



POLICY FOR MANAGING BLOOD-BORNE VIRUSES

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Responsible Faculty/ Division & Unit:	School of Medicine (Faculty of Science, Medicine and Health)		
Supporting documents & forms related to this Policy:	Code of Practice – Work Integrated Learning (Professional Experience) UOW Immunisation Guidelines UOW Working with Sharps Guidelines Coursework Student Academic Complaints Policy UOW Privacy Management Plan		
References & Legislation:	Anti-Discrimination Act, 1977 (NSW) Department of Health & Aging, ' Australian Immunisation Handbook ' Communicable Diseases Network Australia 2012, ' Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses ' Centers for Disease Control and Prevention (CDC), ' FAQ for Health Professionals – Hepatitis B ' Medical Board of Australia 2011, <i>Guidelines for medical practitioners and medical students infected with blood-borne viruses</i> Medical Board of Australia, ' Guidelines for Mandatory Notifications ' NSW Health 2011, ' HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed ' NSW Health 2005, ' HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected ' NSW Health 2007, ' Infection Control Policy ' NSW Health, ' Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases ' NSW Health, ' Sharps Injuries - Prevention in the NSW Public Health System		
Audience:	Public		

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1 Purpose of the Policy

1. This Policy has been developed within a framework established by the University's Immunisation Guidelines and the Code of Practice – Work Integrated Learning (Professional Experience).
2. The Policy identifies the measures that students in the University of Wollongong (UOW) MBBS/MD degree program are required to take in order to minimise the risk of acquiring a blood-borne disease (BBV) or transmitting such a disease to patients/clients in the course of their placement. It also outlines the responsibilities of GM and of medical students who may be infected with a BBV.
3. The Policy has been prepared in recognition that it is only part of the strategy to prevent the transmission of blood-borne infection in health care settings and should be viewed in line with wider strategies that support good infection control.
4. Whilst it is recognized that there is a low risk of transmission of blood-borne infections from medical practitioners to patients (RACP submission 2011), the purpose of this Policy is to protect the health of students and the patients/clients they encounter during a placement. GM is committed to the importance of patient safety as well as providing privacy and medical confidentiality.
5. Students in the MBBS/MD may interact with patients/clients at on-campus clinics or at off campus facilities including hospitals/health care facilities in New South Wales, hospitals/health care facilities in other Australian states and territories and overseas placements. Within Australia, students who are placed in public facilities are required to comply with the policies of the relevant State health department, keeping in mind that State and Federal immunisation and blood-borne virus requirements are subject to change. In addition, if placements are negotiated with students which fall outside New South Wales and Australian jurisdictions there may be other requirements to be met. The UOW will endeavour to notify students within a reasonable timeframe of changes or additions to placement requirements with which students must comply.

2 Definitions

Word/Term	Definition (with examples if required)
Blood-Borne Viruses (BBV)	Identified as Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).
Exposure Prone Procedure (EPP)	<p>Procedures 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 HCW. These procedures include those where the HCW'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.</p> <p>Procedures which lack these characteristics are unlikely to pose a risk of transmission of BBV from infected HCW to patients.</p> <p>Provided they are not conducted in poorly visualised or confined body sites, the following procedures are not considered to be exposure prone - oral, vaginal or rectal examinations that do not involve sharp instruments; phlebotomy on adults; administering intramuscular, intradermal or subcutaneous injections; needle biopsies; needle aspirations; lumbar punctures; venous cutdown and angiographic procedures; excision of epidermal or dermal lesions; suturing of superficial skin</p>



	<p>lacerations; endoscopy; placing and maintaining peripheral and central intravascular lines, nasogastric tubes, rectal tubes and urinary catheters; acupuncture; other procedures that do not involve sharps; or procedures where the use of sharps is superficial, well visualised, and administered to compliant or anaesthetised patients where it is very unlikely that a HCW skin injury would result in exposure of a patient to the HCW's blood or body substances.</p> <p>For more information, please see the <i>Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses</i>.</p>
Facility	A health or human service facility including a public health facility, public sector hospital or department, a private healthcare facility, community based health service or other facility or service run by a Health Service District or organisation or a University teaching clinic where a placement is undertaken.
GM	Graduate Medicine at the University of Wollongong
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HCW	Health care worker – meaning persons, including students and trainees, whose activities involve direct contact with patients or with blood or body fluids from patients.
HIV	Human immunodeficiency virus
Invasive procedure	<p>Any procedure that pierces the skin or mucous membrane or enters a body cavity or organ. This includes surgical entry into tissues, cavities or organs or repair of traumatic injuries. EPP form a subset of invasive procedures.</p> <p>For more information, please see NSW Health 2005, 'HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected'</p>
MBBS	Bachelor of Medicine Bachelor of Surgery degree course offered by the University through the Faculty of Science, Medicine and Health.
MD	Doctor of Medicine
Placement	<p>A practical educational experience, a required component of a course or degree program, in a health or human services facility that may be on-campus or off-campus. It is also known as professional practice, work-placement, work experience, work-integrated learning placement, fieldwork, practicum, internship, clinical experience, integrated clinical experience (ICE) or practical work.</p> <p>A placement may fall within one of the following categories: Clinical placement; Service-orientated placement; Community placement; Organisational placement; Laboratory placement; Research placement; Environmental health placement. Placements may be outside of the Wollongong metropolitan area, other rural areas of NSW (10 Hubs) in other States or overseas.</p>



