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### **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: <a href="https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015">https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015</a> 049.pdf

c	ton 2. Enten vous detaile
31	tep 2: Enter your details
Na	me:
Da	te of Birth: Gender: Student ID:
Un	viversity TAFE/Training Organisation: Western Sydney University
Em	nail address:@student.westernsydney.edu.au
Si	tep 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 I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.



### **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 <u>NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive</u>. 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 <u>Appendix 1 Evidence of protection</u> 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**



								-		
l,								declare that	t (tick the a	pplicable options):
1	l ag	gree ainst	to abide Specifie	by the required Infectious E	ements of the N Diseases (OAS)	ISW Health ) Policy Dire	Occupational A	Assessment, S Appendix 1 E	Screening a Evidence of	and Vaccination Protection.
2	l co		nt to ass	essment, and	l undertake to	participate i	n the assessme	ent, screening	g, and vacc	nation process;
	a.		l am not <b>OR</b>	aware of any	personal circui	nstances th	at would preve	ent me from co	ompleting t	hese requirements;
	b.		may pre medical	vent me from contraindicat	fully completin ion(s) as requir	g these req ed by the NS	or I am persiste uirements and SW Health OAS sponders). I req	have provided SV Policy Dire	d documen ctive (Secti	tation of the
			If NSW I	Health accept	s my medical c	ontraindica	tion and/or I am	n a hepatitis B	non-respo	nder:
			i.	and manage required by	ment in the eve	ent of expos ice and as d		to comply wit	h the prote	s of infection octive measures ntion and Control
			ii.		al contraindica once the medic			tand I must be	e reviewed	and agree to be
3			e received ary comp		n number of do	ses to comn	nence employn	nent/attend p	lacement a	ınd I am granted
	a.	rec	uired by		lth OASV Polic					in the timeframes measures required
	<b>b.</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.									
Dec	cla	rat	ion							
l, [	re tha	at the	e informa	tion provided	is correct and	l will abide h	by the requirem	nents of the u	ndertaking	
Date o						1	Student ID (if av			
Email				@studen	t.westernsydney.e		<u> </u>			
	Contact number									
NSW Health Agency/Education provider Western Sydney University										
Signa			-						Date	
		ardia	n name							
	(where required for workers/students under 18 years)									
Paren	Parent/guardian signature									

Date



# Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information							
Family Name	Given Name <mark>(s)</mark>						
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 postcod	e)						
- "							
Email Cott don't word armoud as a discour							
@student.westernsydney.edu.au							
Employer/Education Provider  Western Sydney University	Stafflink/ <mark>Student</mark> /Other <mark>ID</mark>						
Course/Module of Study OR Place of Work							
Signature							
Signature	;u						
Please complete all questions in Parts A, B and C.							
r tease complete all questions in rails A, b and o.							
Part A: Symptoms requiring investigation to exclude a	ctive TB disease						
Do you currently have any of the following symptoms the		Yes	No				
diagnosis or condition that is being managed with a doc	tor?						
1. Cough for more than 2 weeks?	$\circ$	0					
2. Episodes of haemoptysis (coughing blood) in the p	0	0					
3. Unexplained fevers, chills or night sweats in the p	0	0					
4. Significant* unexpected weight loss over the past	0	0					

SHPN (HP NSW) 230228.





Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Fam	ily Name			Give	n Name <mark>(s)</mark>					
Staf	flink/ <mark>Student</mark> /Other <mark>ID</mark>									
Par	t R. Provious TR treatme	ont or TR so	rooning or increa	acod :	susceptibility		Yes	No		
1.	Tall B. I Tevious 1B treatment of 1B serecting of increased susceptibility									
Yea	If Yes, please state the year a		0	0						
2.	Have you ever had a pool QuantiFERON TB Gold+	-)?		ood t	est (IGRA or		0	0		
3.	Do you have any medic e.g. cancer, HIV, auto-immuno						0	0		
4.								0		
Par	t C: Possible TB exposui	e risk histo	ry			'				
The	e following questions exp	olore possib	le previous expos	sure	to TB					
1.	In what country were y	ou born?								
	If born overseas, when		rate to Australia	?						
First Assessment Only							Yes	No		
ıa.	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						0	0		
1b.	b. 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						0	0		
2.	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?						$\circ$	0		
	If Yes, please list below the countries you have visited, the year of travel and duration of stay							N <sub>a</sub>		
3.	3. Have you had direct contact with a person with infectious pulmonary TB without adequate personal protective equipment and did not complete contact screening?									
	Country visited  Year of travel  Ouration of stay (please specify d/w/m)  Country visited Year of travel							n of stay ecify d/w/m)		





Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

E. T. N.	O: N ()						
Family Name	Given Name <mark>(s)</mark>						
Stafflink <mark>/Student/</mark> Other <mark>ID</mark>							
Other relevant information to assist with determining	TB risk						
E.g. pre-migration TB screening - CXR reported as nor	mal and negative IGRA on						
Date							
	L : NOWL III						
<b>All workers and students</b> need to submit this form to t <b>Education providers</b> must forward this form to the NSV							
	nine whether TB screening or TB clinical review is required.						
NSW TB Services contact details:							
$\text{https://www.health.nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosis/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.gov.au/Infectious/tuberculosi/nsw.g$	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 <a href="https://www.health.nsw.gov.au">www.health.nsw.gov.au</a>							
For Official Use of NSW Health Agency or NSW TB Se	rvice						
Please refer to <b>Appendix 3 - TB Assessment Decision</b>							
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						
Ivalie of assessor and rote	Contact Number						
Health Agency/District/Network	Date of assessment						

Management of health care workers infected with HIV, hepatitis B or hepatitis C and health care workers who perform exposure prone procedures

Declaration



### **Attachment 1: Blood Borne Virus Student Declaration** Form



Initials

All student health care workers of a discipline\* that undertakes exposure prone procedures (EPPs) must complete this document prior to their first clinical placement, and again after repeat testing has been undertaken every three years. Students will only be permitted to attend clinical placements if they have submitted this form.

The educational provider must ensure that all student health care workers of a discipline\* that undertakes EPPs have completed this form and submitted it for assessment by NSW Health.

Deciaration		<u> </u>	IIItiais		
I have read and understand the requirements of the <u>Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to <u>Blood Borne Viruses</u> and the NSW Health policy <u>Management of health care workers infected with HIV, Hepatitis B or Hepatitis C and health care workers who perform exposure prone procedures.</u></u>					
Select either A or B					
<ul> <li>□ A: I have undergone testing for blood borne viruses** (BBVs) at commencement of study in Australia or within the 12 months prior to commencement.</li> <li>□ B: I have undergone a repeat test for BBVs within a three year period from the date of my last test.</li> </ul> The date of my test was:					
<ul> <li>I agree to the following:</li> <li>be tested for Hepatitis B, Hepatitis C and HIV at least once every three years.</li> <li>have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition.</li> <li>have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission.</li> <li>notify the person identified in the health facility local procedures if I am newly diagnosed with a BBV and will refrain from performing EPPs until a risk management plan has been developed by the NSW Health agency during the placement.</li> <li>cease performing all EPPs if diagnosed with a BBV until the criteria in the National Guidelines are met.</li> </ul>					
Declaration: I declare that I comply with requirements of the <i>National Guidelines</i> and that the information provided is correct.					
Full name:	Date of Birth:	Student ID:			
Email: @student.westernsydney.edu.au E	Education Provider: Western Syd	ney University			
Date: Signature:					
*Disciplines that undertake exposure prone procedures include: medicine; midwifery; paramedicine; dentistry and oral health.					

<sup>\*\*</sup>Relevant blood borne viruses are Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C.

