Exposure Prone Procedures Form

JAMES COOK UNIVERSITY AUSTRALIA

Only required for students studying the courses listed below:

- Bachelor of Dental Surgery and Postgraduate Dental students will undertake exposure prone procedures throughout the course of their study and are required to complete testing before the end of the first teaching period in Years 1 and 4.
- Bachelor of Medicine/Bachelor of Surgery students may undertake exposure prone procedures from Year 4 of the course and are required to complete testing by the commencement of their fourth year.
- Bachelor of Midwifery and Graduate Diploma of Midwifery students may undertake exposure prone procedures throughout the course of their study and are required to complete testing by the commencement of the program.

Student Details

Student Name:		Student Number:	
Course of Study:		Current Year Level:	

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.

Important Note

This section must be completed by a registered **Medical Practitioner**.
The Medical Practitioner must not be a relative or someone with whom you have a close personal relationship.

Medical Practitioner Statement

I have screened this student for Hepatitis B (HBV), Hepatitis C (HCV) and HIV infection, and the student is not infected based on testing. Testing for hepatitis B infection is not required, provided immunity to hepatitis B infection has been demonstrated.	Doctor's signature: Date of serology: _____/_____/_____
I can confirm that the student has been informed of their HBV, HCV and HIV status and understands any implications for undertaking exposure prone procedures.	Doctor's signature:
This student is able to participate in exposure prone procedures.	☐ Yes ☐ No

Additional comments as necessary:

Doctor's Name:		Date:	_____/_____/_____
Doctor's Signature:			

Practice stamp or facility name and address:	