COMPLIANCE FOR CLINICAL PLACEMENT WITHIN AN NSW PUBLIC HEALTH FACILITY

To attend clinical placement in an NSW public health facility there are mandatory requirements to protect you and to protect others. You are responsible for completing all components of this verification process.

SUBMITTING YOUR DOCUMENTATION FOR ASSESSMENT

To be eligible for placement preference or attend a placement, you must submit all required documentation in full at least **10 weeks** prior to either preference selection or the commencement of your placement.
This timeframe allows sufficient time for any additional documentation that may be required to be obtained and submitted, for assessment.
PLEASE NOTE: the NSW Health ClinConnect database will automatically cancel placements 7 days prior to the commencement date if compliance requirements have not been met.

All completed documents are to be sent:

- From your education providers student email address only,
- Your name and student ID number are to be included in the email subject line,
- All documents are to be in one single combined PDF file email attachment only
  We cannot accept: Education Provider SharePoint, OneDrive, Personal SharePoint, Dropbox, Google Drive, Zip files, JPEGs, PNGs, pictures embedded in the email, or Individual PDFs etc.,
- Do not send from your education providers SharePoint. To avoid your documentation being returned, save your PDF to your Desktop or Hard Drive, then attached this to your email.
- Please see the instructions on pages 2 and 5: Required Documentation and forms Instructions to Complete, for how to save, complete, and send your digital forms.
- Label your file attachment as first name, last name, student number e.g., Joe Smith 01234, Submit to **HNELHD-ClinConnect@health.nsw.gov.au**.

On receipt of your first email, you will receive an automated email reply to acknowledge your documents have been received. All emails are processed in order of receipt, as the team performs thousands of verifications for students. Contact your course coordinator or placement officer if you require assistance with completing the process.

EVIDENCE OF PROTECTION AGAINST VACCINE PREVENTABLE DISEASES

All students are to read the Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (nsw.gov.au) Policy. In the Policy Directive you will find evidence of protection and information on temporary compliance with Hepatitis B and TB. It is essential you meet these requirements. If additional TB Screening is required these need to be commenced before live vaccines are given.

Acceptable forms of Immunisation Evidence

All evidence must include at least your full name and DOB for identification purposes. The vaccination evidence is to include the full date when each vaccination was given and the brand name or batch number of the vaccine.

One or more of the following:

- A copy of your Medicare Immunisation History Statement. Access to link: Australian Immunisation Register - Services Australia.
- A fully completed childhood immunisation book (e.g., blue book) including the personal details page or a school program vaccine card including the personal details page.
- A detailed Immunisation Summary on letterhead from your doctor, signed by your doctor or nurse and dated to confirm it is an accurate and correct record and with a clinic/practice stamp.

- A vaccination record card (VRC) must only be completed by a doctor or nurse immuniser, they must apply their full name, signature, and clinic/practice stamp.
- The vaccination record card for Healthcare Workers and Students (VRC) can be downloaded and printed off. Access to link: record-card-hcws-students.pdf (nsw.gov.au).
- If you are employed in an organisation that has a staff health service, they may be able to provide you with your evidence of immunisation and screening.
- International students can provide their overseas immunisation records; these must have the English translation.

Blood Test Results

Blood tests results can be a copy of the official report from the pathology service. To include:

- A pathology lab reference number
- The pathology service name

Blood test results can be transcribed onto a vaccination record card. The following details must be recorded:

- Date the test was conducted.
- Test results in words or numbers or both words and numerical value (whichever is applicable).
- Signature and name of the person transcribing or reviewing the test results and the practice/facility stamp.

PLEASE NOTE: ALL OVERSEAS VACCINATION & SEROLOGY NEED TO BE TRANSLATED TO ENGLISH

REQUIRED DOCUMEMENTATION & FORMS

INSTRUCTIONS HOW TO COMPLETE FORMS

Students who DO NOT have PDF Reader, will need to PRINT OUT and COMPLETE the forms BY HAND.