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



Personal Details (please	print)		Please refer to instructions on page			
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 name and Batch No.	Official Certification by Vaccination Provider (clinic/			
		(where possible)	practice stamp, full name and signature next to each entry)			
Adult formulation diph	theria, tetanus, a	cellular pertussis (whooping co	ugh) vaccine (adult dose of dTpa vaccine)			
Dose 1						
Booster 10 years after previous dos	e					
Booster 10 years after previous dos	e					
Hepatitis B vaccine (age	e appropriate course	e of vaccinations <b>AND</b> hepatitis B su	rface antibody ≥ 10mlU/mL <b>OR</b> core antibody positive)			
Dose 1						
Dose 2	cent					
Dose 3		1				
		1				
AND	I	<u> </u>	1			
Serology: anti-HBs (Numerical value)		Result mIU/mL				
		Result mIU/mL				
<b>OR</b> 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						
OR						
Serology Measles		IgG Result				
Serology Mumps		IgG Result				
Serology Rubella (include numerical value and immunity status as per lab report)						
		IgG Result				
Varicella vaccine (age appropriate course of vaccination <b>OR</b> positive serology <b>OR</b> AIR history statement that records natural immunity to chickenperson of a documented varicella vaccination course.						
Dose 1 Tick if prior to years	given					
Dose 2						
OR						
Serology Varicella		IgG Result				

### Personal Details (please print) Surname Given name: Date of Birth Staff/student ID Contact Mobile: Work: Varicella vaccine (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox) Australian Immunisation Register (AIR) AIR Statement Sighted History Statement that records natural YES NO immunity to chickenpox Date Batch name and Batch No. Official Certification by Vaccination Provider Vaccine (where possible) (clinic/practice stamp, full name and signature) Influenza vaccine (strongly recommended for all workers & mandatory for Category A workers and students) COVID-19 vaccine (Strongly recommended for all Category A workers) TB Screening Date Batch No. (where possible) Assessed by/Given by/Read by or Result (clinic/practice stamp, full name and signature) NO Requires TB screening? YES 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** YES NO Review required? **TB Clinical Review** Chest X-ray Other

### TB Compliance - TB Service/Chest Clinic or OASV Assessor (circle correct response) Compliant TB Compliance Temporary Compliance Assessment Non-compliant Compliant TB Compliance Temporary Compliance Assessment Non-compliant 2/3

# 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 were 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.
- For medical contraindications, attach a copy of the Australian Immunisation Register (AIR) immunisation medical exemption form (IM011) and AIR Immunisation History Statement with the recorded medical contraindication.
- · 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	It is strongly recommended to remain up to date with COVID-19 vaccinations as recommended for your age and health status by the <u>Australian Immunisation Handbook</u> .	Not applicable	
Diphtheria, tetanus, pertussis (whooping cough)	One adult dose of pertussis containing vaccine (dTpa)¹ within the last 10 years.  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  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  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  Serology is NOT REQUIRED following completion of a documented MMR vaccination course.	Positive IgG for measles, mumps and rubella <sup>2</sup>	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. Serology is NOT REQUIRED following completion of a varicella vaccination course)	Positive IgG for varicella <sup>3</sup>	An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella <sup>3</sup>
Tuberculosis (TB)  * For those assessed as requiring screening	☐ Not applicable	Interferon Gamma ReleaseAssay (IGRA)  + Clinical review for positive results by TB Service/Chest Clinic	Tuberculin skin test (TST)  + 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	

\*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

<sup>&</sup>lt;sup>1</sup> Serology must not be performed to detect pertussis immunity.

<sup>&</sup>lt;sup>2</sup> Serology is only required for MMR protection if vaccination records are <u>not</u> available and the person was born during or after 1966.

<sup>&</sup>lt;sup>3</sup> A verbal history of Varicella disease must not be accepted.

RIR COVID Certificate HERE

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Serolo8/ Blooditests HERE
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