Students	Medical students enrolled in the MBBS/MD at the University of Wollongong
UOW	University of Wollongong.

3 Policy Principles

Duty of care

1. The UOW owes a duty of care towards its students to minimise the risk of contracting infectious diseases in the course of their studies. Just as importantly, the UOW and individual students also owe a duty of care to patients/clients with whom students interact to minimise the risk of their acquiring infectious diseases as a result of that interaction.

Ethical responsibilities

2. Health care workers have an ethical duty to take all reasonable steps to protect patients/clients with whom they interact from adverse outcomes including the acquisition of avoidable infectious diseases.

Confidentiality

3. The confidentiality of students concerning all personal matters, including their infection status in relation to blood-borne viruses should be respected.

Discrimination

4. Students who are living with a blood-borne virus will not be subjected to any form of discrimination apart from lawful preclusion from participating in EPP.

4 Student Responsibilities

Enrolment requirements

1. Prior to the commencement of placements, all students are required to comply with the NSW Health Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases Policy Directive including:
 - a. NSW Health requires all student HCW to provide evidence of hepatitis B protection on enrolment (i.e. evidence of vaccination and proof of immunity or infection).
 - b. Students must complete the form: Student Undertaking/Declaration found in the Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases directive.
 - c. Students must comply with the Guidelines on Tuberculosis Assessment and Screening.
 - d. Students must take their Student Vaccination Record card to their GP for completion. No other form or letter will be permitted instead of this card. Students will be excluded from clinical placement if this card is incomplete.
<http://smah.uow.edu.au/medicine/future/md/UOW028089.html>
 - e. Students must have read the NSW Health *HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected* Policy Directive and acknowledge that this standard applies to students on placement in NSW Health facilities.



Vaccination

2. In accordance with the NSW Health Policy Directive: *Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases*, UOW recommends that students are vaccinated in accordance with the latest edition of the *Australian Immunisation Handbook*.
3. For information on diseases and vaccination procedures, students should refer to the *Australian Immunisation Handbook* and discuss any concerns with a medical practitioner. Prior to any vaccination, students should discuss vaccine contraindications with their medical practitioner. Contraindications to vaccinations are given in the latest edition of the *Australian Immunisation Handbook*.
4. Non-participation in the vaccination requirements may increase a student's risk of contracting disease through exposure to infected patients/clients in the clinical setting, and could also lead to a facility refusing to accept a student for placement and prevention of a student from meeting required components of their MBBS/MD.

Testing for blood-borne viruses

5. All students are required to be aware of their status regarding infection with the following organisms prior to their placement:
 - a. human immunodeficiency virus (HIV)
 - b. hepatitis B virus (HBV)
 - c. hepatitis C virus (HCV)

This means that students should be checked on an annual basis (i.e. have four blood tests during the course of their studies).

6. Whilst current legislation only refers to HBV, students who are aware of infection with HIV and HCV should arrange to meet with the Dean of Medicine or designate, who will provide guidance in designing appropriate adjustments to the student's program. As soon as practicable after enrolment in the MBBS/MD and prior to their first placement, students have to complete the necessary paperwork required by NSW Health (see Section 4.5).
7. If subsequent testing indicates that a student has acquired any of the relevant infections whilst enrolled in the program, they should immediately refrain from undertaking EPP and seek urgent confidential advice from the Dean of GM or designate.

Students who are living with a blood-borne virus

8. The Anti-Discrimination Act, 1977 (NSW) prohibits discrimination on the grounds of impairment (which includes the presence of blood-borne virus). Infected students are entitled to their BBV status being treated confidentiality (within the limits of the law) and receiving appropriate support. In the event that a student considers he/she has been unlawfully discriminated against, they will have recourse to the Coursework Student Academic Complaints Policy.
9. Students who are aware that they are living with a blood-borne virus may still be able to participate in a placement as regulated under the Code of Practice – Work Integrated Learning (Professional Experience). However they must not participate in EPP and like all HCW must strictly adhere to standard infection control precautions (as set out in the Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses, and the Guidelines for medical practitioners and medical students infected with blood-borne viruses).