Please see instructions on how to download, complete and save the documents using PDF reader on Page 5

The Undertaking Declaration Form - Undertaking declaration.pdf (nsw.gov.au)
(Read carefully before completing to avoid your declaration being returned to you. Please tick relevant box on the form in section Part 2. If you tick Part 2B please provide more information. Students under 18 years of age, a parent/guardian must countersign the declaration)

The TB Assessment Tool - TB Assessment Tool.pdf (nsw.gov.au)
(Check you have completed and answered all parts of the document. Please include TB Results, prior TB Screenings and Chest X-rays.)

Hepatitis B Vaccination Declaration (HBVD) - Hepatitis B Vaccination Declaration.pdf (nsw.gov.au)
A Hepatitis B serology report with anti-HBs level ≥ 10 mIU/mL showing immunity is required before an HBVD can be completed. (Only an appropriately trained assessor can witness the vaccination declaration – Doctor/Nurse Immuniser can complete)

Code of Conduct Agreement

All students are to read the NSW Health Code of Conduct - **DO NOT** sign the form at the end of the policy directive. Only sign this NSW Health Code of Conduct Agreement for Students form: NSW Health Code of Conduct Agreement for Students
Only submit your completed and signed Agreement, otherwise your documentation will be returned if you include the policy.

Blood Borne Virus Student Declaration (BBVD) - (ONLY to be completed by Medicine, Midwifery, Paramedicine, & Dentistry OR Oral Health Students)

Please read the policy directive and complete the declaration Management of health care workers with a blood borne virus and those doing exposure prone procedures (nsw.gov.au).
Only submit your fully completed BBVD, otherwise your documentation will be returned if you include the policy.

Record the date screening was performed for HIV, Hepatitis B and Hepatitis C. Then read each of the 3 declarations and initial each declaration in the boxes underneath heading "initials", then complete the personal details section, sign and date the declaration. Do not include a copy of your blood test results, provide your completed BBVD ONLY

National Criminal Record Check (NCRC)

All Students are to read the Working with Children Checks and Other Police Checks (nsw.gov.au)**.** You are required to obtain a Student Placement Check. These are available from many sources including Apply for a Nationally Coordinated Criminal History Check (NCCHC) Online | Veritas **or** National Police Checks Online | Checked **or** Check Police Check (nsw.gov.au) Check type and purpose – Name and Date of Birth check for student placement/ Healthcare student volunteer (for unpaid work or activity). A colour copy of your police check and student ID are required together for verification purposes.

International students are also required to provide a National Police Check from their home country and any country they have resided in for a period exceeding six months when aged 18 years or more.

If you cannot provide overseas police check, an Overseas Student Statutory Declaration can be fully completed and witnessed. This can be found in the policy directive Overseas-Student-Statutory-Declaration.pdf (nsw.gov.au). You will need to print the declaration out and complete by hand in front of an authorised witness.

A student who is also an NSW Health employee can send an email using your NSW Health employment email address, with coloured copies of your staff ID & student ID to HETI-StudentPlacements@health.nsw.gov.au and they will use the NSW Health police check and enter the details into your ClinConnect profile.

TVET School based students do not require a police check and students under the age of 18 do not require one until they turn 18 years of age.

Remember to ONLY submit the documents required and DO NOT include policies otherwise your documentation will not be assessed and will be returned to you.

Assessment is in line with NSW Health policies and further documentation may be requested from you.

USEFULL RESOURRCES

NSW Heath Education and Training (HETI) Clinical Placements Information Site Student Compliance | HETI (nsw.gov.au)

International Students – Free translating service: Free Translating Service - Homepage - Free Translating Service - Department of Social Services (homeaffairs.gov.au)

For University of Newcastle students, you can find more information at Career-ready placements Clinical placements.

