

Provide your documents to HNE Health

National Police Certificate (and statutory declaration / international police certificate for overseas students) and your student photo identification issued by the education provider must be sighted and copied by HNE Health. Specific arrangements regarding this will be advised by the education provider

All other documents - forward your documents to: **HNE-ClinConnect@hnehealth.nsw.gov.au**

The documents should be scanned in, saved as **one single document** (PDF preferred). Do not use zip files. Name as: **last name, first name, student number** - no letter preceding student number required. Include information re your university / TAFE / college program / course and year. If you do not provide your documents in this format you will be asked to re-submit.

Immunisation and screening requirements **must** be completed within six months of commencement. Some vaccinations will take some time to complete so it is essential you commence as soon as possible.

For additional information refer to:

- Frequently Asked Questions (FAQ) Immunisation Requirements for Health Care Students
- http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_005.pdf
- Your Clinical Placement Officer / Year Coordinator

Your compliance information will be verified in the ClinConnect database to allow you to attend clinical placement in NSW Health facilities.

Full Compliance: A NSW Health Certificate of Compliance will be issued to those health care students who meet the full immunisation requirements.

Interim Compliance: Those health care students not able to complete the hepatitis B or TB requirements of this Policy Directive prior to their commencement of their first clinical placement will only be allowed to commence the first clinical placement if they comply with certain minimum requirements as per the "**Student Declaration / Undertaking**" and undertake to complete the requirements of the Policy Directive within **six months** of commencement of the course. Failure to complete the full course of hepatitis B vaccine according to the recommended schedule, and provide a post vaccination serology result or to attend for TB screening (if required) within the appropriate timeframes will result in suspension from attending further clinical placements. It is the responsibility of the student to provide the additional evidence required prior to expiration of the six month period.

Conditional Compliance: Health Care Students unable to obtain compliance due to contraindications to immunisation (e.g. a medical condition, adverse reaction to immunisation) will require a risk assessment and a risk management plan in consultation with their educational institution supervisor and the health service facility / Staff Health Nurse where clinical placement is planned. A risk management plan will be required for each clinical placement. Evidence of medical conditions will be required.

Declining immunisation / screening: As it is a condition of clinical placement that acceptable evidence of protection against the specified diseases and TB screening is provided, those unable to obtain compliance due to a personal objection to any aspect of immunisation or screening (i.e. "conscientious objector") **can not** be considered for clinical placement

Immunisation

Instructions

- Provide evidence of vaccination and serology (blood tests) as required in Table C. Refer to Table A and B below for specific requirements regarding the level of evidence required.
- Complete Form 2 and Form 3.

As a condition of placement within Hunter New England Local Health Network (HNE Health) facilities, students are obliged to review the information regarding the evidence required for vaccination and serology (blood tests) before completing and submitting all required documentation. Take this with you to your GP / health service provider when requesting vaccination / serology (blood tests) or documentation to ensure they provide the correct documents required by NSW Health.

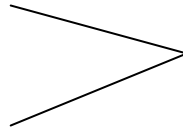
Table A: Evidence of vaccination

For each disease requiring evidence of vaccination provide at least ONE of the following:

1. Documentation on an Adult Vaccination Card (AVC) or immunisation card equivalent
2. Included in a statement from a GP Practice on the Practice letter head
3. School based record of vaccination card or statement from Population Health Unit / Community Health Centre on letter head
4. Included on a print out from HNE Staff Health Database which has been dated, signed and stamped by issuing Staff Health Nurse (HNE Health employees)
5. The Australian Childhood Immunisation Register (ACIR) for vaccinations given at < 7 years of age
6. Overseas / interstate vaccination documents

Information provided MUST include:

7. Date
8. Batch number
9. Vaccine brand name
10. Signature of immunisation provider
11. Practice/provider stamp



Or a combination of **3** of these details

Table B: Evidence of serology (blood tests / pathology)

For each disease requiring evidence of serology (blood tests), provide at least ONE of the following:

1. Pathology results on Pathology Service letter head
2. Included in a statement from a GP Practice on the Practice letter head, signed by the GP
3. Included on a print out from HNE Staff Health Database which has been dated, signed and stamped by issuing Staff Health Nurse (HNE Health employees)
4. Written result including result value – signed by GP, immunisation nurse on AVC

Records of vaccinations that were received overseas must be in English (translations must be certified) and contain enough information about the vaccine (e.g. brand, active components, batch numbers, if available) and vaccination date to enable an assessor to determine if they fulfil the requirements of the Policy Directive.

