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Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
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01 Agenda

Country Materials for 3

Enter country-code number from the Master List.

21 Staff Analysis

23 Agency Response

24 Addendum

29 Secretary's Decision Letter

02 Decision Memo

04 Federal Register Notices

05 General Correspondence

06 Handouts

07 Minutes

08 Readers/Recusals

09 State Department Notice

10 Transcripts

Date

____ - ____ - ____
yyyy mm dd

30 By-Laws

62 Appointment Letters

64 Membership Lists

66 Guidelines

68 Miscellaneous

Country response to draft Staff Analysis



FAXED

THE EXECUTIVE OFFICER AUSTRALIAN MEDICAL COUNCIL PO BOX 4010 KINGSTON ACT 2604 AUSTRALIA

QUOTE REFERENCE NUMBER 5/10/4

19 February 2001

BY FAX : 0015 1 202 219 7005 (20 PAGES)

Ms Carol Griffiths
Chief, Accrediting Agency Evaluation
Accreditation and State Liaison
1990 K Street NW., Room 7105
Washington, D.C. 20006-8509
United States of America

Dear Ms Griffiths,

Thank you for providing a copy of the Department of Education's review of our submission to the National Committee on Foreign Medical Education and Accreditation.

Your document provides an accurate summary of the Australian Medical Council's (AMC) processes and accreditation standards. The AMC has found the analysis very useful in highlighting some issues that are not clearly explained in our Accreditation Guidelines, and I will ask the next meeting of the AMC Accreditation Committee to review and clarify the wording of the Guidelines in these areas.

I have provided below additional information on the three areas where our documents did not explain clearly the existing policies:

1. **Admissions, Recruitment and Publications** (Page 16 of your document). While the AMC Accreditation Guidelines do not specifically address the medical school's publications concerning student recruitment, in their accreditation submission to the AMC medical schools are required to provide copies of their policy and procedures for student selection, including copies of any publications that explain the selection process to potential students and information on the process for appeals against admission decisions.

Supporting documents: *AMC Guide to the Preparation of an Accreditation Submission* Section 10.2 (already submitted)

2. **Student Services** (Page 18 of your document). While the AMC Accreditation Guidelines do not specifically require medical schools to have policies regarding education, prevention and management of exposure to infectious diseases, a separate Australian Medical Council document emphasises the importance of informing medical students about:

- Any requirement of the medical course that may reasonably inhibit completion of the course by students with a disability (including an infectious disease).
- The standards of health and character set by the medical boards that are requirements for registration as a medical practitioner.
- The implications of disability and infection for medical practice.
- Infection control procedures.

There are also national agreed minimum standards for infection control in Australia released by the National Health and Medical Research Council and the Australian National Council on AIDS. In New Zealand, the Medical Council of New Zealand has its own "Policy Statement on Transmissible Major Viral Infections".

Supporting documents:

- Extract from the 1995 AMC "Report of the Working Party on the Registration of Disabled/Impaired Graduates". This document is currently under review.
- A copy of the table of contents of "Infection Control in the Health Care Setting" and pages 111 and 112 which are recommendations to training institutions concerning the education, prevention and management of exposure to infectious diseases of health care students.

3. **Resources for the Educational Program** (Page 19 of your document). Requirements concerning the humane care of animals used in teaching and research are set by Australia's peak health research body, the National Health and Medical Research Council. The NHMRC code has been endorsed by the Australian Vice-Chancellors' Committee which is the peak organisation representing all Australian universities. In New Zealand, the Health Research Council, which is the major government-funded agency responsible for coordinating health research, has developed "Guidelines on Research Involving Animals or Animal Materials".

Supporting documents: Introduction to the National Health and Medical Research Council's "Australian code of practice for the care and use of animals for scientific purposes".