BEFORE SUBMITTING, CHECK YOU HAVE NOT MISSED ANYTHING AND WHAT YOU ARE SENDING IS COMPLETE

Please see your ClinConnect - Immunisation, Screening & Documents Evidence Checklist on Page 4

ClinConnect - Immunisation, Screening & Documents Evidence Checklist

Evidence		Comments
☐ **Diphtheria/tetanus/pertussis (dTpa)**		
Adult dose of vaccination received within the last 10 years		Given as part of school program - Year 7 Diphtheria/tetanus (ADT) or Blood test is not acceptable
☐ **Hepatitis B – vaccination evidence AND blood test results**		
Age-appropriate hepatitis B vaccination course: • Three vaccine doses (Paediatric <20 years of age OR Adult) • Two vaccine doses between ages 11-15 years (adolescent)		*Routine childhood or adolescent vaccinations*
OR	Hepatitis B Vaccination Declaration	*Only if you do not have a record of vaccination.* • Must be verified by an approved accessor (Part B) • Must have Hepatitis B surface antibodies (Blood test) showing immunity >10
AND	Blood test for Hepatitis B surface antibodies	*If test result is non-immune (<10mIU/mL) – additional Hep B vaccination/s are required.*
☐ **Measles/Mumps/Rubella (MMR)** – (LIVE VACCINE) one of these options of evidence is required		
2 MMR vaccine doses, given at least 4 weeks apart		Routine childhood vaccination
OR	Blood test - IgG for each virus – immune result	*Only if you do not have a record of vaccination.* • *For Rubella both numerical value and immunity status must be recorded*
☐ **Varicella** – (LIVE VACCINE) one of these options of evidence is required		
Documented evidence of age-appropriate vaccination course: • One vaccine dose if given before the age of 14 years. • Two vaccine doses if given at or over 14 years old		Routine childhood or adolescent vaccination
OR	Blood test - IgG for varicella – immune result required	*Only if you do not have a record of vaccination*
OR	Australian Immunisation Register (AIR) statement that records ***natural immunity to chickenpox*.**	*Will only be accepted if recorded in the Australian Immunisation Register (AIR) by a doctor*
☐ **Influenza Vaccination**		
Southern Hemisphere Influenza Vaccination		Annual Influenza Season – 1st June to 30th September Inclusive (Annual mandatory requirement)
☐ **Forms – all forms must be completed, signed, dated, and returned**		
☐ Undertaking /Declaration - *Note: If tick question 2b - identifying a medical contraindication or Hepatitis B persistent non-responder, please provide further details.* If under 18 years of age a parent/guardian to sign as well		
☐ Tuberculosis (TB) assessment tool		
☐ Code of Conduct *Note: Please ensure you complete the correct form. Code of Conduct Agreement for Students*		
☐ National Police Check and Student ID (Both in colour)		
☐ Overseas Police Check or Overseas Student Statutory Declaration (ONLY for Overseas Students)		
☐ NSW Health Blood Borne Virus Student Declaration Form (ONLY Medicine, Midwifery, Paramedicine, Dentistry or Oral Health)		

NSW Health

How do I fill and sign the electronic OASV forms?

Please see instructions below for completing the OASV forms electronically. Please ensure the data entered has been saved correctly before attaching and submitting for assessment.

1. Make sure Adobe Acrobat Reader software is installed on your computer

If Acrobat Reader isn't already installed, you can download PDF reader. Alternatively, you can use Adobe Fill & Sign app available on App Store for iPhone or iPad and Google Play

2. Download the form

Save the form as a PDF file, either on your computer's desktop or in a folder. This is important as certain web browsers won't save your information after editing.

3. Open the form

You might need to right-click your mouse or track-pad and choose 'Open with > Adobe Acrobat Reader'

4. Type your details into the form

The form is an 'editable' PDF, which means you can click on any of the fields highlighted in blue to start filling in the form.

5. Sign the form

Once you have completed the form, you will need to sign it electronically with the "Fill & Sign" function. Click the "Sign" icon on the top menu bar and select "Add Signature" then "Draw" to draw your signature. Once you're happy with your signature, click "Apply" to add it to the signature sections (grey boxes) of the document. Select close once you have added your signature.

6. Save your form

Once you have completed all sections of the form, save the PDF file. This will ensure all your information is retained.

If you are having difficulty completing the forms electronically, please print and complete by hand.