For further immunisation information refer to: The *Australian Immunisation Handbook (current edition)* available online at: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

Table C: Occupational Assessment, Screening and Vaccination Requirements		
VACCINATION / SEROLOGY REQUIRED		EVIDENCE REQUIRED
1.	Diphtheria, tetanus, pertussis (whooping cough)	
	Vaccination <ul style="list-style-type: none"> One <u>adult</u> dose of diphtheria/ tetanus/ Pertussis vaccine (dTpa) NB Serology (blood tests) will not be acceptable 	As per Table A
2.	Measles, mumps, rubella (MMR)	
2a.	Vaccinations <ul style="list-style-type: none"> 2 doses of MMR vaccine at least one month apart OR	As per Table A
2b.	Serology <ul style="list-style-type: none"> Positive IgG for measles, mumps and rubella OR	As per Table B
2c.	Birth date before 1966	Birth certificate / passport / photo ID
3	Varicella (chickenpox)	
3a.	Vaccinations <ul style="list-style-type: none"> 2 doses of varicella vaccine at least one month apart. Evidence of 1 dose is sufficient if the person was vaccinated before 14 years of age OR	As per Table A
3b.	Serology OR	As per Table B
3c.	A definite history of past infection <ul style="list-style-type: none"> A definite history of chickenpox (e.g. student / their parent confirmation) or physician-diagnosed shingles. HCW with a negative or uncertain history of varicella infection should undergo serological testing. If seronegative, vaccination should be provided 	History of chickenpox or physician-diagnosed shingles
4	Hepatitis B	
4a.	Vaccinations <ul style="list-style-type: none"> Documented evidence of a completed, age appropriate course of hepatitis B vaccination i.e. If vaccinated as an adult > = 20 yrs old – a total of 3 doses of 1mL adult formula at 0, 1 & 3-6 months If vaccinated as a child / adolescent < 20 yrs old – a total of 3 doses of 0.5 mL paediatric formula at 0, 1 & 3- 6 months If vaccinated at 11-15 yrs old - A total of 2 doses of 1mL adult formula at 0 and 4 - 6 months is accepted AND	As per Table A
4b.	Serology – this is required in addition to hepatitis B vaccination <ul style="list-style-type: none"> Anti-HBs greater than or equal to 10mIU/mL OR Documented evidence of anti-HBc, indicating past hepatitis B infection. NB if anti-HBc positive (indicating past hepatitis B infection) additional investigation may be required	As per Table B
Note: Where there is a history of vaccination & anti-HBs > = 10 but no documentation & it is reasonable to accept that they have been vaccinated as per the appropriate schedule, this may be accepted as compliance		
5.	Tuberculosis (TB)	
	<ul style="list-style-type: none"> Complete Form 2: Tuberculosis (TB) assessment tool Further screening for TB is dependant on the TB Assessment Tool result Provide any available evidence of previous TB screening e.g. Tuberculin Skin Test (TST) 	Form 2: TB Assessment Tool

Form 2: Tuberculosis (TB) assessment tool

A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:

<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.

The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.

New recruits will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit's employment status.

Students will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution's clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements.