I hope this information is sufficient for the Committee's purposes. Unfortunately, the Australian Medical Council is unable to accept the NCFMEA's invitation to attend the meeting on 9 March to present material directly to the Committee as your meeting clashes with another local meeting. Please advise the AMC Secretariat if the Committee requires further information on the Australian Medical Council's standards and processes in order to make its decision.

Your document, page 2 "Summary of Findings", recognises that the Australian accreditation standards and processes are used to assess medical schools in Australia and in New Zealand. I understand that the Medical Council of New Zealand, which is the authority in New Zealand that registers medical practitioners, has lodged its own submission to the National Committee on Foreign Medical Education and Accreditation. This should provide information on laws that are specific to New Zealand, such as legislation governing student access to records and legislation governing the functions and powers of universities and medical schools.

Finally, Professor Geffen's term as Chair of the Australian Medical Council's Accreditation Committee has just ended, and I am the new Chair of the Committee. Please address any additional questions about the AMC's accreditation processes to me, through the AMC Secretariat.

We look forward to hearing the outcome of the NCFMEA's review of our accreditation standards.

Yours sincerely

A handwritten signature in black ink that reads "Ian Simpson". The signature is written in a cursive, slightly slanted style.

Professor Ian Simpson MB ChB *Otago* MD *Auck* FRACP
Chair
Accreditation Committee

AUSTRALIAN MEDICAL COUNCIL

WORKING PARTY ON THE REGISTRATION OF DISABLED/IMPAIRED GRADUATES

Recommendations

The working party on the registration of disabled/Impaired graduates recommends:

- (i) that the Accreditation Committee be requested to consider amendment to the Accreditation Guidelines to include a requirement for medical schools to have policies and procedures relating to disabled and Impaired students;
- (ii) that the Uniformity Committee recommend to the medical boards that they develop a formal mechanism requiring the deans of medical schools to notify, at the point of initial registration with the medical board, the names of graduating medical students who may be unfit to practise without conditions because of disability or impairment;
- (iii) that the AMC suggest to the Committee of Deans of Australian Medical Schools that all medical schools develop a comprehensive policy concerning management and counselling of students with infectious diseases;
- (iv) that the medical boards consider their responses to the eligibility for registration of medical graduates with infectious diseases;
- (v) that the medical boards consider the possibility of a uniform approach to the registration of disabled and Impaired graduates and the conditions or limitations that could apply to their registration; and
- (vi) that the working party be disbanded.

BACKGROUND

1. Introduction

In March 1993, Commonwealth legislation which aims to provide uniform protection against discrimination based on physical or mental disability took effect. The *Disability Discrimination Act* (DDA) applies to a wide range of areas of life including employment, education, and the provision of goods and services.

Fundamental to the legislation is the principle of 'reasonable accommodation', which requires that reasonable modifications be made to rules, programs, structures etc to enable otherwise qualified disabled people to take part in life activities such as employment and education.

The significance of the legislation was first discussed at the Accreditation Committee in terms of the implications for a medical school's accreditation if it modified its AMC-accredited medical course to accommodate the needs of a disabled student. The August 1993 meeting of the Uniformity Committee then discussed the consequences for registration by medical boards. The Uniformity Committee established a working party to monitor developments in relation to the *Disability Discrimination Act* and other relevant regulations, and to propose national approaches to the issue of registration of disabled medical graduates.

Members of the working party have been: Professor Ross Kalucy (Chairman), Professor Laurie Geffen (to the 1993 Annual General Meeting), Professor John Horvath, Professor Bob Porter (from the 1993 Annual General Meeting), Professor John Turtle, University of Sydney (by invitation), Ms Theanne Walters (Secretary).

The Uniformity Committee identified the following as issues of particular concern to the medical boards:

- they must have assurance that medical graduates have sufficient physical and mental capacity to practise medicine; and
- they must have confidence that medical graduates have completed an appropriate and adequate course, and that there is a point beyond which those who have completed some modified course would not be eligible for general (unconditional) registration.

