

## INTRODUCTION

Students undertaking a professional experience placement (PEP), laboratory **and/or** field activity (**placement**) as a requirement of a unit or course of study must sign a *Safety in Practice Agreement* (**Agreement**) annually. The purpose of the Agreement is to ensure that you are aware of your rights and responsibilities while undertaking placements.

The completed agreement should be returned to the SNM Professional Experience Placement Coordinator at the student's campus four weeks prior to the commencement of your first placement. The SNM Professional Experience Placement Coordinator will be able to discuss any additional arrangements and support that you may need. The SNM Director of Professional Experience Placement (or delegate), will sign this agreement on behalf of the School and attach it to your details on the Student Placement Management System (SPMS). You can obtain a copy of your agreement on the SPMS at: <https://spms.utas.edu.au/login.aspx?ReturnUrl=%2fPrivate%2fHome%2fIntroduction.aspx>

**You will not be permitted to undertake your placement if a signed Agreement has not been received.**

## COURSE/UNIT DETAILS

Below are the PEP units offered within the BN program in 2012. Please enter the details of ALL the PEP unit/s in which you are enrolled in 2012 into the designated area on page 5 of this Agreement.

<b>Semester 1:</b>	
CNA227 Integrated Nursing Practice	30 <sup>th</sup> April – 18 <sup>th</sup> May 2012
CNA319 Community & Mental Health Nursing Practice: Professional Experience	27 <sup>th</sup> February – 25 <sup>th</sup> May 2012
CNA322 Professional Nursing Practice	27 <sup>th</sup> February – 27 <sup>th</sup> April 2012
<b>Semester 2:</b>	
CNA111 Introduction to Nursing Practice	8 <sup>th</sup> October – 19 <sup>th</sup> October 2012
CNA226 Contemporary Nursing Practice	17 <sup>th</sup> September – 5 <sup>th</sup> October 2012
CNA319 Community & Mental Health Nursing Practice: Professional Experience	16 <sup>th</sup> July– 12 <sup>th</sup> October 2012
CNA322 Professional Nursing Practice	16 <sup>th</sup> July- 7 <sup>th</sup> September 2012
<b>Semester 5: Hobart, Rozelle and Darlinghurst ONLY</b>	
CNA322 Professional Nursing Practice	19 <sup>th</sup> November 2012 – 25 <sup>th</sup> January 2013
CNA226 Contemporary Nursing Practice	29 <sup>th</sup> January – 8 <sup>th</sup> February 2013

**Please Note: Darlinghurst, Rozelle dates may differ – please check SPMS**

## EXPLANATORY NOTES

You should carefully read the *Explanatory Notes* relating to each section before completing and signing the Agreement.

### SECTION 1: PERSONAL DETAILS

You must change your contact information through the e-student centre or notify Student Administration of any changes to your address or other contact information.

Personal information is collected by the University of Tasmania (UTAS) in relation to placements to assist in the administration and to enable you to participate in the program. Failure to provide the University with the requested information will result in your placement being refused. Some of your personal information including your name, student number, contact details and information on special requirements will be disclosed to the agency where you are undertaking your placement. Where personal information is provided to a placement agency, the agency will be informed that they are bound by the privacy provisions of the University in relation to the use, disclosure and storage of personal information.

Your de-identified personal information (that is information that does not readily identify an individual) may be used by your placement agency for management of clinical placements, research and statistical purposes. The placement agency will ensure that data will:

- be protected,
- not be provided to unauthorised third parties,
- only be used for the stated purposes, and
- remain de-identified.

Your personal information will only be used or disclosed for the primary purpose for which it is collected. Personal information will be managed in accordance with the *Personal Information Protection Act 2004*, and the UTAS Personal Information Privacy Policy. For more information on how your information is being used by the University, or to access your personal information, visit the University's website at <http://www.utas.edu.au/>, or contact the University on (03) 6226 4858.

