Exposure-prone Procedures Statement – Year 3 and 5

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

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

OR

The student cannot safely perform EPP as confirmed by Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician.

Doctor’s signature

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.

<table>
<thead>
<tr>
<th>Medical Practitioner</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>Medical Practitioner Name and contact details (please print or stamp)</td>
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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.

<table>
<thead>
<tr>
<th>Student Name: (BLOCK LETTERS)</th>
<th>Surname</th>
<th>First Name</th>
<th>Other Names</th>
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</thead>
<tbody>
<tr>
<td>Student Number:</td>
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Signature:  
Date:

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

School of Dentistry  
Level 7, Oral Health Centre (#883)  
Cnr Bramston Terrace & Herston Road,  
The University of Queensland,  
Herston Campus, Brisbane QLD 4029

Phone: + 61 7 3365 8022  
Fax: + 61 7 3365 8199  
email: dentistry@uq.edu.au

For Office Use Only

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</table>

Year of Program:  
3rd  
5th

Exposure Prone Procedure Statement

EPP statement satisfactory:  
Yes / No  
Date verified:  
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