Welcome to your Bachelor of Nursing (BN) Program. Attached is your 2019 PEP Pack which includes placement dates and key PEP timelines.

**Placement**

A vital component of the BN program is Professional Experience Placement (PEP).

During PEP you will be placed with experienced Nursing professionals, and under their direct supervision will assist in delivering care to patients/clients in a variety of clinical environments. PEP provides you with a practical arena in which to apply the theoretical knowledge gained in lectures, tutorials and workshops, to your developing nursing practice. Placements will occur across a variety of settings including hospitals, primary care, mental health and aged care.

The University of Tasmania has strong partnerships with a range of health care providers. Students need to be prepared to travel as BN placements take place across the Greater Sydney Metropolitan Region. There may also be opportunities to undertake placement in regional NSW via application. Each New South Wales campus has their own partners with which students will undertake the majority of their placements, with a different range of experiences available for each placement.

Your first placement will be in Semester 2 2019 for two weeks. Thereafter placements gradually increase in length from four to six weeks. In total students will complete 22 weeks of placement throughout the program. Each placement requires 100% attendance across a variety of shifts. Inability to meet this requirement may make you ineligible to complete the unit. Students will need to consider how they will manage family and work commitments during placement as well as any impact it will have on their financial situation during this time.

Students will have the opportunity to submit preferences for each placement, but need to remember that preferences are only a small consideration in the allocation process. Students are allocated according to course requirements, positions available, past placements, preference applications and residential address.

While on PEP students are allocated a roster, which will include a variety of morning, afternoon and possible night shifts across the week and possibly on weekends. Facilities provide rosters close to the start of placement. PEP dates are determined by curriculum requirements and placements sites are negotiated many months in advance with our partners. Therefore dates are non-negotiable.

Further information is available on the [NSW BN PEP](http://www.utas.edu.au) webpage.

**Compliance**

The first step in becoming a health care professional is making sure you can practice safely. This is the compliance process. It has many steps and takes some time. Therefore, it is important you read the information carefully.

The University of Tasmania takes student safety seriously, as do our partners. In line with legislative and police requirements, strict criteria have been set that must be met prior to students attending placement.

**Step 1 Safety in Practice Agreement**: To practise as a health care professional, you must have the medical, physical and psychological capacity to practise safely.
If you wish to complete the SIP Agreement electronically you will need to use appropriate software, such as the Fill & Sign feature of the Adobe Acrobat Reader software (Windows & Mac) or the Adobe Fill & Sign mobile apps (iOS & Android).

- Please note that all details in your completed SIP Agreement must be easy to read, with your Signature drawn freehand, and the file saved as a PDF.

- You need to make a Safety in Practice Disclosure under Section 9. If you answered yes to any of the questions in the Disclosure, you must complete a Health Assessment Form. Take the form to your health care practitioner for them to complete their section.

Scan the completed form into a single PDF and upload into InPlace.

**Step 2 Police and Working with Children Checks:**

- For students who don’t have a police certificate issued (from either an Australian police force or Fit2work) in the past six months, go to the College Compliance website, and look for the Fit2work link. This is a specially created link that provides access to an online national police certificate provider at a discounted rate. Students will need to have all their identity documents handy when applying. This is the only online police check provider the University will accept.

- NSW students should submit their current NSW Working with Chidren Check. If students need to apply or renew, this can be done through the NSW Office of the Childrens Guardian website.

**Step 3: Immunisation and Blood Borne Virus status:**

- All students need to provide evidence of immunity to specified vaccine preventable diseases. Additionally, for students personal safety in practice, it is expected that all students know their blood borne virus status.

- As this evidence is quite specific, please carefully review the attached Vaccination Record Card Information, including how the card should be completed to meet University of Tasmania and NSW Health requirements.

These requirements can take time and there may be costs involved for students. It is therefore recommended that students commence this process as soon as possible, so that if any follow up is required, this can be finalised in a timely manner. Information about completing your compliance requirements is included in this pack.

Students are responsible for the cost of and ensuring any compliance items expiring prior to/during a placement are updated. Students are advised to retain their original compliance documents, as these documents will need to be presented in person to NSW Health and partners, and will form part of a new graduate application at the completion of your studies.


**Step 4: Manual Handling and Basic Life Support:** All Bachelor of Nursing students are required to provide evidence of competency in these areas. This pack contains further information for students regarding how to complete this training.

**Step 5: Familiarise yourself with InPlace:** InPlace is the software program used by the University of Tasmania to manage all aspects of PEP including compliance and placements.

To start familiarising yourself with InPlace, login with your University of Tasmania email and password. All of your compliance documents can be uploaded here. The police certificate is the exception, as this needs to be presented in person to the PEP Team.
Step 6: Contact the PEP Team: The PEP Team, Therese, Tony, Jann and Ivan are here to help make the compliance experience as easy as possible for students.