These issues have guided the working party. In carrying out its task, the working party has looked at organisations that play a role in providing assurance of the standards of medical graduates, the processes that are used to provide this assurance, and how these processes might be strengthened. The working party collected material on overseas approaches, information on universities' policies and procedures in relation to disabled and infected students, Commonwealth and state guidelines on management of infectious diseases, and medical board guidelines/codes of practice. (A list of the material considered by the working party is at Appendix A).

The working party has submitted reports of its meetings to the Uniformity Committee, the Accreditation Committee, and the Registrars and Secretaries Sub-Committee, and has modified its proposals on the basis of the comments of these groups.

Disability, Impairment and Infection

The *Disability Discrimination Act* defines disability to include physical, intellectual, psychiatric, sensory, neurological or learning disabilities, physical disfigurement and/or a disease-causing organism present in the body. Discrimination on the basis of past, present, future and imputed disability is covered, as well as discrimination against the associates of people with a disability.

From the beginning, the working party has maintained a deliberate distinction between a disabled/impaired student and a student with an infectious disease (for example HIV, hepatitis B or C). This distinction reflects the different issues for medical boards (those of danger to patients rather than competence to practise) that are raised by concern about infectious disease. The working party's proposals in relation to the issues raised by both groups are discussed below.

2. The Medical Schools and the Universities

The working party noted that universities have internal screening processes designed to ensure that students meet certain standards. These apply at admission, as students progress through their course (via assessment and progression rules), and at the point of certifying eligibility for graduation.

2.1 Disability/Impairment

The working party identified the following existing roles of universities and medical schools as particularly relevant to the enrolment of disabled or impaired medical students, or as points where it might be considered possible, necessary or reasonable to vary usual policy to meet the needs of a disabled student:

- (i) setting course admission and selection criteria;
- (ii) providing student counselling, support and facilities;
- (iii) modifying the academic program or the manner in which students may complete essential sections of the program;
- (iv) modifying or adjusting the study/campus environment so that the disabled students may enjoy the same privileges and benefits as other students;
- (v) monitoring progress and assessing students;
- (vi) providing mechanisms for exit to other courses;
- (vii) deciding that the student has completed a course of study that warrants the award of the medical degree.

The final point for the medical school/the university is certification that the student has met the academic requirements for the award of the degree, and this may result despite modification to the medical course (at present for example a student might fail a subject or a component of a subject but still meet the overall requirements).

A concern of the Deans of the medical schools has been that while medical schools have information on students who have satisfied their university degree requirements but may not meet the medical boards' requirements for registration, there is generally no formal mechanism which allowed the Deans to pass that information to the medical boards. Without such a mechanism, the medical schools might breach other legislation, such as privacy legislation, by passing on information.

The working party considered that this was a fundamental issue to be addressed in developing national approaches to the registration of disabled graduates: the medical schools need to be in a position to pass on concerns about such students.

2.2 Infectious Diseases

The working party looked at the range of policies and guidelines which constrain responses to students infected with HIV, or hepatitis B or C. These include the provisions of the State and Commonwealth disability discrimination legislation, university policies, and state and national guidelines/codes of practice.

The working party noted that the approach of governments, the professions etc to the issue of infection control is still evolving.

While universities'/medical schools' policies in relation to infectious diseases differ, the current view of the medical schools appears to be that students infected with one of the infectious diseases under debate (HIV, HBV, HCV) could complete an MBBS. Moreover, the working party noted that the screening of practitioners for infectious diseases is not mandatory, and it agreed that medical students should not be treated in a manner different to practitioners. The current National Health and Medical Research Council guidelines recommend that testing for HIV and hepatitis B should not be undertaken in order to exclude students from courses of study.

