

Infection Positive Student Guidelines



**UNIVERSITY OF
CANBERRA**

Please read the below carefully before completing the attached information

Context:

Infectious diseases affect students during their training and professional lives. This may be where:

1. There is the transfer of infectious disease (bacteria, viruses, parasites) from patient to patient;
2. There is the transfer of infectious agents from patient to student; and
3. Students, who are incubating, ill or carrying an infectious disease, may infect patients or other health care workers.

When students have acquired a communicable disease, such as Hepatitis B, it is important they understand the implications to their practise and health. Students should be counselled where possible, by their GP as to the implications of their positive infection and may be required to limit practise in certain ways to reduce risk to themselves, patients and staff. This may be through education in appropriate infection control and occupational health and safety techniques and procedures. More often than not, demonstrating professional practise in managing infection control within the scope of professional practise at all times by all students, is enough to ensure students are minimising risks of infectious disease transfer.

Formal steps for Infection Positive Students:

Steps:	Action:
Step 1:	Complete UC Consent for the Release of Immunisation Records form and the ACT Health consent form (available from the Placement Office)
Step 2:	Information provided to Clinical Lead
Step 3:	Clinical Lead to arrange meeting with student prior to first clinical placement to discuss risk management
Step 4:	Placement Office to provide student infection status to placement site and seek approval
Step 5:	Student to commence clinical placement

Notifying patients of Infection Positive Students:

A student is not required to inform a patient of their infection status. A student, like any other person has the right to privacy and confidentiality where there is no risk to the public. Mandating the 'right' of a patient to be informed of the communicable infection may mislead the public about the risk of transmission of these infections between health care workers and patients/clients. Further to this, there is no onus on the patient to reveal their own infection status.

Consent for the Release of Immunisation Records



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Please read all information carefully, completing all fields and signing where required prior to submitting this form.

The University of Canberra has an obligation to ensure the health and safety of students on clinical placement. The University of Canberra requires all students to ensure that they minimise the risk to themselves, health facility staff and patients of acquiring a vaccine preventable disease.

Name: _____ **Student ID:** _____

Discipline: _____

This signed consent authorises the Placement Office, at the University of Canberra to release a copy of my immunisation records to placement providers while I am a student at the University.

Declaration:

I understand that my immunisation status will be discussed by staff at the agency where I have been allocated my professional placement.

Signature: _____ Date: _____

***Staff at the University of Canberra will treat all information in the strictest confidence.**

This form is to be returned to the Placement Office, Student Administration & Planning.



Student Clinical Placement Unit

PO Box 11, Woden ACT 2606 AUSTRALIA

Ph: 02 6207 45887

Email: SCPU@act.gov.au

AUTHORISATION TO RELEASE PERSONAL INFORMATION FOR FURTHER INVESTIGATION OF IMMUNISATION STATUS

STUDENT Name: _____ Date of Birth: _____

Previous Name: _____ University Student ID No: _____

I request and authorise _____ (insert University name here) to
release information about myself (named above) to:

Name: Student Clinical Placement Unit

Address: PO Box 11

City: Woden State: ACT Postcode: 2606

This request and authorisation applies to:

Immunisation Status

Other: _____ (insert other information here if necessary)

Definition: ACT Health requires all persons seeking clinical placement within Health Directorate Facilities to comply with the Health Directorate Staff Immunisation Policy.

Yes No I authorise the release of my immunisation status to the Unit staff listed above. I understand that I will be advised if my immunisation status does not comply with the recommended schedule and prevents me from undertaking a student clinical placement in Health Directorate facilities.

Yes No I understand that my immunisation status may be discussed with staff of the Department of Respiratory and Sleep Medicine and any other Health Directorate staff as deemed necessary to make a decision. This may include Human Resources personnel, Departmental Managers and the Lead Health Professionals for my discipline.

Yes No I am enclosing a personal statement about my immunisation status to assist Health Directorate staff with their decision.

Student Signature: _____ Date Signed: _____

The staff of the Student Clinical Placement Unit will treat all information on this form according to the Health Directorate policies regarding the use and storage of personal information and in the strictest confidence.