Step 7: NSW Health ClinConnect Compliance: Once students have completed the University compliance requirements, they next need to meet NSW Health ClinConnect verification.

NSW Health will be on campus Tuesday 7 May in Semester One 2019 for NSW Health ClinConnect compliance. Students are required to present their compliance documents to NSW Health at this time to ensure they are eligible to attend PEP as scheduled.

Students need to have completed both University of Tasmania and NSW Health compliance requirements to have their placement preferences considered.

Therese, Jann, Tony and Ivan look forward to managing your PEP with you and can be contacted via Sydney.placements@utas.edu.au or as below:

Kind Regards

Therese Toohey
NSW PEP Coordinator
+61 2 8572 7996

Jann Schwensen
NSW Senior Immunisation Adviser
+61 439 154 515

Tony Cai
NSW Placement Officer
+61 2 8572 7988

Ivan Kan
Darlinghurst Administration Officer
+61 2 8572 7983
<table>
<thead>
<tr>
<th>WK</th>
<th>Week Beginning</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>18-Feb</td>
<td>Orientation and Unit start - PEP Talk</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>25-Feb</td>
<td>PEP document submission commences - PEP Talk</td>
<td>PEP Annual document submission continues</td>
</tr>
<tr>
<td>2</td>
<td>4-Mar</td>
<td>PEP document submission continues</td>
<td>PEP Annual document submission finalised</td>
</tr>
<tr>
<td>3</td>
<td>11-Mar</td>
<td>PEP document submission continues</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>18-Mar</td>
<td>PEP document submission continues</td>
<td>CNA254 - Preference Period</td>
</tr>
<tr>
<td>5</td>
<td>25-Mar</td>
<td>PEP document submission finalised</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1-Apr</td>
<td></td>
<td>CNA254 - Allocation finalised</td>
</tr>
<tr>
<td>7A</td>
<td>8-Apr</td>
<td>NSW Health Bulk Compliance (Darlinghurst)</td>
<td>Careers Week</td>
</tr>
<tr>
<td>7B</td>
<td>15-Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>22-Apr</td>
<td></td>
<td>NSW Health Bulk Compliance (Darlinghurst and Rozelle)</td>
</tr>
<tr>
<td>9</td>
<td>29-Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>6-May</td>
<td></td>
<td>CNA254 PEP: Nursing Practice 3</td>
</tr>
<tr>
<td>11</td>
<td>13-May</td>
<td></td>
<td>CNA254 PEP: Nursing Practice 3</td>
</tr>
<tr>
<td>12</td>
<td>20-May</td>
<td></td>
<td>CNA254 - Preference Period (Only compliant students will be able to submit preferences) CNA254 PEP: Nursing Practice 3</td>
</tr>
<tr>
<td>13</td>
<td>27-May</td>
<td></td>
<td>CNA254 PEP: Nursing Practice 3</td>
</tr>
<tr>
<td>Study Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3-Jun</td>
<td>Study Break</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>10-Jun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>17-Jun</td>
<td></td>
<td>CNA340 - Preference Period</td>
</tr>
<tr>
<td></td>
<td>24-Jun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-Jul</td>
<td></td>
<td>CNA340 - Allocation finalised, no further changes</td>
</tr>
<tr>
<td></td>
<td>8-Jul</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>15-Jul</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>22-Jul</td>
<td></td>
<td>CNA340 PEP: Developing Professional Nursing Practice</td>
</tr>
<tr>
<td>3</td>
<td>29-Jul</td>
<td></td>
<td>CNA340 PEP: Developing Professional Nursing Practice</td>
</tr>
<tr>
<td>4</td>
<td>5-Aug</td>
<td></td>
<td>CNA340 PEP: Developing Professional Nursing Practice</td>
</tr>
<tr>
<td>5</td>
<td>12-Aug</td>
<td></td>
<td>CNA340 PEP: Developing Professional Nursing Practice</td>
</tr>
<tr>
<td>6</td>
<td>19-Aug</td>
<td></td>
<td>CNA340 PEP: Developing Professional Nursing Practice</td>
</tr>
<tr>
<td>7</td>
<td>26-Aug</td>
<td></td>
<td>CNA340 PEP: Developing Professional Nursing Practice</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>2-Sep</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>9-Sep</td>
<td></td>
<td>CNA344 PEP: Nursing Practice 1</td>
</tr>
<tr>
<td>9</td>
<td>16-Sep</td>
<td></td>
<td>CNA344 PEP: Nursing Practice 1</td>
</tr>
<tr>
<td>10</td>
<td>23-Sep</td>
<td></td>
<td>CNA344 - Preference Period</td>
</tr>
<tr>
<td>11</td>
<td>30-Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>7-Oct</td>
<td></td>
<td>CNA344 - Allocation finalised</td>
</tr>
<tr>
<td>13</td>
<td>14-Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Break</td>
<td></td>
<td>21-Oct</td>
<td></td>
</tr>
<tr>
<td>Exams</td>
<td></td>
<td>28-Oct</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11-Nov</td>
<td></td>
<td>CNA344 PEP: Becoming a Registered Nurse</td>
</tr>
<tr>
<td>1</td>
<td>18-Nov</td>
<td></td>
<td>CNA344 PEP: Becoming a Registered Nurse</td>
</tr>
<tr>
<td>2</td>
<td>25-Nov</td>
<td></td>
<td>CNA344 PEP: Becoming a Registered Nurse</td>
</tr>
<tr>
<td>3</td>
<td>2-Dec</td>
<td></td>
<td>CNA344 PEP: Becoming a Registered Nurse</td>
</tr>
<tr>
<td>4</td>
<td>9-Dec</td>
<td></td>
<td>CNA250 - Allocation finalised</td>
</tr>
<tr>
<td>5</td>
<td>16-Dec</td>
<td></td>
<td>CNA344 PEP: Becoming a Registered Nurse</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>23-Dec</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>30-Dec</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>6-Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>13-Jan</td>
<td></td>
<td>CNA250 PEP: Nursing Practice 2</td>
</tr>
<tr>
<td>8</td>
<td>20-Jan</td>
<td></td>
<td>CNA250 PEP: Nursing Practice 2</td>
</tr>
<tr>
<td>9</td>
<td>27-Jan</td>
<td></td>
<td>CNA250 PEP: Nursing Practice 2</td>
</tr>
<tr>
<td>10</td>
<td>3-Feb</td>
<td></td>
<td>CNA250 PEP: Nursing Practice 2</td>
</tr>
<tr>
<td></td>
<td>10-Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17-Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24-Feb</td>
<td></td>
<td>Results released. Following established protocols, the College of Health and Medicine will notify AHPRA of students eligibility to be registered</td>
</tr>
</tbody>
</table>