In general terms, national guidelines such as the NHMRC/ANCA *Joint statement on testing of health care students for HIV and Hepatitis B* and university policies on HIV and HBV stress the need for students to take responsibility for their own conduct, including knowing their own status and following infection control procedures. University policies place emphasis on:

- the education of students to inform them of the relevant guidelines and to encourage awareness of the issues so that students can make informed decisions about their future;
- the counselling of students on the implications of infection or carrier status by, for example, a specialist infectious diseases counsellor.

The working party identified two levels at which further debate of the issues should occur.

- The working party considered the policy developed by Monash University as one example of the approach by the medical schools to dealing with this issue. The policy provides for: students to receive comprehensive information at the time of enrolment on the possible effect of HIV or HBV on their ability to practise; clear policy on immunisation, testing and follow-up; personal contact with an infectious diseases physician; continuing education as part of the course; and a process for dealing with illness which develops during the course. The working party suggests that medical schools debate collectively the value of such comprehensive policies and recommends that this discussion be taken up by the Committee of Deans of Australian Medical Schools.
- The working party recommends that the medical boards debate collectively their response to the eligibility for registration of medical graduates with infectious diseases.

2.3 Education of Medical Students

In discussion of the working party's reports, a clear view has been expressed that students must be well informed about the requirements of the course before entry and of the additional requirements that will apply to practice.

The importance of such information is highlighted by the limitations that the *Disability Discrimination Act* places on requests for information about a person's disability: it is unlawful to request a person with a disability to provide information which people without that disability would not be requested to provide, where the circumstances are not materially different and where the request is for a discriminatory purpose (such as to exclude a student from entry to a course). It is therefore an important element of self-selection that students be aware of the issues so they can make informed choice about their ability to complete a medical course and to undertake later practice. (This is consistent with the approach taken by institutions in relation to HIV and HBV.)

The working party is aware that medical schools/universities already undertake this educative role. However it would emphasise the importance of informing students about:

- Any requirement of the medical course which may reasonably inhibit completion of the course by students with a disability. One approach, for example, is that of the Association of American Medical Colleges which has developed technical standards for medical school admission. These standards list five varieties of skills and abilities required of medical students: observation; communication; motor; intellectual - conceptual, integrative and quantitative; and behavioural and social attributes.
- The standards of health and character set by the medical boards which are requirements for registration.
- The implications of disability and infection for practice.
- Infection control procedures.

Endorsed April 1996 by the
National Health and Medical Research Council
and the Australian National Council on AIDS

Infection Control

in the Health Care Setting

Guidelines
for the Prevention
of Transmission of
Infectious Diseases



National Health and Medical Research Council
NHMRC

Contents

Contents	iii
List of tables	ix
Preface	xi
Working Party terms of reference and membership	xiii
Executive summary and recommendations	1
PART I CONCEPTS, PRINCIPLES AND PROCESS	9
1.1 Introduction	10
Universal Precautions	10
Standard Precautions	11
Additional Precautions	11
Principles of infection control	12
1.2 Hygiene standards for health care establishments	13
Hand washing and hand care	13
1.3 Physical environment	16
Ventilation	16
Patient accommodation	16
Hand washing basins	17
Work and treatment areas	17
Sterile operating field	18
Cleaning areas	18
Surface materials	18
Routine cleaning of facilities and surfaces	19
Spills management	19
Management of clinical and related waste	22
Handling and disposal of sharps	23
Linen and laundry services	23
Food services	24
Trolleys	24
Refrigerators	24
Transport and handling of pathology specimens	24
1.4 Sterility of instruments and equipment	27
Sterility	27
Single-use instruments and equipment	27
Single-dose vials	27
Multi-dose vials and multi-use products	28