10. Students who are HIV positive, HBV positive and HCV positive should double glove for all invasive procedures, including those which are not considered to be exposure prone (NSW Health: HIV, Hepatitis B or C- Health Care Workers Infected 2005); Double gloving is also recommended for all cases where gloving is routinely recommended (Society for Healthcare Epidemiology of America (SHEA) Guidelines 2010), and for all contact with mucous membranes and open wounds
 11. Whilst it is not a requirement of the MBBS/MD that students must be involved in EPP, there is always the possibility that they may be called upon to undertake EPP throughout the course of their study. Where the student is asked to perform an EPP, the student is to Decline. If insisted upon then contact the GM Dean immediately on the number provided.
 12. Students with a BBV **must not:**
 - a. Perform an EPP
 - b. Participate in surgical procedures where there is a risk of any blood to blood contact with the patient. This applies to all procedures, even minor surgical procedures such as suturing and skin excisions.
 13. Students with a BBV **should not:**
 - a. Be required to obtain special consent for external physical examinations, or for internal rectal or vaginal examinations (provided double-gloving precautions are followed). Routine rectal or vaginal examination carries a very low risk of viral transmission.
 - b. Be put in a potentially embarrassing situation where they must refuse to do something because of the restrictions imposed on them, especially in the presence of patients. While this is unlikely to occur in general practice because the supervisor is aware of the problem, it may happen with a clinical supervisor who is unaware of the restrictions.
 14. Students with a BBV **may:**
 - a. Clean and dress simple wounds, unless there is a risk of gloves being punctured or cut (e.g. by splinters, glass, or other foreign bodies);
 - b. Assist in surgery by holding a retractor, etc., provided that his/her hands are visible at all times;
 - c. Conduct external patient examinations
 - d. Administer intramuscular injections or perform venepuncture (these are both considered low-risk procedures).
- NB.** For a detailed description of specific categories of procedures that are rated as minimal risk (Category 1) to those that are high risk (Category 3) go to Appendix I.
15. Students with a BBV have a reasonable expectation of confidentiality. Only those directly involved in the student's supervision should be informed of their BBV status. In addition, GM is required to take all reasonable steps to provide an environment in which students with a BBV are protected from unlawful discrimination and the effects of stigma in relation to their infection. All students are entitled to be treated with respect without prejudicing their capacity to improve in their course of study. Students or prospective students are not required to disclose their infection status for HIV or HCV to the UOW. They are, however, strongly encouraged to confidentially discuss their status with the Dean of GM, so that they can be assisted to consider how their training and future practice may need to be modified to ensure that patients/clients are not put at risk



16. Students are required to notify the Dean of GM if they have a current HBV infection. This information will be kept in confidence (so far as the law allows) in secure storage. Many clinical institutions to which students are placed have a mandatory requirement for hepatitis B immunisation and confidential negotiation with the institution will be required for any placements of a HBV student.
17. Should a student living with a BBV fail to follow the guidelines as established for managing EPP, there may be serious consequences. These include limitations on the capacity to undertake placement activities under the *Code of Practice – Work Integrated Learning (Professional Experience)*, potential action for misconduct under the *Student Conduct Rules* and/or adverse action for contravention of the Medical Board of Australia's *Mandatory Notification Policy*.

Students who develop a BBV during their course

18. Students in the MBBS/MD who have been exposed to BBV (through an occupational exposure or through unprotected sexual intercourse or unsafe injecting practice with a partner whose infection status is not definitively known) have an ethical responsibility to arrange further blood-borne virus testing at an appropriate interval after any exposure. They must refrain from participating in exposure prone procedures until they have been definitively determined not to be infected.

Compliance with State Government and University infection control guidelines

19. All students are required to read and comply with the infection control guidelines issued by the health department in each State in which they undertake placements.
20. Students are also required to participate in any infection control training provided by GM from time to time.