**Students please note:** Whilst every attempt in advance has been made to ensure the accuracy of dates and durations of PEP across 2019-2020; for operational reasons adjustments may need to be made in negotiation with practice partners in order to maintain PEP opportunities for some students. In this unlikely event, any changes to these dates will be communicated with as much notice as possible.
# PEP MANDATORY REQUIREMENTS

<table>
<thead>
<tr>
<th>ITEM</th>
<th>YEAR 1 (CNA154 &amp; CNA250)</th>
<th>YEAR 2 (CNA254, CNA340 and CNA344)</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Health and Medicine Safety in Practice Agreement</td>
<td>Completed every year, if there are any changes to student health status</td>
<td></td>
</tr>
<tr>
<td>Health Assessment Form</td>
<td>Completed by student if any health conditions or impairment identified that could compromise students capacity to meet the mandatory functional requirements</td>
<td></td>
</tr>
<tr>
<td>NSW Working with Children Check (WWCC) (valid five years)</td>
<td>Obtained in first year, Sighted by NSW Health and UTas, retained by student and taken to Private Facilities. Update prior to expiry</td>
<td></td>
</tr>
<tr>
<td>National Police Certificate (NPC) (valid three years)</td>
<td>Obtained in first year, Sighted by NSW Health and UTas, retained by student and taken to Private Facilities. Update prior to expiry</td>
<td></td>
</tr>
<tr>
<td>NSW Health Vaccination Record</td>
<td>Commenced and completed in first year, Sighted by NSW Health and UTas, retained by Student and taken to Private Facilities and to job interviews</td>
<td></td>
</tr>
<tr>
<td>Manual Handling (valid one year)</td>
<td>Completed Annually, updated prior to expiry and taken to private facilities</td>
<td></td>
</tr>
<tr>
<td>Basic Life Support (valid one year)</td>
<td>Completed Annually, updated prior to expiry and taken to private facilities</td>
<td></td>
</tr>
<tr>
<td>NSW Health Attachment 7 Tuberculosis (TB) Assessment Tool</td>
<td>Sighted by UTAs and NSW Health in First year, retained by student and taken to private facilities</td>
<td></td>
</tr>
<tr>
<td>NSW Health Attachment 6 Student Undertaking Declaration/Form</td>
<td>Sighted by UTAs and NSW Health in First year, retained by student</td>
<td></td>
</tr>
<tr>
<td>NSW Health Code of Conduct Agreement for Students undertaking Clinical Placements</td>
<td>Sighted by UTAs and NSW Health in First year, retained by student</td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene Certificate</td>
<td>Completed in second semester year 1 as part of CNA154, taken to private facilities</td>
<td></td>
</tr>
<tr>
<td>HETI Online Mandatory Training</td>
<td>My Health Learning online will open 13 days prior to placement to allow students to complete training when allocated to NSW Health Facilities</td>
<td></td>
</tr>
<tr>
<td>Student ID card (valid three years)</td>
<td>Issued in first year, take to all PEP sites</td>
<td></td>
</tr>
<tr>
<td>Student Name Badge (valid two years)</td>
<td>Issued in First year, take to all PEP sites</td>
<td></td>
</tr>
<tr>
<td>Uniform</td>
<td>Ordered and issued before Semester 1 Week 5, worn to practical classes and PEP sites</td>
<td></td>
</tr>
<tr>
<td>Watch with a sweep second hand</td>
<td>Purchased by student in First year, take to all PEP</td>
<td></td>
</tr>
<tr>
<td>Blue or black pen and a pocket sized notebook</td>
<td>Purchased by student in First year, take to all PEP</td>
<td></td>
</tr>
<tr>
<td>Calculator</td>
<td>Purchased by student in First year, take to all PEP</td>
<td></td>
</tr>
<tr>
<td>Unit Outline, including Intended Learning Outcomes</td>
<td>Available from MyLO for each PEP Unit, take to all PEP</td>
<td></td>
</tr>
<tr>
<td>PEP Practice Portfolio</td>
<td>Download from MyLO and take to PEP</td>
<td></td>
</tr>
<tr>
<td>Medicare Card</td>
<td>Personal item, required in the event of injury/illness on PEP as WHS does not apply</td>
<td></td>
</tr>
<tr>
<td>Mobile phones</td>
<td>Cannot be used in Clinical settings.</td>
<td></td>
</tr>
<tr>
<td>Health Facility Specific Information and documentation</td>
<td>Available from InPlace for each PEP</td>
<td></td>
</tr>
</tbody>
</table>