	Cryotherapy equipment	28
	Skin disinfectants	28
1.5	Processing of re-useable instruments and equipment	30
	Immediate handling after use	30
	Cleaning of instruments and equipment	30
	Ultrasonic cleaners	31
	Sterilization of instruments and equipment	31
	Steam sterilization under pressure	32
	Dry heat sterilization	32
	Large scale irradiation systems	33
	Ethylene oxide sterilization systems	33
	Low temperature hydrogen peroxide plasma sterilization systems	33
	Automated peracetic acid systems or other chemical treatment	33
	High level disinfection of instruments	33
	Thermal disinfection (hot water disinfectors or boilers)	33
	Chemical disinfection	34
1.6	Instruments and equipment requiring special processing	36
	Flexible endoscopes	36
	ERCP and duodenoscopes	37
	Bronchoscopes	37
	Laparoscopes and arthroscopes	37
	Respiratory and anaesthetic apparatus	37
	Asthma management (spacers used with metered dose inhalers)	38
	Resuscitation manikin facepieces and accessories	38
	Diagnostic ultrasound transducers	39
	Thermometers	40
1.7	Implementing Standard and Additional Precautions	42
	Testing	42
	Special circumstances requiring Additional Precautions	42
	Exclusion from office practice	43
	Triage policy	43
	Special patient accommodation	43
	Quarantine	44
	Antibiotic resistance	44
	Occupational Health and Safety	44
	Needlestick and sharps injuries	45
1.8	Protection for health care workers	46
	Uniforms	46
	Protective clothing and equipment	46
	Gloves	46
	Protective eye wear and face shields	47
	Masks	47
	Gowns and plastic aprons	48

	Footwear	48
	Immunisation of health care workers	48
	Immunisation/health screening records	48
1.9	Protection for patients	50
	Patients' rights	50
	Standard Precautions	50
	Additional Precautions	50
	Equipment used routinely on patients	50
1.10	Quality management/quality improvement	51
	Policies and procedures	51
	Education and training	52
	Compliance and accreditation	53
1.11	Surveillance	54
	Defining what data are to be collected	54
	Role of the Infection Control Nurse and the Infection Control Committee	54
	Outbreak investigation and control	55
	PART 2 - INFECTIOUS DISEASES IN THE HEALTH CARE SETTING	57
2.1	Acute respiratory viral infections	58
2.2	CJD - Creutzfeldt-Jakob Disease	58
2.3	Cytomegalovirus	59
2.4	Diphtheria	60
2.5	Gastroenteritis and enteric pathogens	60
2.6	Hepatitis A	61
2.7	Hepatitis B	61
2.8	Hepatitis C	63
2.9	Herpes simplex virus	64
2.10	Human immunodeficiency virus (HIV/AIDS)	65
2.11	Infectious mononucleosis	67
2.12	Leprosy	67
2.13	Listeria	67
2.14	Measles and mumps	67
2.15	Meningococcal infection	67

2.16	Multi-antibiotic resistant organisms	68
2.17	Parvovirus	69
2.18	Pertussis	69
2.19	Polio	69
2.20	Rubella	70
2.21	Staphylococcal Infection	70
2.22	Streptococcal Infection	71
2.23	Tuberculosis	71
2.24	Varicella zoster virus (chickenpox and shingles)	72
2.25	Viral haemorrhagic fevers (VHF) - Lassa, Marburg, Ebola	72
PART 3 - SPECIAL ISSUES		77
No. 1	Chemical disinfection and sterilization	78
No. 2	Sterilization in office practice - principles and practice	83
No. 3a	Protocols for office practice (medical and dental)	87
No. 3b	Special requirements in dental practice	88
No. 4	Infection control in endoscopy	91
No. 5	Exposure prone procedures	94
No. 6	Surgical and operating room procedures	95
No. 7	Surveillance of hospital acquired (nosocomial) Infection	100
No. 8	Investigation of outbreaks - summary	102
No. 9	Infection control guidelines for pregnant health care workers	103
No. 10	Health care workers (and students) infected with a blood borne virus	106
No. 11	Health care workers and tuberculosis	113
No. 12	Fundamentals of TB infection control	114
No. 13	Categories of staff according to risks	116
No. 14	Overview of staff health screening	118

