

## SAFETY IN PRACTICE AGREEMENT

### INTRODUCTION

College of Health and Medicine (CHM) 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* annually. The purpose of the Agreement is to ensure that you are aware of your rights and responsibilities while undertaking PEPs.

The agreement should be completed in accordance with the CHM [Safety in Practice Student Compliance Documentation Guidelines and Procedure](#), **scanned and submitted via upload into InPlace**. The PEP Coordinator/Administrator of your Program will be able to discuss any additional arrangements and support that you may need. The PEP Administrator of your Program will sign this agreement on behalf of the Program and it will be 'verified' and remain accessible to you in [InPlace](#).

#### **Important Note:**

*Any student **under the age of 18 years** enrolled in Programs that include PEP must have the **written consent of their parent or guardian** when completing this Agreement.*

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

**Period of Agreement:            January 1<sup>st</sup>, 2019    -    February 28<sup>th</sup>, 2020**

### COURSE NAME AND CODE

Please enter the Course Name and Code in which you are enrolled into the designated area on page 5 of this Agreement.

### 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 PEPs 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 PEP being refused. Some of your personal information including your name, student number and photo, contact details and information on special requirements will be disclosed to the healthcare provider where you are undertaking your PEP. Where personal information is provided to a healthcare provider, the provider 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 the healthcare provider for management of PEPs, research and statistical purposes. The healthcare provider will ensure that data will:

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- 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, healthcare provider details and your start and end date to the commonwealth government. The information is required for funding purposes and failure to consent to that information transfer will result in you not being permitted to undertake PEP. Further information will be provided to you via email when the data collection commences including the Privacy Policy for the commonwealth government 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 PEP.

### SECTION 3: SAFE TO PRACTISE POLICY

In order to meet the University work, health and safety requirements, you are required to read the University [Safe to Practice Policy](#). If you make a disclosure in Section 9, then you will need to take the CHM [Health Assessment Form](#) to your Medical Practitioner for completion before you sign the Agreement.

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

You are required to read the CHM [PEP Code of Ethical and Professional Conduct](#) which contains rules which must be adhered to by all students undertaking PEPs. 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 RECORD CHECK AND WORKING WITH CHILDREN REGISTRATION

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

The College of Health and Medicine has determined that all students enrolled in courses involving PEP will require:

1. A **National Police Record Check**. When you apply for a National Police Record check you will receive a National Police Certificate.

You are required, in accordance with CHM [National Police Check Procedure](#), to obtain a current National Police Certificate by **week 2 of the first semester** of your course and every 3 years thereafter. In addition, international students and students who have been a citizen of or have resided in another country since turning 16 years of age, must provide a National Police Certificate from the country of birth or country of residence.

If you **commit an offence during your course of study** you are required to immediately notify the:

- Australian Health Practitioner Regulation Agency, where applicable; and

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- PEP Coordinator/Administrator for your Program. Your case may be referred to the Manager, College of Health and Medicine PEP Safety in Practice for assessment. The Manager, PEP Safety in Practice may require you to undertake a new National Police History Record Check.
2. **Working with Children Registration.** When you apply for registration you will receive a Working with Children Registration Card (Tasmania) or Letter (NSW). (*Laboratory Medicine students are exempt*)

You are required, in accordance with the CHM [Working with Vulnerable People \(Children\) Registration Procedure](#), to [obtain Working with Vulnerable People \(Children\) Registration](#).

## SECTION 6: INFECTIOUS DISEASE GUIDELINES AND PROCEDURES

The CHM [Infectious Disease Guidelines and Procedures](#) apply to students who are required to undertake PEPs in health care settings involved in 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. College of Health and Medicine students are required to read and comply with the following College documents prior to undertaking PEPs:

- [Infectious Disease Guidelines and Procedures](#);
  - [Tasmanian Student Immunisation Record Form](#);
- or
- [NSW Student Immunisation Record - Information Checklist](#); and
  - [Infection Control Guidelines](#).