Public Transport information is available at: [http://www.transportnsw.info/](http://www.transportnsw.info/)

InPlace will be updated to contain specific information for every placement. You should also expect contact from your Clinical Facilitator in the week prior to PEP commencing.
<table>
<thead>
<tr>
<th>Item</th>
<th>REQUIREMENTS TO ACHIEVE VERIFICATION</th>
<th>Date Due</th>
<th>UTas</th>
<th>NSW Health</th>
<th>Private Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 Safety in Practice Agreement</td>
<td>Student to complete, then scan all pages into one PDF in a clearly readable format and upload into InPlace</td>
<td>8/03/2019</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Assessment Form</td>
<td>Only completed if you declare a medical condition or impairment that may affect your mandatory functional requirements or as advised by University of Tasmania staff</td>
<td>As advised</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Working with Children Check (Valid 5 Years)</td>
<td>Student to scan in a clearly readable format as a PDF and upload into InPlace</td>
<td>8/03/2019</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Police Certificate (Valid 3 Years)</td>
<td>Student to scan in a clearly readable format as a PDF and upload into InPlace</td>
<td>8/03/2019</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>NSW Health Code of Conduct</td>
<td>Student to complete, then scan in a clearly readable format as a PDF and upload into InPlace</td>
<td>8/03/2019</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>NSW Health Form 6: Student undertaking/declaration</td>
<td>Student to complete, then scan in a clearly readable format as a PDF and upload into InPlace</td>
<td>8/03/2019</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>NSW Health Form 7: TB assessment</td>
<td>Student to complete, then scan in a clearly readable format as a PDF and upload into InPlace</td>
<td>22/03/2019</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>NSW Health Vaccination Card</td>
<td>Vaccination card commenced as per the NSW Immunisation Checklist, and scanned in a clearly readable format as a PDF and upload into InPlace after each update</td>
<td>22/03/2019</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>NSW Health ClinConnect Compliance</td>
<td>Present NSW Health Compliance documents to NSW Health staff at your campus Bulk Compliance day</td>
<td>7 May 2019</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Vaccination Record Card</td>
<td>Vaccination card completed as per the NSW Immunisation Checklist, and scanned in a clearly readable format as a PDF and upload into InPlace</td>
<td>29/11/2019</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Basic Life Support (Valid 3 Years)</td>
<td>Certificate to be scanned in a clearly readable format as a PDF and upload into InPlace</td>
<td>1/08/2019</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Manual Handling (Valid 1 year)</td>
<td>Certificate to be scanned in a clearly readable format as a PDF and upload into InPlace</td>
<td>1/08/2019</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
InPlace Quick Reference V4
Student User Interface Guide

22nd May 2018
InPlace is the University of Tasmania’s web based system used by staff and students to organise Professional Experience Placements (PEP). On InPlace students can access their student compliance details, upcoming placements and facility information.

Logging in for the first time
- Go to: https://inplace.utas.edu.au/ and click ‘Staff and Students’
- Your username is your University email address, i.e. student123@utas.edu.au
- Your password is the same for all University accounts, i.e. MyLO, eStudent and Webmail
- When you log in to InPlace you will be presented with Terms and Conditions that you need to accept in order to use the system.