The University may be required to provide your name, course information, placement provider and your start and end date to Health Workforce Australia (HWA). The information is required for funding purposes and failure to consent to that information transfer will result in you not being permitted to undertake a professional experience placement. Further information will be provided to you via email when the data collection commences including the Privacy Policy for the HWA and a contact person.

## **SECTION 2: EMERGENCY CONTACT**

An emergency contact is requested so the University can identify and contact the most appropriate person in the case of an emergency during your placement.

## **SECTION 3: SAFE TO PRACTISE POLICY**

In order to meet the University occupational health and safety requirements, you are required to read the [University Safe to Practise Policy](#). If you need to make a disclosure in Section 8, then take the [Safe to Practice Medical Check Form](#) to a medical practitioner before you sign the Agreement.

## **SECTION 4: CODE OF PROFESSIONAL AND ETHICAL CONDUCT**

You are required to read the [Health Science Code of Professional and Ethical Conduct](#) which contains rules which must be adhered to by all students undertaking placements. These rules are as clear, precise and unambiguous as possible and constitute basic, non-negotiable requirements for completion of your degree at UTAS. It is not possible to create a rule for every situation or contingency, hence the Code also provides a framework for you to apply to different circumstances during practise.

## **SECTION 5: NATIONAL POLICE HISTORY RECORD CHECK GUIDELINES AND PROCEDURES**

Most Australian health care agencies and non-government organisations require National Police History Record Checks for all staff, students and volunteers who deal with sensitive information and will come into contact with children, elderly and vulnerable people.

The Schools of Human Life Sciences, Medicine, Nursing & Midwifery, Pharmacy, Psychology and Discipline of Social Work have determined that all students enrolled in their courses will require a National Police History Record Check. When you apply for a National Police History Record check you will receive a National Police Certificate.

You are required to read the [Health Science National Police History Record Check Guidelines and Procedures](#), and [obtain a current National Police Certificate](#) in year 1 of your course and sign a [Student Compulsory Declaration for the Status of National Police Record](#) in each of the other years of your course.

If your criminal record changes at any time during the course of your studies you are required to immediately notify your school. Your case may be referred to the Designated Officer for assessment. The Designated Officer may require you to undertake a new National Police History Record Check.

**New South Wales students** are required by NSW Health to complete the following [additional student clearances](#):

- Code of Conduct Agreement;
- Student Undertaking Agreement; and
- The Working with Children Check Form.

## SECTION 6: INFECTIOUS DISEASE GUIDELINES AND PROCEDURES

The [Health Science Infectious Disease Guidelines and Procedures](#) apply to students who are required to undertake placements in health care settings involved with the provision of patient/client care and services and with exposure-prone procedures (e.g. research, laboratory). In general you are required to comply with the *Procedures and Guidelines* in a manner consistent with that which applies to employees/health care workers within the same vocational field. School of Nursing and Midwifery students are required to read and comply with the following Health Science documents prior to undertaking placements:

- [Infectious Disease Guidelines and Procedures](#);
- [Immunisation Requirements](#) (*Tasmania students*) or [Immunisation Requirements](#) (*NSW students*); and
- [Infection Control Guidelines](#).

## SECTION 7: LEARNING REQUIREMENTS

You are required to read and become familiar with the learning requirements for this unit, or year of your course, and of the Placement/s.

*(Please contact your unit coordinator if you have not been provided with information relevant to this section.)*

## SECTION 8: SAFETY IN PRACTICE DISCLOSURES

UTAS is committed to continuously improving the management and standards of occupational health and safety and in so doing we strive to protect the health and safety of our students and other people in the community with whom students interact as part of their study.

In accordance with the University of Tasmania *Safe to Practise Policy* and *Occupational Health and Safety Policy*, all students required to undertake placement(s) are to establish and maintain their medical, physical and psychological capacity to practise safely.