## SECTION 7: LEARNING REQUIREMENTS

You are required to read and become familiar with the learning requirements for the PEP units in your course that you will complete during the period of this agreement.

## SECTION 8: WORK HEALTH AND SAFETY

You are required to read and become familiar with the work health and safety information and procedures relating to incident, accident and injury and student insurance located at [Work Health and Safety](#).

## SECTION 9: SAFETY IN PRACTICE DISCLOSURES

UTAS is committed to continuously improving the management and standards of work, 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 *Work, Health and Safety Policy*, all students required to undertake PEP(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 **Mandatory Functional Requirements** for your course:

1. **Capacity to read and write** to enable the student to:
  - read and understand patient/client records, charts and/or medication labels and dosages; and
  - accurately record patient/client notes.
2. **Capacity to undertake critical thinking and reflective analysis** to:
  - self-evaluate and reflect upon one's own practice, feelings and beliefs and the consequences of these for individuals and groups.
3. **Capacity to communicate** to enable the student to:

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- interact with patients/clients and health practitioners in a professional setting;
- accept instruction and professional criticism;
- question directions and decisions which are unclear; and
- resolve conflict and negotiate with staff and patients/clients.

### 4. Psychological capacity to:

- understand the importance of and demonstrate the professional attributes of honesty, integrity, critical judgement, insight and empathy;
- 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 capacity to: *(5. N/A for Postgraduate Counselling and Psychology students)*

- use technical equipment, which includes having the dexterity to undertake clinical procedures and handle, maintain and program equipment;
- apply clinical procedures (e.g. physical examination, wound management), support patients/clients and perform cardiopulmonary resuscitation (CPR); and
- manage essential equipment and materials.

If you answer **YES** to any of the questions in the Safety in Practice Disclosure, you are required to have the CHM [Health Assessment Form](#) completed by a Medical Practitioner. Declaring a medical, physical and/or psychological condition will not automatically exclude you from undertaking PEP.

UTAS is committed to anti-discrimination practices and will provide reasonable adjustments to enable students to participate in PEPs 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 9 may be disclosed to the healthcare provider at which you are undertaking your PEP, in which case that provider 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 PEP.

## SECTION 10: SUPPORT TO MEET PLACEMENT REQUIREMENTS

The University aims, wherever possible, to arrange for PEPs 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 your ability to undertake your PEP, including relocation to a region away from place of residence. These might relate to family circumstances or responsibilities, your state of health, disability, cultural or spiritual requirements. The Academic Coordinator of Professional Experience of your Program will discuss possible options with you and if necessary negotiate any additional arrangements and support that may be required.

## SECTION 11: CONFIDENTIALITY STATEMENT

During the PEP you may be provided with access to confidential information about the healthcare provider 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 PEP conditions.

## SECTION 12: 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 PEP; 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 13: STAFF AGREEMENT**

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

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

**AGREEMENT**

**Period of Agreement:**            **January 1<sup>st</sup>, 2019**    -    **February 28<sup>th</sup>, 2020**

**Course Name and Code:** \_\_\_\_\_

**SECTION 1: PERSONAL DETAILS**

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

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

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

\_\_\_\_\_    Postcode: \_\_\_\_\_

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

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

**SECTION 2: EMERGENCY CONTACT**

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

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

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

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

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

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

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

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

\_\_\_\_\_

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

***Optional:***

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

### SECTION 3: SAFE TO PRACTISE POLICY

**PLEASE** mark **all** boxes  to acknowledge your adherence to compliance items.

- I have read and understood the University [Safe to Practice Policy](#) and I will disclose any **existing** health issue (disability, impairment or condition), which may detrimentally affect my capacity to safely undertake PEP, immediately to the PEP Coordinator/Administrator and undertake a CHM [Health Assessment](#) 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 CHM [PEP Code of Ethical and Professional Conduct](#).