Use your Home page
## Use the Toolbar

**Tip!** On a mobile device tap the menu icon to access the toolbar items.

<table>
<thead>
<tr>
<th>Link</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home</strong></td>
<td>Click to return to the Home page.</td>
</tr>
<tr>
<td><strong>Confirmed</strong></td>
<td>Click to open the Confirmed page and view all your confirmed placements and confirmed (successful) opportunities. A number appears beside the link if there are new items to view. From the Confirmed page you can open a placement and then access your schedule (including your log book or timesheets) and any documents linked to the placement, view assessment details and use the carpool feature.</td>
</tr>
<tr>
<td><strong>Available</strong></td>
<td>Click to view a list of all advertised opportunities (such as projects, internships and volunteering positions) you can apply for and any that have been shortlisted. If new opportunities have been added recently the number displays beside the link.</td>
</tr>
<tr>
<td><strong>Requirements</strong></td>
<td>Click to open the Requirements page and view your full program of placement requirements.</td>
</tr>
<tr>
<td><strong>Calendar</strong></td>
<td>Click to open your Calendar.</td>
</tr>
<tr>
<td><strong>Shared Documents</strong></td>
<td>Click to open the Shared Documents page and view all documents available to you.</td>
</tr>
<tr>
<td><strong>&lt;your username&gt;</strong></td>
<td>Click your username to view the User Account menu. From here you can:</td>
</tr>
<tr>
<td></td>
<td>• click My Details to open the My Details page and review your personal details and all required compliance documentation for your placements.</td>
</tr>
<tr>
<td></td>
<td>• click another InPlace account (such as Staff Account), if you have more than one role, to switch to that view of InPlace. (Some users have more than one account. For example, they may be both a staff member and a student.)</td>
</tr>
<tr>
<td></td>
<td>• click Help to open the InPlace online help</td>
</tr>
</tbody>
</table>
**Viewing InPlace on your mobile device**

On a mobile device your Home page looks a bit different – but all the same information is available and it's just as easy to access.
Use the Calendar

The InPlace Calendar lets you view your confirmed placements and any self-selectable placements you've nominated. It may also show your course-related engagements (classes, lectures and so on) imported from an external calendar if your institute uses one.

The Calendar offers you the option to sync your calendar data with your own external calendar (for example, a Google calendar).

Access the Calendar

To open the Calendar click Calendar on the toolbar. The default view is Work Week.

- All your placements are shown in blue, nominated self-selectable placements are pink, and all non-placement engagements are green.
- In the Day and Week views all-day events (or ones where no specific time range has been set up) are shown at the top, in the all day section.
- In the Day and Week views the default calendar day starts at 7.00 AM and ends at 7.00 PM. However, you can click Show full day (bottom left corner) to see a 24-hour day. Click Show business hours to switch back again.

Perform a Calendar sync

You can sync your placement calendar data with an external calendar. The data is exported as an iCalendar file (iCalendar.ics), which is compatible with external calendars such as Google, Yahoo, Outlook and iCal.

1. Click Sync on the Calendar.
2. In the Sync your calendar dialog copy the URL provided.
3. Enter the URL where required on your mobile device.

Note: Syncing instructions may vary across operating systems so you'll need to find and follow the steps that apply to your own device.
Manage your student details data

The My Details page displays your personal details and all placement prerequisites. You can upload and manage documentation for your placements immunisation records, criminal background checks, and driver's licence information. You access the page by clicking your username on the toolbar and then clicking My Details on the User Account menu. You can also open it by clicking a relevant task in the To Do list (on your home page).

You’re alerted to missing, outdated or rejected information by a task (such as ‘Information required’ or ‘Verification rejected’) in the To Do list on your home page.

1. In the To Do list on your Home page, click the task.
   The task lists the section of your My Details page that needs attention. For example, 'Placement Compliance'.

   ![To Do list](image)

   The My Details page opens.

2. Locate the section that requires attention and click its plus icon (+) to expand it.

   ![Expanded section](image)

3. Enter the required information, including uploading any relevant documents, and click Submit.

   ![Attachment section](image)

4. Once submitted, this box will turn blue. When fully verified, it will show green. If further action is required, it will be rejected and show red. You will then need to revisit the ‘to do’ list on your home page to review what is required.
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 1st, 2019 - February 28th, 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:
SAFETY IN PRACTICE AGREEMENT

- 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
SAFETY IN PRACTICE AGREEMENT

- 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:
SAFETY IN PRACTICE AGREEMENT

- 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.
SAFETY IN PRACTICE AGREEMENT

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 1st, 2019 - February 28th, 2020

Course Name and Code: ____________________________________________ Bachelor of Nursing

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: __________________________
SAFETY IN PRACTICE AGREEMENT

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.
SAFETY IN PRACTICE AGREEMENT

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)
How to Obtain a National Police Certificate

Students who undertake professional experience placement (PEP) within the College of Health and Medicine (CHM) are required to obtain a National Police Certificate in compliance with the CHM National Police Check Procedure. The College have an agreement with fit2work who provide an online National Police Check service, however, students are also able to obtain a National Police Certificate from the Tasmanian Police Department for students studying in Tasmania or the NSW Police Department for students studying in NSW. Further information on each of these services is provided below.

