Before enrollment (Year 1).	-Students are to organise a course independently before starting first year. After this, there is a CPR assessment organised by the School of Medicine once per year throughout all four years. https://www.griffith.edu.au/study/degrees/doctor-of-medicine-5099
JCU (QLD)	Y	Y- From Queensland Health facilities (Non-Accredited Training Provider) and online courses are not accepted.	-Pre-placement.	-If you are a registered Health Practitioner (e.g. Registered Nurse/Pharmacist), you are exempt from submitting First Aid. However, you are required to submit a valid CPR certificate from a registered training organisation annually. https://www.jcu.edu.au/professional-experience-placement/preparation-checklists/medicine
Monash (VIC)	Y	Y- accredited first aid course	-Optional: It is highly recommended that students hold or attain by the end of Semester 1.	https://www.monash.edu/_data/assets/pdf_file/0004/1271308/Student-Placement-Guide1.1-april-2020.pdf https://www.monash.edu/medicine/som/current-students/year1-mbbs-

				info#certificates
Adelaide (SA)	N/A	N/A	N/A	Not listed as a requirement: https://health.adelaide.edu.au/study-with-us/student-support/clinical-placements -As per Student Rep: Need to have an up to date one from the start of med school.
Melbourne (VIC)	Y	Y -Can be completed by any approved provider in Australia or overseas (has a comprehensive list of what courses are accepted).	-Before Year 1 (enrollment): only required to upload evidence of First Aid completion prior Year 1. Some placement providers may require evidence of First Aid training in later years of the course.	https://mdhs.unimelb.edu.au/study/current-students/placements/students/requirements/additional
Newcastle (NSW)	Y	Y - may be available through the University of Newcastle and University of New England early in semester one each year.	-Before Year 1 (enrollment) -Previously needed and renewed every 3 years however, this has changed and I believe it may just be 1st years that need 1x formalised CPR/First Aid training.	https://www.newcastle.edu.au/joint-medical-program/commencing-students/clinical-placement
UNE (NSW)	N	N/A	N/A	Summary of Changes for 2020 - Students are not required to annually renew their Cardiopulmonary Resuscitation [HLTAID001] requirement. -Inherent Requirements have been added and must be met in order to complete the course https://www.une.edu.au/current-students/my-course/managing-my-course/course-updates/undergraduate/bachelor-of-medical-science-and-doctor-of-medicine
UNSW (NSW)	N	N/A	N/A	Not included as a requirement in compliance checklist: https://medprogram.med.unsw.edu.au/NSW-HEALTH-REQUIREMENTS#tab-303400538
UNDF (Fremantle-WA)	Y	N/A	-Before enrollment (new students), CPR 12 monthly	Website hard to navigate, info from Administrative officer
UNDS (Sydney)	Y	-Meeting the Australian Qualifications Framework standard HLTF301B	-Must complete the following prior to commencement -Only required at the start of 1st year.	-Submitted as part of Notre Dame Portfolio https://www.notredame.edu.au/_data/assets/pdf_file/0022/17365/Guide-To-Completing-The-Notre-Dame-Medicine-Portfolio.pdf Website hard to navigate, Info from AMSA Rep- CPR is listed a requirement Ability to perform CPR is listed as

				as pre-internship requirement: https://www.notredame.edu.au/_data/assets/pdf_file/0009/4104/Doct-or-of-Medicine-Sydney.pdf
UQ (QLD)	Y	Y- International Certificates accepted	-Prior to the commencement of year one. Followed by the faculty (not always on time)	https://medicine-program.uq.edu.au/node/5103/2#2
Sydney (NSW)	Y	Y-only accepts Nationally Recognised VET Qualification or Statement of Attainment from a recognised Australian training organisation.	-Prior to clinical placement, for the duration of your placement.	https://www.sydney.edu.au/student/clinical-placement-checks.html
UTas (TAS)	Y	Y -one or two day Provide First Aid Certificate course with a Recognised Training Organisation (RTO) in Australia.	-By week 10 1st Semester – Year One Requirement.	https://www.utas.edu.au/_data/assets/pdf_file/0004/1056910/First-Aid-Certificate-Requirements-MBBS.pdf SoM organises courses for all first year students (St John's). Nurses run a 'refresher course' for Y4 students at the start of their clinical placements.
UWA (WA)	Y	Y- Australian First Aid Course (accreditation number HLTAID0003 or HLTFA311A).	-Pre-enrollment.	https://www.uwa.edu.au/study/-/media/UWAFS/HMS/2020-Pre-enrolment-Document-Pack-MD-DMD-DPM.pdf Must have a valid first aid certificate at time of entry, no need to renew. In 4th year you do ALS, which replaces first aid requirements.
WSU (NSW)	Y	Y- university will be running courses for First Aid on campus in the early weeks of semester 1.	-Part of online enrolment process. -Must have a current first aid certificate at least until the end of Year 2 of the MD.	https://www.westernsydney.edu.au/future/study/how-to-apply/md-applicants/special-requirements.html If your CPR is not up to date, then they withhold results (as per AMSA Rep)
Wollongong (NSW)	Y	Y- current approved First Aid Certificate (minimum 14hr training content).	-Prior to commencement of study.	No exceptions for meeting this requirement. https://www.uow.edu.au/science-medicine-health/schools-entities/medicine/md/admission-information/ https://www.uow.edu.au/science-medicine-health/current-students/mbbs/policies-procedures-and-inherent-requirements/ https://www.uow.edu.au/student/health-placements/verification/
Curtin (WA)	Y	Y- First aid courses must meet Australian	-?Before placement.	https://healthsciences.curtin.edu.au/studying-health-sciences/fieldwork/fieldwork-requirements/

		standards and the Faculty of Health Sciences does not accept first aid certificates obtained through fully online courses.		
Macquarie (NSW)	Y	Y- current approved first aid and CPR certificate (minimum 14-hour content).	-Before commencing study.	https://www.mq.edu.au/about/about-the-university/faculties-and-departments/medicine-and-health-sciences/macquarie-md/policies-and-compliance

