

STUDENT DETAILS

INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL

TITLE (PLEASE INSERT X)	Mr []	Mrs []	Miss []	Ms []	Dr []
GENDER (PLEASE INSERT X)	Male [] Female [] Other []				
AUSTRALIAN CITIZEN / PERMANENT RESIDENT	YES [] NO []				
SURNAME					
GIVEN NAMES					
FORMER NAMES (IF APPLICABLE)					
ADDRESS					
DATE OF BIRTH					
HOME/PRIVATE NUMBER					
MOBILE NUMBER					
STUDENT ID NUMBER					
EDUCATION PROVIDER					
EMAIL ADDRESS	@				

Please complete the details above and:

- ***NSW Health Code of Conduct Agreement for Students***
- ***National Police Check***
- ***Appendix 6 - Undertaking / Declaration Form***
- ***Appendix 7 - Tuberculosis (TB) Assessment Tool***
- ***Adult Vaccination Record Card and/or other acceptable forms of evidence of immunity to vaccine preventable diseases.***

NSW Health Code of Conduct Agreement for Students

Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Step 2: Enter your details

Name: _____

Date of Birth: _____ Gender: _____ Student ID: _____

University/TAFE/Training Organisation: _____

Email address: _____

Step 3: Declaration and signature

- 1. I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.*
- 2. I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.*
- 3. I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*

Signature: _____

Date: _____

Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and submitted Appendix 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. **The NSW Health agency** must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration (tick the applicable option)	√
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, OR	
	b. (For existing workers only) I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	
3	I have provided evidence of protection for hepatitis B as follows:	
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR	
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process.	
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i>) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	
Declaration: I, _____, declare that the information provided is correct		
Full name:		Worker cost centre (if available):
D.O.B:		Worker/Student ID (if available):
Medicare Number:	Position on card: ___ Expiry date: ___/___/___	
Email:		
NSW Health agency / Education provider:		
Signature:		Date:

Appendix 7: Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a *NSW Health Record of Vaccination for Health Care Workers and Students* and *Appendix 6: Undertaking/Declaration Form*. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The **education provider** must forward a copy of this form to the health service for assessment. The **NSW Health agency** will assess this form and decide whether TB screening or TB clinical review is required.

New recruits, other clinical personnel, volunteers and students can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.

Please complete Part A, Part B and Part C

Part A: Symptoms requiring investigation to exclude active TB disease				
Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?			Yes	No
1.	Cough for more than 2 weeks?			
2.	Episodes of haemoptysis (coughing blood) in the past month?			
3.	Unexplained fevers, chills or night sweats in the past month?			
4.	Significant* unexpected weight loss over the past 3 months? *loss of more than 5% of body weight			
<u>If Yes to any of the questions in Part A:</u>				
Urgent TB Clinical Review required. Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment See link to list of NSW clinics and contact numbers on Page 2.				
Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment				
Part B: Previous TB treatment or TB screening or increased susceptibility			Yes	No
1.	Have you ever been treated for active TB disease or latent TB infection (LTBI)?			
If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic		Year:	Country:	
2.	Have you ever been tested for LTBI with Tuberculin skin test or Quantiferon blood test?			
<u>If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.</u>				
3.	Have you ever had a chest X-ray that was reported as abnormal?			
4.	Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia?			
5.	Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes			
6.	Are you on any regular medications that suppress your immune system?			
<u>If Yes to any of the questions in Part B:</u>				
Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment for advice regarding TB screening or clinical review requirements to obtain TB compliance. See link to list of clinics and contact numbers on Page 2 of this form.				

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases



APPENDICES

Part C: TB exposure risk history							
The following questions explore possible exposure to TB							
1.	In what country were you born?						
If born overseas, in what year did you migrate to Australia?							
2.	Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx			Yes	No		
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative						
If Yes, please list below the countries you have visited, the year of travel and duration of stay							
	Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel	Duration of stay (please specify d/w/m)	
4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?			Yes	No		
<p>If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.</p> <p>The accepted tests are:</p> <ul style="list-style-type: none"> Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination. <p>If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.</p> <p>If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment See link to list of clinics and contact numbers below. There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales</p> <p>NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.</p>							
Your Personal Information							
Family Name				Given Name(s)			
Date of Birth		/ /		Phone number			
Address							
Email							
Education Provider OR Employer				Student/Employee ID			
Course/Module of Study OR Place of Work							
Signature and Date							

NSW TB Services/Chest Clinics & contact numbers: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics.aspx>



Appendix 9: Hepatitis B Vaccination Declaration

To be used where a hepatitis B vaccination record is not available

Section A: to be completed by the Declarant

I,, declare that

[print name of declarant]

I have received an age-appropriate course of hepatitis B vaccine consisting of (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was.....

I do not have the record of vaccination because:

.....
.....

I make this declaration believing it to be true

Declared on:..... *[date]*

.....
[signature of declarant]

Section B: to be completed by the Assessor

An Assessor includes: a doctor, paramedic, registered nurse or enrolled nurse, who has training on the policy directive, interpretation of immunological test results and vaccination schedules.

Applying my clinical judgment, I am satisfied that the declarant's hepatitis B vaccination history and serology demonstrate compliance and long term protection.

Assessor name:.....

Assessor qualification:.....

Assessor signature:.....

Date:.....