

Information required for Central Coast Local Health District Compliance Checking for Clinical Placements

1. Criminal Record Check

All students require an Australian National Police Certificate. Apply at a local Police Station or Police on Line; <https://npcoapr.police.nsw.gov.au/asp/dataentry/Introduction.aspx>. Alternatively you may apply to the Australian Federal Police. **Criminal Record Checks from private companies are not able to be accepted.** Either method will cost approximately \$52, and take approximately 3 weeks. If there are convictions recorded the student must also have a current Clinical Placement Card or Conditional letter from NSW Health.

Overseas students also require a Police Certificate from their home country (& any other country they have resided in) OR a Statutory Declaration, with no convictions. If there are convictions recorded the student must also have a current Clinical Placement Card or a conditional letter from NSW Health.

2. Read the NSW Health Code of Conduct. Available from NSW Health internet http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_018.pdf Sign the declaration (attached)

3. Vaccination Screening

Prior to attending the screening appointment please ensure you have met the vaccination requirements as per the attached **Information Sheet 2** (Page 19 of PD 2011_005) You need to provide copies of serology and signed and stamped records of the required vaccinations. **Information Sheet 2** details the vaccination & serology requirements & can be taken to your GP or Health Clinic, along with any vaccination records you already have eg. school vaccinations.

4. Compliance Checking Appointment; the date and time will be sent from your University. To this appointment bring (only originals required);

- a. Photo Identification (usually licence or student card)
- b. National Police Check, and further documentation if required (as in 1.)
- c. Signed Code of Conduct declaration
- d. Evidence for immunisation status assessment
 - Vaccination record card or other record with each entry signed and stamped by the doctor or health service (or Certificate of Compliance if previously issued.)
 - Copy of Hepatitis B blood test results (and Measles, Mumps, Rubella, Varicella if attended)
 - Completed **Form 2 Tuberculosis (TB) Screening Tool** (attached)

5. Once this process is complete the details will be entered into the NSW Health Clinical Placement database (ClinConnect) and the student for will be covered for all clinical placements in NSW Public Health facilities from 2013. The only further documentation required will be photo ID on the first day of a clinical placement.

6. Further information may be obtained from

<http://www.heti.nsw.gov.au/clinconnect/mandatory-requirements-for-students/>

INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

Evidence required to demonstrate protection against the specified infectious diseases			
<p>1. Acceptable evidence of protection against specified infectious diseases includes:</p> <ul style="list-style-type: none"> a written record of vaccination signed by the medical practitioner, and/or serological confirmation of protection, and/or other evidence, as specified in the table below. NB: the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp) <p>2. TST screening is required if the person 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.</p> <p>3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.</p>			
Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<i>Diphtheria, tetanus, pertussis (whooping cough)</i>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.	Serology will not be accepted	Not applicable
<i>Hepatitis B</i>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. Not "accelerated" course.	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<i>Measles, mumps, rubella (MMR)</i>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<i>Varicella (chickenpox)</i>	<input type="checkbox"/> 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)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<i>Tuberculosis (TB)</i>	Not applicable	Not applicable	<input type="checkbox"/> Tuberculin skin test (TST)
<i>See note 2 above for list of persons requiring TST screening</i>		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
<i>Influenza</i>	<i>Annual influenza vaccination is not a requirement, but is strongly recommended</i>		

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. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

<p>Clinical History</p> <p>Cough for longer than 2 weeks Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Please provide information below if you have any of the following symptoms:</i></p> <p>Haemoptysis (coughing blood) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Fevers / Chills / Temperatures Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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?</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%;">Country</td> <td style="width: 50%;">Amount of time lived/ travelled in country</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	Country	Amount of time lived/ travelled in country
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<p><i>Have you ever had:</i></p> <p>Contact with a person known to have TB? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details below</p>	<p><i>Have you ever had:</i></p> <p>TB Screening Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details below and attach documentation</p>								

If you answered YES to any of the questions above, please provide details (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** _____