<p>Clinical History</p> <p>Do you currently have: Unexplained cough for longer than 2 weeks..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please provide information below if you have any of the following symptoms:</p> <p>Haemoptysis (coughing blood) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Fever / chills / temperatures Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unexplained night sweats Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Fatigue / weakness Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Anorexia (loss of appetite) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unexplained weight loss Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Assessment of risk of TB infection</p> <p>Were you born outside Australia? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where were you born? How long did you live in the country you were born in?</p> <p>Have you lived or travelled overseas? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Country</td> <td style="width: 50%; border: none;">When / how long did you live \ travel in these countries</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> </table>	Country	When / how long did you live \ travel in these countries
Country	When / how long did you live \ travel in these countries										
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<p>Have you ever had: Contact with a person known to have TB? If yes, provide details below Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Have you ever had: TB Screening Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details below and attach documentation</p>
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If you answered **YES** to any of the questions above, please provide details including type and result of screening and what was the outcome/diagnosis (attach extra pages if required).

I declare that the information I have provided is correct

Name _____

Phone or Email _____

Student ID (or date of birth) _____

Educational institution (student) _____

Health Service/Facility (new recruit) _____

Signature _____ Date _____

OFFICIAL HEALTH USE ONLY

Cleared for employment/clinical placement:	Yes:		No:		Date:	
Assessor Name:			Signature:			
Role:			Organisation:			
Referred to:						
Recommendations:						

A list of countries considered to have a high incidence of TB is provided. For further information on TB screening requirements please contact one of the following people in HNE Health.

02 4921 3372 Newcastle, Lower Hunter, Margaret Worthing
 02 6592 9625 Taree, Lower Mid North. Coast Greg Stewart,
 02 6767 7786 Tamworth. Joanne McIlveen
 02 6776 9958 McIntyre and Tablelands Clusters, Armidale. Natalie Schmude
 02 67678227 Peel and Mehi Clusters. Sarah Gordon

The countries in the list below are considered to have a high incidence of TB with >60 per 100,000 population per year.

Afghanistan	Eritrea	Malaysia	Sierra Leone
Angola	Ethiopia	Mali	Solomon Islands
Armenia	Gabon	Marshall Islands	Somalia
Azerbaijan	Gambia	Mauritania	South Africa
Bangladesh	Georgia	Micronesia (Federated States of)	Sri Lanka
Belarus	Ghana	Mongolia	Sudan
Benin	Guatemala	Morocco	Suriname
Bhutan	Guinea	Mozambique	Swaziland
Bolivia	Guinea-Bissau	Myanmar	Tajikistan
Botswana	Guyana	Namibia	Thailand
Burkina Faso	Haiti	Nepal	Timor-Leste
Burundi	India	Niger	Togo
Cambodia	Indonesia	Nigeria	Turkmenistan
Cameroon	Kazakhstan	Pakistan	Tuvalu
Cape Verde	Kenya	Palau	Uganda
Central African Republic	Kiribati	Papua New Guinea	Ukraine
Chad	Korea (Nth) Democratic People's Republic of	Peru	United Republic of Tanzania
China including Hong Kong and Macau	Korea (Sth) Republic of	Philippines	Uzbekistan
Congo	Kyrgyzstan	Qatar	Vanuatu
Côte d'Ivoire	Lao People's Democratic Republic	Republic of Moldova	Viet Nam
Democratic Republic of the Congo	Lesotho	Romania	Yemen
Dominican Republic	Liberia	Russian Federation	Zambia
Djibouti	Lithuania	Rwanda	Zimbabwe
Ecuador	Madagascar	Sao Tome and Principe	
Equatorial Guinea	Malawi	Senegal	

The above data is referenced from:, 10 Aug 2009.

Updated from <http://apps.who.int/globalatlas/dataQuery/default.asp> 10 Aug 2009 &WHO-Tuberculosis control in the Western Pacific Region, 2009 Report. 20 September 2012

Information Sheet 3 – Specified infectious diseases: risks, consequences of exposure and protective measures - NSW Health Policy Directive PD 2011_005

The following information provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure. Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/factsheets/infectious/index.asp>

Diphtheria: Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html>

Tetanus: Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html>

Pertussis (Whooping cough): Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/pertusis.html>

Measles: Highly infectious viral disease, spread by respiratory droplets – infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1st dose and children over 4 years of age who have not had a 2nd dose. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/measles.html>

Mumps: Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/mumps.html>

Rubella (German Measles): Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/rubella.html>