NOTE: The only online National Police Certificates that will be accepted by the CHM are those offered from fit2work. Upon Receipt of your National Police Certificate please provide the Original Document to the Professional Experience Placement Coordinator/Administrator of your relevant Program.

fit2work Online National Police Check

fit2work offer an online application process to obtain a National Police Certificate at a cost of $19.90 (plus GST) for all CHM students. You are only able to access this offer by clicking on the link below:


Students Studying in Tasmania

You may choose to use fit2work or you can obtain your National Police Certificate from the Tasmanian Police Department.

Tasmanian Police Department: Download the Consent to Check and Release a National Police Certificate – Application from the Tasmanian Police Website. Read the information below before you complete the Application form – in particular note that at Section 3 of the form you must tick the “Child Related Health” option otherwise your Police Certificate will not meet the compliance requirements for your PEP placement.

Important Information for Completing Your Application

<table>
<thead>
<tr>
<th>Section 1: Complete applicant details</th>
<th>(Write your own address - Not that of the University or your School)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 2: Tick “National Police Record Check”</td>
<td></td>
</tr>
<tr>
<td>Section 3: In the <strong>Option 1 – Employment/ Privilege under Schedule 1</strong> box tick “Child Related Health”</td>
<td></td>
</tr>
<tr>
<td>(Schedule 2 Anulled Police Checks are not accepted.)</td>
<td></td>
</tr>
<tr>
<td>Section 4: Tick the box for a receipt of payment</td>
<td></td>
</tr>
<tr>
<td>Section 5: Not applicable</td>
<td></td>
</tr>
<tr>
<td>Section 6: Attach certified copies of documents required as evidence of identity</td>
<td></td>
</tr>
<tr>
<td>NOTE: For information regarding Certified Documents</td>
<td></td>
</tr>
<tr>
<td>Section 7: In addition to your signature (the applicant), a witness who knows you will also need to sign the form</td>
<td></td>
</tr>
</tbody>
</table>


Note: Allow up to three weeks for application to be processed.
Students Studying in NSW

You may choose to use fit2work or you can obtain your National Police Certificate from the NSW Police Department.

NSW Police Department:

- complete an online application form at: https://npcoapr.police.nsw.gov.au/aspx/dataentry/Introduction.aspx (click on Next at bottom of page);
- Type of Check: “name and date of birth check”;
- Select purpose of check: “Employment/Student placement”;
- Upload required proof of identity documents and pay online; and
- present the printed confirmation page and proof of identity documents used to a NSW Police station (your application will not be processed until this action has been completed).

‘Note: Allow up to three weeks for application to be processed.

Upon Receipt of your National Police Certificate please provide the Original Document to the Professional Experience Placement Coordinator/Administrator of your relevant Program.

International Students

In addition to the procedural requirements above, international students and students who have been a citizen of or have resided in another country since turning 16 years of age, must submit a National Police Certificate (or equivalent that has been translated into English) from the country of birth or country of residence.

Placements in other States, Territories and Countries

Students undertaking placements in other states/territories or countries may be required to apply for additional related documentation – more information will be provided to students on an individual basis.

Upon Receipt of your National Police Certificate please provide the Original Document to the Professional Experience Placement Coordinator/Administrator of your relevant Program.
How to Obtain Working with Vulnerable People (Children) Registration

Students intending to undertake professional experience placement (PEP) must obtain registration in compliance with College of Health and Medicine Working with Vulnerable People (Children) Registration Procedure requirements. Registration is a legislated (mandatory) requirement for College of Health and Medicine students who undertake PEP as part of their course. There is capacity for exemption from registration in specific circumstances.

Working with Vulnerable People (Children) Registration Application (mandatory)

Please obtain registration via the guidelines below. Once registered, upload a scanned copy of your Working with Children Registration Card/Letter into InPlace to enable sighting and Verification by your Program PEP Administrator.

1 Tasmanian Students


Read and follow the instructions on that page and then click on Start My Application at the bottom of the page. If you have current Tasmanian Registration to Work with Vulnerable People (Children) (Employee or Volunteer) relating to your involvement with another ‘Organisation’, you can transfer the registration Organisation Name to the ‘University of Tasmania - Health and Medicine’.