You are therefore, required to declare your capacity to safely undertake the following professional experience placement **functional requirements** for your course:

1. *Reading and Writing*
  - comprehend patient/client records, charts and/or medication labels and dosages; and
  - accurately record patient/client notes.
2. *Critical Thinking and Analysis*
  - critically self-evaluate and reflect upon own practice, feelings and beliefs and the consequences of these for individuals and groups.
3. *Communication*
  - accept instruction and professional criticism;
  - question orders and decisions which are unclear; and
  - resolve conflict and negotiate with staff and patients/clients.

#### 4. *Psychological*

- interact with patients/clients, carers and others in a caring, respectful manner to provide emotional support and health education; and
- maintain self-control in professional situations.

#### 5. *Physical*

- use technical equipment, which includes having the dexterity to handle, maintain and program equipment;
- physically support patients/clients, which may include wound management and administering CPR; and
- physically manage essential equipment and materials.

Declaring a medical, physical and/or psychological condition will not automatically exclude you from undertaking placement.

UTAS is committed to anti-discrimination practices and will provide reasonable adjustments to enable students to participate in placements as long as safety requirements are not compromised.

Your health information will only be used for the direct purpose for which it is collected. The information provided by you in Section 8 may be disclosed to the agency at which you are undertaking your placement, in which case that agency will be informed that they are bound by the privacy provisions of the University and that they are required to contact you in relation to the use, storage and disclosure of your health information. If you do not provide the information requested you may be refused a placement.

### **SECTION 9: MEETING COURSE REQUIREMENTS**

The University aims, wherever possible, to arrange for placements to be flexible enough to meet the needs of all participating students. You are asked to indicate if there are any factors that may impact on your ability to successfully undertake your placement. These might relate to a change in family circumstances or responsibilities, your state of health, a disability, cultural or spiritual requirements. The School's contact will discuss possible options with you and if necessary negotiate any additional arrangements and support that may be required.

### **SECTION 10: CONFIDENTIALITY STATEMENT**

During the placement you may be provided with access to confidential information about the agency or its patients/clients. By signing the Agreement you agree not to discuss or disclose confidential information with anybody other than in accordance with your placement conditions.

### **SECTION 11: STUDENT DECLARATION**

#### **IMPORTANT: You must read and sign this section.**

By signing the Student Declaration you agree that you have read and understood your rights and responsibilities regarding your placement; and at the time of signing, have read and understood the UTAS *Safe to Practise Policy* and that all information provided by you is true and correct to the best of your knowledge.

### **SECTION 12: STAFF AGREEMENT**

The agreement will be signed on behalf of the University by the person designated by the Head of School or their nominee.

PLEASE READ THE *EXPLANATORY NOTES ON PAGE 1* BEFORE YOU COMPLETE THIS AGREEMENT.

## AGREEMENT

Period of Agreement:      From: ...../...../20.....      To: ...../...../20.....  
   From: ...../...../20.....      To: ...../...../20.....  
   From: ...../...../20.....      To: ...../...../20.....

Course/Unit Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 1: PERSONAL DETAILS

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION 2: EMERGENCY CONTACT

Please provide the details of the person to be contacted in case of emergency during your placement.

Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative contact name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

### SECTION 3: SAFE TO PRACTISE POLICY

I have read and understood the [University Safe to Practise Policy](#) and I will disclose any medical issue (disability, impairment or condition) in existence before, or occurs during professional experience practice, that is likely to detrimentally affect my capacity to safely undertake a professional placement experience immediately to the Head of School or their delegate and undertake a [Safe to Practice Medical Check](#) if required.

### SECTION 4: CODE OF PROFESSIONAL AND ETHICAL CONDUCT

I have read and agree to comply with the principles and rules set down in [Health Science Code of Professional and Ethical Conduct](#).

### SECTION 5: NATIONAL POLICE HISTORY RECORD CHECK GUIDELINES AND PROCEDURES

I have read and understood the [Health Science National Police History Record Check Guidelines and Procedures](#).

I will immediately notify the School if the status of my criminal history changes and apply for a new National Police History Record Check if required by the Designated Officer.