Management of exposure to blood or body substances

21. Exposure to blood or other body substances may occur from:
 - a. Injuries from all sharp instruments contaminated with blood or body substances
 - b. Splashes to mucous membranes from blood and body substances
 - c. Splashes to non-intact skin from blood and body substances
 - d. Spillage of blood to large areas of intact skin
22. Adherence to standard infection control guidelines remains the first line of protection for health care workers against occupational exposure to blood borne viruses. Once an injury has occurred it is important to follow an accepted protocol and medical regimes as found in:
 - a. UOW – Working with Sharps Guidelines
 - b. HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected
 - c. HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed
 - d. NSW Sharps Injuries - Prevention in the NSW Public Health System
23. After exposure to blood or other body substances, the health care worker should as soon as possible do the following:
 - a. Gently encourage bleeding if skin is not intact.
 - b. Wash the area of contamination well with soap & water and use alcohol gel.



- c. Place a dressing if required.
 - d. If the eyes have become contaminated, rinse gently but thoroughly with water or normal saline while they are open. Rinsing should last for at least 3 minutes.
 - e. If clothing is contaminated, remove and shower if necessary.
 - f. If blood or other body substances are sprayed in the mouth, spit out and then rinse the mouth with water several times.
 - g. Inform the appropriate person (such as immediate placement supervisor) to ensure further action is undertaken where necessary.
 - h. Where water is not available, use of a non-water cleanser or antiseptic should replace the use of soap and water for washing cuts or puncture of the skin or intact skin.
24. All injuries are to be reported to an immediate placement supervisor and:
- a. A University Incident Injury Report form must be completed and signed by the immediate placement supervisor.
 - b. If the injury takes place at an off campus facility, any procedures and incident/injury report forms of the Facility should also be completed.
 - c. The student should present to a First Aid Officer or the Emergency Department at the nearest hospital if necessary.
 - d. The student should be referred to a medical doctor for on-going medical management, and prophylaxis should be offered on the basis of the risk of infection associated with the injury or exposure.

5 GM Responsibilities

Ensuring student compliance

1. GM will inform students, prior to a placement and where relevant, of the need to be aware of their immunisation and BBV status. They will also notify students within a reasonable timeframe of changes or additions to requirements with which students must comply. Screening for infections and administration of vaccines and other medical treatment is not the direct responsibility of GM, but it is responsible for collecting/sighting documentation from the student of compliance where required.

Protecting student confidentiality

2. Subject to the law, GM is responsible for ensuring that no BBV information regarding a student is disclosed to any person contrary to this procedure without the student's express consent. Students who are infected with a BBV have the same rights of confidentiality as other patients (see Medical Board of Australia 2011, *Guidelines for medical practitioners and medical students infected with blood-borne viruses*). GM may disclose BBV status to others within UOW only if necessary to perform its purposes.

Protecting students from harassment and discrimination

3. GM is required to take all reasonable steps to provide an environment in which students who are living with a BBV are protected from unlawful discrimination and the effects of stigma in relation to their infection.



4. The Head of Students will meet with the relevant Phase Chairs to map out the student's individualised program during the MBBS/MD. Depending on the Phase, this will involve an initial discussion with the student and a range of relevant personnel associated with the Phase. These may include the GM clinical skills program coordinator; academic leaders, and GP Practice Principals; and Preceptors. Any clarification of the points raised in the discussion will be referred to the Dean.
5. During Phases 3 & 4, under the *Code of Practice – Work Integrated Learning (Professional Experience)* GM will contact the placement facility to inform them of the student's status. This will enable the Facility to clarify the major points from the procedures as well as provide adequate time to contact their insurers.

Providing advice, support and referral

6. The Dean and Head of Students will meet with the student to discuss what is meant by Invasive Procedures and EPPs and provide appropriate advice, support and referral (e.g. to an Infectious Disease Physician) for students in relation to immunisation and blood-borne viruses. Phase Chairs will also assist with the management of the student's academic and clinical program throughout all phases of the MBBS/MD.

Informing patients of a medical student's health status

7. Patients, like HCWs, are best protected from exposure to BBV by adoption of appropriate infection control practices. In the absence of any significant exposure to blood or other body substances, patients are at an extremely low risk of acquiring blood-borne infections. It is not recommended that HCWs be required to disclose their BBV status to patients for the following reasons:
 - a. infectious HCWs must not undertake EPPs;
 - b. there is no obligation to confidentiality on the part of patients once they have been informed of a HCW's infection status; and
 - c. a policy of providing a right for a patient to be informed of the BBV status of a HCW would send an erroneous message to the public concerning the risk of transmission between HCW and patient.

Workplace Health & Safety: preventing the transmission of infectious diseases

8. The UOW and GM are committed to the safety of students and patients/clients. GM is required to actively promote measures to prevent or minimise the risk of transmission of infectious diseases including risk assessment of required activities, infection control practices/training, immunisations, serological and other testing of immunity and student access to health and safety documents/programs within facilities.

