STUDENT ID CARD HERE

# 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: Western Sydney University

Email address: @student.westernsydney.edu.au

## 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 I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*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: _____

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 position 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

1. To commence employment/attend clinical placements:
    a. All **Category A** workers (including students) are also required to:
        i. Complete the Tuberculosis (TB) Assessment Tool and
        ii. 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.
    b. All Category B workers are also required to:
        i. Provide evidence of COVID-19 protection as specified in Appendix 1 Evidence of protection of the policy directive.
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 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 (refer to Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy; **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 am granted temporary compliance with the hepatitis B and/or tuberculosis requirements,

**a.** I undertake to complete the hepatitis B and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive; **AND**

**b.** I understand that failure to complete the outstanding hepatitis B 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 _____

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?<br>**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)?<br>*If Yes, please state the year and country where you were treated and provide documentation (if available)*<br>Year Country | ○ | ○ |
| 2. Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)?<br>*If Yes, please provide copies of TB test results.* | ○ | ○ |
| 3. Do you have any medical conditions that affect your immune system?<br>*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?<br>*e.g. TNF alpha inhibitors, high dose prednisone*<br>*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?<br>*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+)?<br>**If yes, please provide a copy of the result* | ○ | ○ |
| 2. 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?<br>*If Yes, please list below the countries you have visited, the year of travel and duration of stay* | ○ | ○ |
| 3. Have you had direct contact with a person with infectious pulmonary TB without adequate personal protective equipment and did not complete contact screening? | Yes ○ | No ○ |

| 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

# Vaccination Record Card for Category A Workers (including Students)

**Personal Details** (please print)

*Please refer to instructions on page 3*

| | | | |
|---|---|---|---|
| Surname | | Given Names | |
| Address | | | |
| | State: P/code: | Date of Birth | |
| Staff/student ID | | | |
| Email | | | |
| Contact Numbers | Mobile: | Work: | |
| Medicare Number | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Position on card: _ _ | Expiry date: _ _ _ _ /_ _ _ _ _ _ _ _ |

| Vaccine | Date | Batch No. (where possible) and Brand name | Official Certification by Vaccination Provider *(clinic/ practice stamp, full name and signature next to each entry)* |
|---|---|---|---|
| **Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine** *(adult dose of dTpa vaccine)* | | | |
| Dose 1 | | | |
| Booster *10 years after previous dose* | | | |
| Booster *10 years after previous dose* | | | |
| **COVID-19 vaccine** *(TGA approved/recognised vaccine)* | | | |
| Primary course (2 doses) (Janssen COVID-19 vaccine single dose primary course is acceptable) | | AIR statement or COVID-19 AIR statement attached (required) ☐ YES ☐ NO | **NOT REQUIRED** |
| **OR** Evidence of a temporary or permanent medical contraindication | | AIR statement with recorded medical contradiction attached ☐ YES ☐ NO | **NOT REQUIRED** |
| **Hepatitis B vaccine** *(age appropriate course of vaccinations **AND** hepatitis B surface antibody ≥ 10mIU/mL **OR** core antibody positive* | | | |
| Dose 1 | | | |
| Dose 2 ☐ **Tick for adolescent course** | | | |
| Dose 3 | | | |
| | | | |
| | | | |
| | | | |
| **AND** | | | |
| Serology: anti-HBs (Numerical value) | | *Result mIU/mL* | |
| | | *Result mIU/mL* | |
| **OR** Serology: anti-HBc | | *Positive Negative* | |
| **Measles, Mumps and Rubella (MMR) vaccine** *(2 doses MMR vaccine at least 1 month apart **OR** positive serology for measles, mumps and rubella **OR** birth date before 1966) Serology is NOT REQUIRED following completion of a documented MMR vaccination course.* | | | |
| Dose 1 | | | |
| Dose 2 | | | |
| Booster if required | | | |
| **OR** | | | |
| Serology Measles | | *IgG Result* | |
| Serology Mumps | | *IgG Result* | |
| Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative /Low level / Equivocal / Booster required) | | | |
| | | *IgG Result* | |