Include the following details on the application form:

- Are you submitting this form for yourself?  Choose - ‘Yes’
- Class of registration:  Choose - ‘Volunteer’
- Child-related activity:  Choose - ‘Child health program and child health service’
- Are you currently working or volunteering in a child related activity?  Choose - ‘Yes’
- Employment and Volunteering Details - Organisation Name:  Choose - ‘University of Tasmania - Health and Medicine’
- What is your job title or volunteer role?  Type in - ‘Student’
- In what capacity are you engaged in this activity?  Choose - ‘Volunteer’
- Are you also required to be registered, accredited, approved or licensed by another authority (e.g. teaching, child care, public passenger vehicle)?  Choose - ‘No’

1.1 International Students Coming to Tasmania

As part of the application process above, international students coming to Tasmania are required to provide an original copy of their National Police Certificate (NPC) (translated into English) from their country of origin or the country they have resided in the last 12 months.

Applicants from overseas can complete the online Application for Registration to Work with Vulnerable People (Children) before coming to Australia and post or email their ID, photo and payment to the Department of Justice (within 20 days of completing the form or it will expire). See the Interstate and Overseas Applicants Checklist at: https://www.cbos.tas.gov.au/__data/assets/pdf_file/0018/408024/Interstate-overseas-applicants-checklist.pdf
Important Note:
In cases where a person cannot obtain a NPC from their country of origin for a genuine reason (e.g. the country won’t provide it once they have left), the Department of Justice may accept Visa documents (copy) and a character reference letter supplied by someone the person has worked for or volunteered with in their country of origin.

Students in this case, or where their resident country process for providing a NPC takes quite some time, should proceed with the application and, once payment has been made, the Department of Justice will contact them to request additional documentation if/as required.

Once the application is completed and payment made, students can download the Supervised Employment Statutory Declaration form at: https://www.cbos.tas.gov.au/__data/assets/pdf_file/0004/408064/Supervised-Employment-Statutory-Declaration.pdf. Completion of the Statutory Declaration form allows the students to undertake PEP under the supervision of a registered person until their Working with Children Registration is granted.

1.2 Interstate Students Undertaking Electives in Tasmania

In accordance with Tasmanian legislation as identified on the Tasmanian Government Consumer, Building and Occupational Services website, students with interstate WWC Registration undertaking PEP in Tasmania for less than 28 days per year are exempt from acquiring WWC Registration.

2 New South Wales Students

To apply for a Working with Children Check, go to the NSW Office of the Children's Guardian website at http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check. Under the ‘Need more help?’ menu, access the ‘What do I need to do as an applicant?’ video and then go to and click on the Start Here logo at the top of the page.

Include the following details on the application form:

- Purpose for check: Volunteer (free of charge)
- Child-related sector: Children’s health services

2.1 Tasmanian Students Undertaking PEP in NSW

In accordance with NSW legislation and as identified on the NSW Office of the Children's Guardian Working with Children Check website, Tasmanian students with Tasmanian WWC Registration undertaking PEP in NSW for less than 30 days per year are exempt from acquiring NSW WWC Registration.

3 Placements in other States and Territories

Students undertaking placements in other states and territories will require the relevant State or Territory Registration. See: https://aifs.gov.au/cfca/publications/pre-employment-screening-working-children-checks-and-police-checks#table-1
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:

Step 2: Enter your details

Name: ____________________________________________________________________________

Date of Birth: ______________   Gender: ______   Student ID: ____________________

University/TAFE/Training Organisation: __________________________________________________

Email address: _____________________________________________________________________

Step 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.

Signature: _______________________________   Date: ___________________
NSW STUDENT VACCINATION RECORD COMPLETION GUIDE

Vaccination Requirements for Professional Experience Placement (PEP) within NSW Healthcare Agencies

The University of Tasmania is required to comply with Commonwealth and State legislation and regulations to ensure the safety of students and healthcare consumers. The College of Health and Medicine has a duty of care towards both students and healthcare consumers to prevent or minimise the risk of transmission of infectious or blood-borne diseases.

This fact sheet accompanies the Vaccination Record Card for Health Care Workers and Students. All vaccinations, screening and serology reports **MUST** be documented on the Vaccination Record Card to enable you to comply with both the College of Health and Medicine & NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Policy (PD2018_009) for students undertaking PEP in NSW health care agencies.

It is a NSW Health requirement that only a GP or an Authorised Nurse Immuniser complete the Vaccination Record Card for Health Care Workers and Students. A clinic/practice stamp, practitioner name and signature is required next to all entries on the Vaccination Record Card. All vaccination records and entries on the Vaccination Record Card must be legible and in English.

Prior to visiting your GP please check the following sources for your vaccination records- child health records/baby books, vaccination/travel clinics, staff health records and GP medical records. Students previously immunised in Australia may also be able to download their immunisation history from the Australian Immunisation Register.

The Vaccination Record Card for Health Care Workers and Students is available from the NSW PEP Team. Students are responsible for all costs associated with completing vaccination compliance. It is recommended that you take this letter to your health care provider with your vaccination card.

