

Exposure Prone Procedure Declaration Form

Students in Medicine, Dentistry, Oral Health Therapy, Periodontology, Medical Laboratory Science, Nursing and Midwifery may be called upon to take part in Exposure Prone Procedures (EPPs) throughout the course of their study. If you are enrolled in one of these programs you must complete this form in Year 1 prior to the commencement of your clinical placement.

EPPs are a subset of invasive procedures characterised by “potential for contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles or sharp tissues (splinters/pieces of bone/tooth) in body cavities or in poorly visualised or confined body sites including the mouth.

Student Declaration

By signing this declaration I am acknowledging that:

1. I understand that all blood tests and vaccines will be privately billed as Medicare does not cover course related tests.
2. I agree to undergo serological testing for HIV and HCV at the end of each Academic Calendar year, with more frequent testing to be performed if I have been exposed to an increased risk of infection, whether occupational or non- occupational. At any time throughout my study the School may request to view my forms to ensure annual testing is completed. I consent to the School providing this information to placement facilities.
3. I agree to provide the Fit for Placement Office with the completed form that has been signed by a registered medical practitioner/registered nurse and proves that Blood Borne Viruses serology testing has been conducted.
4. If my Blood Borne Viruses status has changed I agree to contact the Fit for Placement Office to arrange a confidential meeting to discuss my exclusion from EPP’s and the possibility of alternative clinical assessments.
5. I agree to seek professional medical advice if infected or if I become infected with a Blood Borne Viruses.
6. I understand that by failing to be aware of my current infection status I would be committing professional misconduct and I would not be able to participate in EPP’s.
7. I will NOT undertake EPP’s if infected or if I become infected with a Blood Borne Virus.
8. All information I have provided is true and correct at the time of signing this document.

Student Name: _____

Student Signature: _____ Date: _____

*Please Note: The below section **must** be completed by a registered General Practitioner or Registered Nurse. The Doctor/Nurse **must not** be a relative or someone with whom you have a close personal relationship.*

Blood Borne Virus Status

Students must be aware of their status, however they are not required to provide evidence of their HIV or HCV status.

This student is aware of their infectious status with regards to Blood Borne Viruses, and any consequent implications on their ability to perform EPPs.

Date of HIV testing:	/ /	Date of HCV testing:	/ /
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Completing Doctor / Registered Nurse

Name: _____ Qualification/Registration No: _____

Practice Name: _____ Suburb/State: _____ Phone: _____

Signature: _____ Date: _____