No. 15	Staff health issues	120
No. 16	Needlestick and blood accidents - ANCA Bulletin	122
No. 17	Infection control in midwifery and obstetric procedures	130
No. 18	Risk assessment and infection control	132
No. 19	Ethics, rights and responsibilities	133
 Appendices		
A.	List of submissions received in stage one consultation	141
B.	List of submissions received in stage two consultation	143
C.	List of national organisations	147
 Glossary 153		
	Bibliography	157

- Medical practitioners are legally required to bring to the attention of the appropriate Registration Board (medical, dental, nursing etc.) any registered professional person who is unable to practise competently and/or who poses a threat to public safety.

Confidentiality

- Confidentiality for the HCW infected with a blood borne virus not only safeguards personal rights, but is in the public interest. The right to confidentiality will encourage HCWs to seek appropriate testing, counselling and treatment and to consider disclosure of their serologic status to their employers.

Assistance for HCWs who have occupationally acquired a blood borne virus

- HCWs whose work practices have been modified because of infection with a blood borne virus should be provided, where practical, with opportunities to continue appropriate patient care activities in either their current position or in redeployed positions, or to obtain alternative career training. Health care establishments should consider whether the redeployed post should be 'equivalent' to the previous position and if so in what respects.
- Health care establishments should address the question of when (or if) treated HCWs who become PCR negative should be allowed to return to work.
- Compensation for infected HCWs should consider the actual grounds for compensation or the level of proof of occupational exposure to be applied to either new cases or to retrospective cases which are revealed by current testing.
- VMOs and agency nurses who become infected due to occupational exposure should be eligible for assistance under the same conditions as permanent employees.

'Look-Back Investigations' of patients of HCW's infected with a blood borne virus

- Selective 'look-back investigations' should be considered when there is evidence of significant violation of standard infection control practices (such as the presence of exudative dermatitis) during the time the health care worker was probably infected with the blood borne virus to ensure the treated public were not placed at risk. Evidence indicates that such investigations are of no benefit in other circumstances and should not be performed.

Compliance

- States and Territories should have systems in place to ensure compliance with these recommendations.

Recommendations for HCW students

- Training establishments should ensure that all HCW students are adequately vaccinated (in accordance with the NHMRC recommended immunisation schedule) to ensure protection against infections that are likely to be encountered in the course of their training.
- Students should not be placed in risk-exposure situations. Strategies should be developed that enable students to acquire clinical skills without risk to patients or themselves.
- Screening for hepatitis B, hepatitis C and HIV should not be undertaken in order to exclude students from courses of study.
- Training establishments should have policies or procedures in place for counselling students who may be inhibited from completing any requirement of the course because of disability or impairment, including

infection with a blood borne virus. They should inform students of these policies and implications of potential disability or impairment (risks to themselves and their patients) prior to course admission.

- Support and counselling services, including processes for dealing with illness, impairment or disability which occurs during the course, should be established.
- Current training requirements which involve performance of exposure prone procedures should be assessed and an attempt made to provide alternative programs for infected students.
- Courses of instruction which provide training in careers that involve invasive procedures should include information, counselling, opportunities for testing, and career advice. This inclusion should be a requirement for course accreditation.
- If necessary students undertaking modified programs should have suitable limitations (conditional registration) placed on their subsequent registration. This may require an undertaking that exposure prone procedures will not be performed by those persons who are proven to be infected with HIV, hepatitis B or hepatitis C.
- Urgent discussions should be instituted between the Universities, teaching hospitals and the various Registration Boards to define and implement policy in this matter.
- Health care trainees should be subject to the same infection control and professional conduct requirements as qualified staff.