Other References

Henderson, D., Dembry, L., Fishman, N., Grady, C., Lundstrom, T., Palmore, T., Sepkowitz, K., Weber, D. (2010). SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. *Infection Control and Hospital Epidemiology*. March, 31 (3), 203-232.



6 Version Control and Change History

Version Control	Date Effective	Approved By	Amendment
1	October 2013	University Council	First Version.
2	Autumn Session 2015	University Council	Amendments to reflect the implementation of the new Coursework Student Academic Complaints Policy, which replaces the previous Academic Grievance Policy (Coursework and Honours Students), as well as the removal of contact details and additional hyperlinks to relevant documents.
3	2 December 2016	Vice-Chancellor	Amendments related to nomenclature changes related to the School of Medicine (previously Graduate School of Medicine) and the MD offering.



Appendix 1

SHEA Table 2: Categorization of Healthcare-Associated Procedures According to Level of Risk for Blood-borne Pathogen Transmission

Category I: Procedures with minimal risk of blood-borne virus transmission	Category II: Procedures for which blood-borne virus transmission is theoretically possible but unlikely	Category III: Procedures for which there is definite risk of blood-borne virus transmission or that have been classified previously as “exposure-prone”
<ul style="list-style-type: none"> • Regular history-taking and/or physical or dental examinations, including gloved oral examination with a mirror and/or tongue depressor and/or dental explorer and periodontal probe • Routine dental preventive procedures (e.g., application of sealants or topical fluoride or administration of prophylaxis), diagnostic procedures, orthodontic procedures, prosthetic procedures (e.g., denture fabrication), cosmetic procedures (e.g., bleaching) not requiring local anaesthesia • Routine rectal or vaginal examination • Minor surface suturing • Elective peripheral phlebotomy • Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy 	<ul style="list-style-type: none"> • Locally anesthetized ophthalmologic surgery • Locally anesthetized operative, prosthetic, and endodontic dental procedures • Periodontal scaling and root planning • Minor oral surgical procedures (e.g., simple tooth extraction [i.e., not requiring excess force], soft tissue flap or sectioning, minor soft tissue biopsy, or incision and drainage of an accessible abscess) • Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anaesthesia (often under bloodless conditions) • Percutaneous cardiac procedures (e.g., angiography and catheterization) • Percutaneous and other minor orthopaedic procedures 	<ul style="list-style-type: none"> • General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy other elective open abdominal surgery • General oral surgery, including surgical extractions, hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicoectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or alveoectomy, and endosseous implant surgery • Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy • Open extensive head and neck surgery involving bones, including oncological



<ul style="list-style-type: none">• Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures• Psychiatric evaluations	<ul style="list-style-type: none">• Subcutaneous pacemaker implantation• Bronchoscopy• Insertion and maintenance of epidural and spinal anaesthesia lines• Minor gynaecological procedures (e.g., dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova)• Male urological procedures (excluding trans abdominal intrapelvic procedures)• Upper gastrointestinal tract endoscopic procedures• Minor vascular procedures (e.g., embolectomy and vein stripping)• Amputations, including major limbs (e.g., hemipelvectomy and amputation of legs or arms) and minor amputations (e.g., amputations of fingers, toes, hands, or feet)• Breast augmentation or reduction• Minimum-exposure plastic surgical procedures (e.g., liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty)• Total and subtotal thyroidectomy and/or	<p>procedures</p> <ul style="list-style-type: none">• Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery• Non-elective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest haemorrhage, and internal cardiac massage• Obstetrical/gynaecological surgery, including cesarean delivery, hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other transvaginal obstetrical and gynaecological procedures involving hand-guided sharps• Orthopaedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery• Extensive plastic surgery, including extensive cosmetic procedures (e.g., abdominoplasty and thoracoplasty)• Transplantation surgery (except skin and corneal transplantation)• Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma• Interactions with patients in situations during
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	<p>biopsy</p> <ul style="list-style-type: none">• Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (e.g., stapedectomy or stapedotomy, and insertion of tympanostomy tubes)• Ophthalmic surgery• Assistance with an uncomplicated vaginal delivery• Laparoscopic procedures• Thoracoscopic procedures• Nasal endoscopic procedures• Routine arthroscopic procedures• Plastic surgery• Insertion of, maintenance of, and drug administration into arterial and central venous lines• Endotracheal intubation and use of laryngeal mask• Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using universal precautions, “no-sharp” technique, and newly gloved hands	<p>which the risk of the patient biting the physician is significant; for example, interactions with violent patients or patients experiencing an epileptic seizure</p> <ul style="list-style-type: none">• Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change.
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