Table 2: State specific information regarding immunisations and tuberculosis for health care workers and students

State	Which immunisations required	Influenza vaccine	Tuberculosis
QLD	MMR, HBV, pertussis, varicella https://www.health.qld.gov.au/_data/assets/pdf_file/0/009/150120/hed-0116.pdf	Recommended Programs are HHS based and are often free if possible for staff https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/healthcare-workers/staff-vaccination-programs	Assessment form https://www.health.qld.gov.au/_data/assets/pdf_file/0023/833621/tb-risk-assessment-questionnaire-students.pdf
NT	MMR, HBV, pertussis, varicella, HAV for working with children https://www.jcu.edu.au/_data/assets/pdf_file/0020/286310/NT-Immunisation-Guideline.pdf	Recommended https://digitallibrary.health.nt.gov.au/prodjsipui/bitstream/10137/1001/1/Immunisation%20recommendations%20for%20health%20care%20workers.pdf	Test required https://www.jcu.edu.au/_data/assets/pdf_file/0020/286310/NT-Immunisation-Guideline.pdf
NSW and ACT	MMR, HBV, pertussis, varicella https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_009.pdf	Free for all NSW HCWs, students at own costs (strongly recommended) Mandatory if antenatal, perinatal and post-natal, working with neonates, transplant and oncology wards and intensive care units https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_009.pdf	Assessment form (Attachment 7) https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_009.pdf
VIC	MMR, HBV, pertussis, varicella https://www2.health.vic.gov.au/public-health/immunisation/adults/vaccination-workplace/vaccination-healthcare-workers	The Department of Health provides free influenza vaccine for public hospital healthcare workers. Offered not mandatory https://www2.health.vic.gov.au/public-health/immunisation/adults/vaccination-workplace/vaccination-healthcare-workers	No VicHealth policy, university specific Monash and Deakin: Required test https://www.monash.edu/_data/assets/pdf_file/0003/119477/Immunisation-Compliance-Form-1_2018-version-5_final.pdf https://www.deakin.edu.au/_data/assets/pdf_file/0004/310558/Infectious-disease-and-Immunisation-policy.pdf Melbourne: Assessment form https://mdhs.unimelb.edu.au/_data/assets/pdf_file/0005/2883101/Tuberculosis-screening-form-20200309.pdf
TAS	MMR, HBV, pertussis, varicella for students https://www.utas.edu.au/_data/assets/pdf_file/0004/1286527/Tasmanian-Student-Immunisation-Record-Sample-Completed-Record-and-Completion-Guide.pdf (Tasmanian Health seems to be NSW Health based)	Mandatory for students https://www.utas.edu.au/_data/assets/pdf_file/0004/1286527/Tasmanian-Student-Immunisation-Record-Sample-Completed-Record-and-Completion-Guide.pdf	Assessment form for students https://www.utas.edu.au/_data/assets/pdf_file/0004/1286527/Tasmanian-Student-Immunisation-Record-Sample-Completed-Record-and-Completion-Guide.pdf
WA	MMR, HBV, pertussis, varicella https://www2.health.wa.gov.au/-/media/Files/Corporate/Policy-Frameworks/Public-Health/Policy/Health-Care-Worker-Immunisation-Policy/OD388-Health-Care-Worker-Immunisation-Policy.ashx	Required for HCWs and provided free of charge, funding from health provider https://www2.health.wa.gov.au/-/media/Files/Corporate/Policy-Frameworks/Public-Health/Policy/Health-Care-Worker-Immunisation-Policy/OD388-Health-Care-Worker-Immunisation-Policy.ashx	Assessment form https://www2.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Communicable-Disease-Control/Tuberculosis/Tuberculosis-and-Health-Care-Workers
SA	MMR, HBV, pertussis, varicella and polio https://www.sahealth.sa.gov.au/wps/wcm/connect/b65b12804f0cbdd29178b7791a12b24c/Directive_Immunisation+for+Health+Care+Workers+in+SA_v1.1_07122017.pdf?MOD=AJPER	Recommended for all HCWs Coordinated by healthcare providers programs and should be offered free to employees https://www.sahealth.sa.gov.au/wps/wcm/connect/b65b12804f0cbdd29178b7791a12b24c/Directive_Immunisation+for+Health+Care+Workers+in+SA_v1.1_07122017.pdf?MOD=AJPER&C	Assessment form https://www.sahealth.sa.gov.au/wps/wcm/connect/e9d0a7c5-8cfe-4f99-b6f7-f689c2cdd8fb/HCW+immunisation+screening+form+-+Prospective+employee_v1.5-20191008.pdf?MOD=AJPER&C&ACHEID=ROOTWORKSPACE-e9d0a7c5-8cfe-4f99-b6f7-f689c2cdd8fb

ES&CACHEID=ROOTWORKSPACE-b65b12804f0cbdd29178b7791a12b24c-n5jsXP1	ACHEID=ROOTWORKSPACE-b65b12804f0cbdd29178b7791a12b24c-n5jsXP1	n5jixTJ
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Policy Details

Name: Clinical Placement Compliance

Category: C – Supporting Students

History: Reviewed and renamed, Council 2, 2020
Jayde Millington, Michaela van Raders, Katt Farrow, Visai Muruganandah, Terra Sudarmana, Jared Tan, Jessie Zhou, Travis Lines (National Policy Officer)
Adopted as *Blood Borne Viruses*, Council 3, 2016
D. Dorevitch, M. Shah, A. Krishna