I agree to provide a copy of my National Police History Record Check or Clinical Placement Clearance (NSW students), to individual placement agencies upon request.

If deemed by a placement provider to have an unsatisfactory criminal history, I am aware that I will not be able to undertake placement in that agency.

### SECTION 6: INFECTIOUS DISEASE GUIDELINES AND PROCEDURES

I have read, understood and accept and agree to comply with the student responsibility requirements as documented in the Health Science:

- [Infectious Disease Guidelines and Procedures](#); and
- [Infection Control Guidelines](#).

I have complied with the *Immunisation Requirements* by submitting my completed *Student Immunisation Record Card* to the School of Nursing and Midwifery for sighting and agree to maintain possession of the card.

I will immediately notify the school if my status changes.

### SECTION 7: LEARNING REQUIREMENTS

I have read and am familiar with the learning requirements for this unit, or year of my course, and of the Placement/s.

Yes  No

**SECTION 8: SAFETY IN PRACTICE DISCLOSURE**

Do you have any health condition or disability (permanent or temporary) that may impair your capacity to participate in professional placements, laboratory and/or field activities; or that may put yourself or others at risk of harm whilst on placement?

Yes  No  Details (optional) \_\_\_\_\_

Are you currently taking any medication or substances that may impair your judgment, mental alertness and/or coordination (e.g. medication labelled with a warning sticker alerting the user not to drive a motor vehicle or operate machinery)?

Yes  No  Details (optional) \_\_\_\_\_

Have you suffered seizures, fits, convulsions, epilepsy, blackouts, fainting, double vision, sleep disorders, sleep apnoea, narcolepsy and/or diabetes within the last 5 years?

Yes  No  Details (optional) \_\_\_\_\_

Please list any other known medical conditions, physical conditions, psychological issues or medication requirements which may impair your capacity to safely undertake placement, laboratory and/or field activity which are inherent requirements specific to the course as outlined in the functional requirements in the explanatory notes for Section 8:

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**If you have answered yes to any of the questions above or listed any other known medical conditions, physical conditions or medication requirements** that may impair your ability to successfully undertake a professional experience placement laboratory and/or field activity, or place yourself or others at significant risk of harm, please take the [Safe to Practice Medical Check Form](#) to a Medical Practitioner or Psychologist before signing this agreement.

**SECTION 9: MEETING COURSE REQUIREMENTS**

I have discussed with the School's designated contact the additional arrangements and support I require to successfully complete the Placement and am satisfied that the necessary steps have been taken to address these.

Yes  No  N/A

**SECTION 10: CONFIDENTIALITY STATEMENT**

In relation to my placement, I agree to:

- maintain confidentiality of information, including clients, staff and workplace procedures;
- ensure the anonymity of clients when writing up case notes or any other documentation produced as part of my professional experience placement; and
- sign a workplace specific Confidentiality Agreement if required by the placement agency.

**SECTION 11: STUDENT DECLARATION**

I have read and understood the Unit information in the Handbook, the policies, guidelines and procedures outlined in this agreement, and any additional information provided by the School and I am aware of the requirements of the professional experience placement, laboratory and/or field activity. The special conditions relating to this/these have been explained to me and I have agreed to meet them. I consent to information from this form, any previous placements and academic progress being used in discussions with potential Placement Agencies. I agree to advise the School's designated contact immediately of any change to my circumstances which are likely to impact upon my ability to practise safely throughout the period of my study.

I have truthfully completed all details relating to my placement, laboratory and/or field activity requirements.

**SIGNED** by \_\_\_\_\_  
(Signature of Student) (Date)

**SECTION 12: STAFF AGREEMENT**

**THIS AGREEMENT** is made on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**BETWEEN THE UNIVERSITY OF TASMANIA**

**AND** \_\_\_\_\_  
(Print Student Name) (Student ID)

**SIGNED** for and on behalf of the **UNIVERSITY OF TASMANIA**

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Position)