NSW Health

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*

Position on card *[number next to your name]*

Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider

Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature

Date completed

Please complete all questions in Parts A, B and 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*	○	○

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

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)* Year Country	○	○
2. Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? *If Yes, please provide copies of TB test results.*	○	○
3. Do you have any medical conditions that affect your immune system? *e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease*	○	○
4. Are you on any regular medications that suppress your immune system? *e.g. TNF alpha inhibitors, high dose prednisone* *Please provide details here:*	○	○

Part C: Possible TB exposure risk history

The following questions explore possible previous exposure to TB

1. In what country were you born?
   If born overseas, when did you migrate to Australia?

First Assessment Only	Yes	No
1a. Is your country of birth on the list of high-TB-incidence countries? *For the up-to-date list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx*	○	○
1b. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? **If yes, please provide a copy of the result*	○	○
2. Have you had direct contact with a person with infectious pulmonary TB without adequate personal protective equipment and did not complete contact screening?	○	○
3. Have you ever visited or lived in any country/ies with a high TB incidence in your life (first assessment) or since your last TB Assessment? *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)*

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Other relevant information to assist with determining TB risk

E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on

Date

All workers and students need to submit this form to their NSW health agency or education provider.
Education providers must forward this form to the NSW Health agency for assessment.
The **NSW Health agency** will assess this form and determine whether TB screening or TB clinical review is required.
NSW TB Services contact details:
https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx

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*

For Official Use of NSW Health Agency or NSW TB Service

Please refer to ***Appendix 3 - TB Assessment Decision Support Tool*** for guidance on documenting outcomes from this TB Assessment:

- ◯ TB Compliant
- ◯ Advice sought from local TB service/chest clinic
- ◯ TB Screening required – referred to GP or local TB service/chest clinic
- ◯ TB Clinical Review required – referred to local TB service/chest clinic
- ◯ Other

Name of assessor and role

Contact Number

Health Agency/District/Network

Date of assessment

NSW Health

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

What is the purpose of this form

This form must be completed when applying for a Category A position/before attending placement at NSW Health. The undertaking/ declaration form ensures all applicants are aware of and comply with the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive. Appendix 1 Evidence of Protection provides a summary of these requirements.

Who is required to complete this form

All individuals applying for a position in NSW Health including new recruits, existing staff being assessed against the policy, students, volunteers, facilitators and contractors (including visiting medical officers and agency staff) who provide services at a NSW Health facility and for or on behalf of NSW Health.

Instructions

1. Download the form before filling it in. Click here for steps to complete a PDF fillable form.

2. Read the undertaking/declaration form carefully.

3. Only tick the options in the 'Undertaking/Declaration Form' applicable to your circumstances.

4. Complete all sections of the 'Declaration'.

Next steps

To commence employment/attend clinical placements:

1. All **Category A** workers (including students) are also required to:

    a. Complete the Tuberculosis (TB) Assessment Tool and

    b. Provide evidence of protection as specified in Appendix 1 Evidence of protection of the policy directive. Vaccinations and serology results may be recorded on the NSW Health Vaccination Record Card.

2. **Return the completed forms** to the health facility with the application/enrolment or before attending their first clinical placement. (Parent/guardian may sign if student is under 18 years of age).

3. The **recruitment agency/education provider** 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.

4. The **NSW Health agency** must assess these forms and the evidence of protection.

Undertaking/Declaration Form

I, _____ declare that **(tick the applicable options)**:

1	I agree to abide by the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive including Appendix 1 Evidence of Protection.
2	I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; **AND**

a. ☐ I am not aware of any personal circumstances that would prevent me from completing these requirements; **OR**

b. ☐ I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: *Medical Contraindications and Hepatitis B Vaccine Non-Responders*). I request consideration of my circumstances.

If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder:

i. I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by PD2023_025 Infection Prevention and Control in Healthcare Settings; **AND**

ii. If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.

3	If I have received the minimum number of doses to commence employment/attend placement and I am granted temporary compliance,

a. I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive and agree to comply with the protective measures required by the health service; **AND**

b. I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.

Declaration

I, _____

declare that the information provided is correct and I will abide by the requirements of the undertaking.

Date of birth _____ Worker/Student ID (if available) _____

Email _____

Contact number _____

NSW Health Agency/Education provider _____

Signature _____ Date _____

Parent/guardian name _____

(where required for workers/students under 18 years)

Parent/guardian signature _____

Date _____