Varicella (Chicken pox): Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbookvaricella>

Hepatitis B (HBV): Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/hepb.html>

Tuberculosis (TB): A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html>

Seasonal influenza (Flu): Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/influenza.html>

Criminal Record Check

Criminal Record Check, NSW Health Code of Conduct Agreement and Commission for Children and Young People Student Declaration requirements

Students are required to provide their documentation of:

1. Student photo identification issued by the education provider
2. Criminal Record Check (CRC) as per section 1 below
3. Code of Conduct - Prior to signing this form, read the NSW Health Code of Conduct PD2012_018 – refer to FAQ for a copy
4. Student Declaration (Commission for Children and Young People / Working with children) as per section 2 below. (You can use the forms provided).

Section 1: Provide documents for either Part A or Part B	
Criminal Record Check	
A	National Police Certificate with no convictions / charges (issued by Australian State / Territory Police) expires 3 years from issue date
	Overseas students only Along with the Australian National Police Certificate, an original of one of the following has also been sighted and a copy is provided for the records:
	Police Certificate with no convictions / charges from their home country or any country that they have resided in
	OR
	Signed Statutory Declaration with no convictions / charges
OR	
B	Clinical Placement Authority card issued by NSW Health pre 1 June 2010 (no expiry date) but which is valid for the duration of the course
	OR
	Clinical Placement Authority card issued by NSW Health post 1 June 2010 (with expiry date)
	OR
	Conditional letter issued by NSW Health (with expiry date)

Section 2: Provide documents for both sections – you can use the forms provided below	
Code of Conduct / Working with Children Requirements	
1.	Signed the NSW Health Code of Conduct Agreement
2.	Signed the Commission for Children and Young People Student Declaration (Working with Children)

Students with a criminal history – refer to Frequently Asked Questions (FAQ)

Code of Conduct Agreement for Students undertaking Clinical Placements

Instructions for Students:

Complete this form and provide it to the NSW Health facility when requested.

SECTION A: PERSONAL DETAILS

(Name details provided must be same as the details on the Student ID)

Family Name: _____ Given Names: _____

Address: _____

Student ID: _____ Phone Number: _____

Date of Birth: _____ Gender: _____

University/TAFE: _____

SECTION B:

I have read and understood the NSW Health Code of Conduct, (available from www.health.nsw.gov.au) and agree to abide by the provisions set out in the Code of Conduct at all times during all of my clinical placements within NSW Health Facilities. Failure to do so may lead to withdrawal of my clinical placements within NSW Health.

I understand that this "sign off" sheet will be held by NSW Health.

Signature: _____ Date: _____

Name: _____ (please print)

STUDENT DECLARATION

All fields must be completed. Please use block letters.

Family name: _____
 First name: _____ Other given name(s): _____
 Previous names/aliases: Family name: _____
 First name: _____ Other given name(s): _____
 Date of birth: _____ Gender: (Please tick) Male Female
 Place of birth: Town: _____ State: _____ Country: _____
 Residential Address: Street: _____
 Suburb/Town: _____ State: _____ Postcode: _____
 Contact telephone number: _____ Mobile: _____ Email: _____
 Title of child-related position applied for: **Student on Clinical Placement**

DECLARATION

I have read and understood the information below about prohibited persons. I am aware that it is an offence to make a false statement on this form.

I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998*.

I consent to the Commission for Children and Young People checking my relevant criminal records, to verify these statements. I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

Signature: _____ Date: _____

Optional for NSW Health to complete

If you have sighted photo identification for this person, (please tick) Yes No

Signature: _____ Date: _____

Name: _____ Position: _____

If you sighted one of these documents to verify the identity, please fill in these details:

Driver's licence: Issuing Agency _____ Number _____

Firearms licence: Issuing Agency _____ Number _____

Passport: Type _____ Issuing Country _____ Number _____

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration. A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the *Child Protection (Offenders Registration) Act 2000*.

Details of these offences can be found online at <http://kids.nsw.gov.au/Guidelines/FactSheet 1>

A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

NOTE: This form is to be kept by NSW Health