### SECTION 5: NATIONAL POLICE RECORD CHECK AND WORKING WITH CHILDREN REGISTRATION

1. I have read and complied with the CHM [National Police Check Procedure](#).

I agree to provide a copy of my National Police Certificate to individual healthcare providers upon request.

If I commit an offence during the course of study, I will immediately notify the:

- Australian Health Practitioner Regulation Agency via the [AHPRA - Form - NOCE-00 - Notice of certain events](#); and
- PEP Coordinator/Administrator and apply for a new National Police Certificate if required by the Manager, College of Health and Medicine PEP Safety in Practice.
2. I have complied with the CHM [Working with Vulnerable People \(Children\) Registration Procedure](#) and completed a Working with Children Registration. *(Laboratory Medicine students are exempt)*

I agree to provide a copy of my Working with Children Registration Card or Letter to individual healthcare providers upon request.

### 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 College of Health and Medicine:

- [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 PEP Coordinator/Administrator for sighting and agree to maintain possession of the card.

- I will immediately notify the PEP Coordinator/Administrator **if my infection status changes**.

### SECTION 7: LEARNING REQUIREMENTS

I will read and familiarise myself with the learning requirements for this unit, or year of my course, and of the PEP/s.

Yes  No

### SECTION 8: WORK HEALTH AND SAFETY

I have read and understood the student work health and safety information and procedures relating to incident, accident and injury and student insurance located at [Work Health and Safety](#).

## SECTION 9: SAFETY IN PRACTICE DISCLOSURE

Do you have any permanent, episodic or temporary health condition/s or impairment/s, including visual or auditory processing (learning disability)?

**IMPORTANT:** Minor **treated** and **stable** conditions (e.g. *Asthma, hyper/hypothyroidism, stomach reflux, eye lenses*) do **not need to be disclosed**.

Yes  No

Do you take any medication (prescribed or non-prescribed) or other substances that may affect 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

Have you experienced seizures, fits, convulsions, epilepsy, recurrent fainting, significant visual or hearing impairment (which is unable to be corrected with devices, such as glasses or hearing aids), sleep disorders, sleep apnoea, narcolepsy or diabetes within the last 5 years?

Yes  No

Do you have any other known medical conditions, physical conditions, psychological issues or medication requirements which may impair your capacity to safely undertake Professional Experience Placements, laboratory and/or field activities?

Yes  No

After reading the College of Health and Medicine **Mandatory Functional Requirements** (pages 3 & 4), do you have any concerns about your capacity to safely undertake Professional Experience Placements, laboratory and/or field activities?

Yes  No

**If you have answered YES to any of the questions above please take the [Health Assessment Form](#) to your Medical Practitioner for completion or procure a copy of your Educational Psychological Assessment Report (learning disability), then scan and submit the Form or Report via InPlace.**

## SECTION 10: SUPPORT TO MEET PLACEMENT REQUIREMENTS

In accordance with specific Course Requirements, students are allocated to professional experience placements subject to availability and generally must relocate to regions away from their place of residence.

I understand this statement: Yes

I require additional arrangements or learning support to successfully undertake the PEP:

No  **Go to Section 11** Yes  complete below

I have discussed with the Course Coordinator of my Program the additional arrangements and support I require to undertake PEP in the agreed location and am satisfied with the outcome.

Yes  No

### SECTION 11: CONFIDENTIALITY STATEMENT

In relation to my PEP, 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 PEP; and
- sign a workplace specific Confidentiality Agreement if required by the healthcare provider.

### SECTION 12: 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 PEP Coordinator/Administrator and I am aware of the requirements of the PEP, 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 PEPs and academic progress being used in discussions with potential PEP providers.

- I agree to advise the PEP Coordinator/Administrator 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 PEP, laboratory and/or field activity requirements.

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

### SECTION 13: 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** by PEP Administrators via Electronic signature:

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

\_\_\_\_\_  
(Signature of PEP Administrator) (Date)