

## Section 3: Exposure Prone Procedures : Only required for students studying the below listed courses.

This section can be completed and submitted as a stand alone form.

- ⇒ **Bachelor of Dental Surgery & Postgraduate Dental students** will undertake exposure prone procedures throughout the course of their study and are required to complete **testing annually from the commencement of the program.**
- ⇒ **Bachelor of Nursing/Bachelor of Midwifery/Graduate Diploma of Midwifery** may undertake exposure prone procedures throughout the course of their study. Testing required at the **commencement** of the program.
- ⇒ **Bachelor of Health Science (Physician Assistant)** may undertake exposure prone procedures throughout the course of their study. Testing required at the **commencement** of the program.
- ⇒ **Bachelor of Medicine/Bachelor of Surgery** may undertake exposure prone procedures from **Year Level 4** of the course and are required to complete testing **by the start of 4th Year.**

The current Communicable Diseases Network Australia (CDNA) guidelines define an exposure prone procedure as a procedure where there is a risk of injury to the healthcare worker 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.

**Student name:**

**Student Number:**

**Course of Study**

**Current Year Level**

**Please note:**

This section **must** be completed by a registered General Practitioner.

The Doctor **must not** be a relative or someone with whom you have a close personal relationship

**Serology only accepted if done in the current calendar year.**

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

Date of HIV testing:	/	/	Date of HCV testing:	/	/
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This student is aware of their infectious status with regards to HIV and HCV.

This student is aware of any consequent implications on their ability to perform exposure prone procedures.

This Student is able to participate in Exposure Prone Procedures: YES

NO

**Doctor Name:**

**Doctor Signature:**

**Date:**

**STUDENT NAME:**