**Personal Details** (please print)

| | | | |
|---|---|---|---|
| Surname | | Given name: | |
| Date of Birth | | Staff/student ID | |
| Contact | Mobile: | Work: | |

| Vaccine | Date | Batch No. (where possible) and Brand name | Official Certification by Vaccination Provider *(clinic/ practice stamp, full name and signature next to each entry)* |
|---|---|---|---|
| **Varicella vaccine** *(age appropriate course of vaccination **OR** positive serology **OR** AIR history statement that records natural immunity to chickenpox* | | | |
| Dose 1 ☐ Tick if given prior to 14 years | | | |
| Dose 2 | | | |
| **OR** | | | |
| Serology Varicella | | *IgG Result* | |
| **OR** | | | |
| Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox | | AIR Statement Sighted ☐ YES ☐ NO | |

| Vaccine | Date | Batch No. (where possible) and Brand name | Official Certification by Vaccination Provider *(clinic/practice stamp, full name and signature)* |
|---|---|---|---|
| **Influenza vaccine** *(strongly recommended for all workers & mandatory for Category A workers and students)* | | | |
| | | | |
| | | | |
| **TB Screening** | **Date** | **Batch No. (where possible) or Result** | **Assessed by/Given by/Read by** *(clinic/practice stamp, full name and signature)* |
| **Requires TB screening?** | | ☐ YES ☐ NO | |
| **Past vaccination BCG** | | ☐ YES ☐ NO | |
| **Interferon Gamma Release Assay (IGRA) (circle test result )** | | | |
| IGRA | | Positive Indeterminate Negative | |
| IGRA | | Positive Indeterminate Negative | |
| **Tuberculin Skin Test (TST) – TB Service/Chest Clinic only** | | | |
| TST Administration | | | |
| TST Reading | | Induration mm | |
| TST Administration | | | |
| TST Reading | | Induration mm | |
| **Referral to TB Service/ Chest Clinic for TB Clinical Review required?** | | ☐ YES ☐ NO | |
| **TB Clinical Review** | | | |
| Chest X-ray | | | |
| Other | | | |
| | | | |
| | | | |
| **TB Compliance – TB Service/Chest Clinic or OASV Assessor (circle correct response)** | | | |
| TB Compliance Assessment | | Compliant<br>Temporary Compliance<br>Non-compliant | |
| TB Compliance Assessment | | Compliant<br>Temporary Compliance<br>Non-compliant | |

# Vaccination Record Card for Category A Workers (including Students)

## INSTRUCTIONS

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider therefore:

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Record batch numbers where possible.
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply "immune".
- Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.
- Attach another card if additional recording space is required.

## Evidence required for Category A Staff

| Disease | Evidence of vaccination | Documented serology results | Other evidence |
|---|---|---|---|
| **COVID-19** | ☐ AIR Immunisation History Statement or AIR COVID-19 digital certificate<br>**OR**<br>Evidence of a temporary or permanent medical contraindication – recorded on the AIR Immunisation History Statement. | Not applicable | |
| **Diphtheria, tetanus, pertussis (whooping cough)** | ☐ One adult dose of pertussis containing vaccine (dTpa)[1] within the last 10 years.<br><br>**Do not use ADT vaccine as it does not contain the pertussis component** | Serology must not be accepted | |
| **Hepatitis B** | ☐ History of completed age-appropriate course of hepatitis B vaccine<br><br>Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age, **an accelerated course is not acceptable.** | ☐ Anti-HBs greater than or equal to 10mIU/mL<br><br>**Serology must be at least 4 weeks after completing the hepatitis B vaccine course** | ☐ Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+ |
| **Measles, mumps, rubella (MMR)** | ☐ 2 doses of MMR vaccine at least one month apart<br>**Serology is NOT REQUIRED following completion of a documented MMR vaccination course.** | ☐ Positive IgG for measles, mumps and rubella[2] | ☐ Birth date before 1966 |
| **Varicella (chickenpox)** | ☐ 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age) | ☐ Positive IgG for varicella[3] | ☐ An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella[3] |
| **Tuberculosis (TB)**<br><br>**** For those assessed as requiring screening*** | **Not applicable** | ☐ Interferon Gamma ReleaseAssay (IGRA)<br><br>+ Clinical review for positive results by TB Service/Chest Clinic | ☐ Tuberculin skin test (TST)<br><br>+ Clinical review for positive results by TB Service/Chest Clinic |
| **Influenza vaccine** | ☐ One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year | Not applicable | |

AND / OR

***TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB,** as listed at:
www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx

[1] Serology must not be performed to detect pertussis immunity.
[2] Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.
[3] A verbal history of Varicella disease must not be accepted.

AIR / COVID Certificate HERE

Serology / Blood tests HERE