

Exposure-prone Procedures Statement – Year 3 and 5

Student Name: (BLOCK LETTERS)			
	Surname	First Name	Other Names
Student Number		Date of Birth	

Information for Students

An exposure-prone procedure (EPP) is a procedure where there is a risk of injury to the Health Care Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Blood borne Infectious disease screening and fitness to perform exposure prone procedures

Healthcare workers **must not** perform exposure prone procedures if they are:

- HB e Antigen positive or HBV DNA positive (using an approved sensitive real time PCR assay)
- HCV RNA positive (by PCR or similar test)
- HIV antibody positive (even if virus levels become undetectable on appropriately monitored anti-retro-viral therapy)

References

- *Australian National Guidelines for the Management of Health Care Workers known to be infected with blood-borne viruses. Australian Communicable Diseases Network 28 February 2012*
- *Management of Human Immunodeficiency Virus (HIV), Hepatitis B Virus, and Hepatitis C Virus Infected Health Care Workers. Centre for Healthcare Related Infection Surveillance and Prevention & Tuberculosis Control – Guideline. Version 2, April 2013.*

Due to the increased risk of blood-borne pathogen transmission occurring during a dental procedure, the Dental Board of Australia stipulates that all dental practitioners must be aware of their infectious status for the blood-borne viruses Hepatitis B, Hepatitis C and HIV. School of Dentistry students are required to provide a statement from their doctor confirming their infectious status prior to enrolment and prior to clinical placements at commencement of Year 3 and year 5 of the program.

Screening Verification Details

Medical Practitioner Statement	
I have screened this student for hepatitis B & C and HIV infection and either the student is not infected on testing, or an Australian registered Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician has certified that further testing has confirmed that the student is able to safely perform EPP.	Doctor's signature Date
OR	
The student cannot safely perform EPP as confirmed by Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician.	Doctor's signature Date
Additional Comments as necessary: 	

Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned for the student named on this form, in accordance with the EPP guidelines outlined in the student information section above.

Note - Medical Practitioner must not be related to student.

Medical Practitioner	Contact Details
Medical Practitioner Name and contact details (please print or stamp)	
Signature:	Date:

Student Declaration

I understand the School of Dentistry’s requirements outlined in this document and agree to submit this information as a true and correct record of my compliance with these requirements. In addition, I agree to provide updated information as necessary and in particular in relation to proof of my status regarding testing for blood borne diseases.

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		Email:	
Signature:			Date:

This record is to be completed in consultation with a Registered Medical Practitioner and returned by the student to:

<p>School of Dentistry Submission method: online only (via InPlace) Students are required to submit all placement documents through UQ's placement management system, InPlace. You can access InPlace via your my.UQ dashboard, or through the my.UQ Manage My Program page. Check 'Staff and Students' on the InPlace homepage and log in using your UQ student login details.</p>	<p>For assistance submitting your documents via InPlace, contact: ✉ dentistry@enquire.uq.edu.au ☎ +61 7 3365 8022 🌐 habs.uq.edu.au/placement-ready</p>
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For Office Use Only						
Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names			
Student Number:		Year of Program:	3rd	<input type="checkbox"/>	5th	<input type="checkbox"/>

Exposure Prone Procedure Statement

EPP statement satisfactory:	Yes / No	Date verified:	
Name of office worker:		Signature:	

* Students that have not attained a satisfactory EPP statement should be referred to the UQ Health Service for further specialist advice.

If 'NO' to either of the above, further action is required. Details must be provided on page 3.

Details of follow-up action taken by School Administration

This information must remain confidential and will be retained in the students file

Privacy Statement

The information this form is collected for the primary purpose of complying with the requirements of the University and Queensland Health by requiring students to provide evidence of their immunisation status for the listed diseases. The information you provide may be disclosed to Queensland Health or other placement organisations or where the disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>