Australian code of practice for
the care and use of animals
for scientific purposes

6th edition 1997

National Health and Medical Research Council

NHMRC

Other relevant legislation

Commonwealth

- (i) *Australian Wildlife Protection (Regulation of Exports and Imports) Act 1982*
- (ii) *Export Control Act 1982, including Export Control (Animals) Order 1987*
- (iii) *Quarantine Act 1908*

State-Territory

- (i) *Native Fauna Acts*
- (ii) *Occupational Health and Safety Acts*

NOTE: Copies of the above legislation and relevant regulations may be obtained from Federal, State and Territory publishing services.

Definitions of terms used in this Code

Animal: Any live non-human vertebrate, that is, fish, amphibians, reptiles, birds and mammals, and encompassing domestic animals, purpose-bred animals, livestock and wildlife¹.

Animal Ethics Committee (AEC): A committee constituted in accord with the terms of reference and membership laid down in this Code of Practice.

Approved project: A project which has been formally approved by a properly constituted AEC, on the basis of a written proposal.

Death as an end-point: When the death of an animal(s) is the deliberate measure used for evaluating biological or chemical processes, responses or effects.

Distress: An acute or chronic response of an animal caused by stimuli that produce biological stress, which manifests as observable, abnormal physiological or behavioural responses.

Euthanasia: The process of inducing a painless death.

Investigator: A person approved by an AEC to be responsible for the conduct of an approved project involving animals.

Livestock: Animals which are used in commercial agriculture, including cattle, sheep, pigs, poultry, goats and horses.

Project: A series of related studies or teaching activities that form a discrete piece of work.

¹ See definition of wildlife.

3.3 Conduct of studies	21
General considerations	21
Limiting pain and distress	21
Signs of pain or distress	22
Repeated use of animals in scientific and teaching activities	22
Duration of scientific and teaching activities	22
Handling and restraining animals	22
Completion of projects	23
Humane killing of animals	23
Autopsy	23
Additional considerations	23
Surgery	24
Post-operative care	24
Implanted devices	25
Neuromuscular paralysis	25
Electroimmobilisation	25
Animal models of disease	25
Modifying animal behaviour	25
Toxicological studies	26
Scientific and teaching activities involving hazards to humans or other animals	26
Animal welfare and animal health research	26
Experimental manipulation of the animal's genetic material	27
Experimental induction of neoplasia	27
Lesions of the central nervous system	27
Withholding food or water	28
Fetal experimentation	28
Research on pain mechanisms and the relief of pain	28
Section 4. Acquisition and care of animals in breeding and holding areas	29
4.1 Animals obtained from other States or countries	29
4.2 Transport of animals	30
4.3 Admission of new animals into holding areas	30
4.4 Care of animals in holding and production facilities	30
Outdoor holding areas	31
Indoor housing	31
Environmental factors	31
Food and water	32
Pens, cages and containers and the immediate environments of the animals	32

4.5 Management and staff	33
Person-in-charge	33
Staff	34
4.6 Routine husbandry procedures	35
4.7 Identification of animals	35
4.8 Disposal of animal carcasses and waste	35
Section 5. Wildlife studies	37
5.1 Wildlife captured from natural habitats	37
5.2 Capture of wildlife	38
General	38
Use of traps	38
Non-trap capture	39
5.3 Handling and restraint of wildlife	39
5.4 Holding and release	39
5.5 Transport	40
5.6 Identification	40
5.7 Field techniques	41
5.8 Voucher specimens	41
5.9 Wildlife interaction studies	41
5.10 Feral animal studies	42
Section 6. Care and use of livestock for scientific and teaching activities	43
6.1 General principles	43
6.2 AEC applications	44
6.3 Teaching and demonstration requirements for all livestock	44
Section 7. The use of animals in teaching	45
7.1 General principles	45
7.2 Responsibilities of teachers	45
7.3 Animals in schools	46
Appendix. Information sources	49
Bibliography	53
1. Recommended introductory reading	53
2. Periodicals	53
3. Ethics and animal welfare	54
4. Animal ethics committees	57
5. Alternatives	57
6. Animal care and use	58