Once you have **commenced** your Vaccination Record Card you are required to:

- Scan your Vaccination Record Card into a single PDF and upload to InPlace for verification by the NSW Authorised Nurse Immuniser after each individual vaccination (if required) for verification during Semester 1 Year 1 and at other times as requested
- After uploading your Vaccination Record Card to InPlace, you will also need to submit it to NSW Health during ClinConnect Bulk Compliance Day on campus in Semester 1 Year 1 and at other times as required
- Once you have completed all vaccination/serology/screening requirements, your Vaccination Record Card needs to be scanned into a single PDF and upload to InPlace for final verification.
- Take your Vaccination Record Card with you on 1st day of PEP to all Private Health Care Agencies

If you do not upload your Vaccination Record Card to InPlace and/or submit all other compliance documents to your PEP Coordinator/NSW Authorised Nurse Immuniser by the end of Semester 1 Year 1, you may not be eligible to undertake PEP as scheduled.

Further information regarding Vaccine Preventable Diseases is available from the College of Health and Medicine Compliance Webpage

**To upload your Vaccination Record Card into InPlace:**

Login to InPlace: [https://inplace.utas.edu.au/](https://inplace.utas.edu.au/)
- click ‘Staff and Students’
- Your **username** is your University email address, i.e. student123@utas.edu.au
Your **password** is the same for all University accounts, i.e. MyLO, eStudent and Webmail
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccination Record Card entry must include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus and Pertussis</td>
<td>One adult dose of dTpa vaccine given within the last 10 years Documented on Vaccination Card including • Date of administration <strong>AND</strong> • Batch number (if no batch number provided, an adult dTpa booster will be required) <strong>AND</strong> • Health care provider signature <strong>AND</strong> • Health care provider practice stamp • No serology results are accepted. Do not use ADT vaccine</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of a completed age appropriate course of Hep B vaccinations <strong>OR</strong> • If a student has been vaccinated but cannot locate Hep B vaccination records, a verbal history of Hep B vaccinations must be recorded on the Vac Card by GP an Authorised Nurse Immuniser AND a NSW Health Attachment 9 Hepatitis B Statutory Declaration must be completed and witnessed by an Authorised Nurse Immuniser or GP. This Statutory Declaration must always accompany the Vac Card <strong>AND</strong> • Hep B surface antibody serology. Result must only be recorded as a numerical value ≥ 10 IU/ml (<em>note</em>: positive, immune or detected are not accepted) <strong>OR</strong> Documented evidence of anti Hbc, indicating past Hepatitis B infection • <strong>If a Hep B non-responder after three (3) Hepatitis B vaccinations, please contact NSW PEP team ASAP for further information, as further serology and vaccinations will be required.</strong> • All Hep B vaccinations must be documented on Vaccination Card including • Date of administration AND • Batch number if given within last two (2) years AND • Health care provider signature AND • Health care provider practice stamp</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>Evidence of two (2) MMR vaccinations, administered at least one month apart and documented on Vac Card including • Date of administration AND • Batch number if given within last two (2) years AND • Health care provider signature AND • Health care provider practice stamp <strong>OR</strong> • Serology result indicating positive IgG for Measles and Mumps and Rubella, <strong>AND</strong> • Rubella serology result must be recorded on the Vac Card as a numerical value ONLY (<em>note</em>: positive, immune or detected are not accepted) <strong>AND</strong> • Rubella serology report must also be attached to Vac Card. • All MMR serology results must be documented on Vaccination Card including date of serology, health care provider signature and health care provider practice stamp <strong>OR</strong> • Born prior to 1966</td>
</tr>
</tbody>
</table>
Varicella

Evidence of an age appropriate course of vaccination:
- If vaccinated at under 14 years old, evidence of one (1) Varicella vaccination.
- If vaccinated at 14 years or older, evidence of two (2) Varicella vaccinations, administered at least one month apart.
- All Varicella vaccinations must be documented on Vaccination Card including:
  - Date of administration AND
  - Batch number if given within last 2 years AND
  - Health care provider signature AND
  - Health care provider practice stamp OR
- Positive Varicella IgG serology
  - Documented on Vaccination Card with date of serology, health care provider signature and health care provider practice stamp.

TB

TB Screening - Interferon Gamma Release Assay (IGRA) or Tuberculin Skin Test (TST) is required if:
- If you were born in a country with a high incidence of TB, or have resided or travelled 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/Infectious/tuberculosis/Documents/countries-incidence.pdf,
- OR if you have previously been assessed as TB compliant but resided or travelled for a cumulative period of 3 months or more to a country/countries with a high incidence of TB since your last TB assessment
- OR if you have had contact with a person who has infectious TB disease you will require TB screening.

TB Screening
- IGRA (blood test) can be performed by a GP with results documented on Vac Card including:
  - Date of IGRA blood test AND either positive or negative result
  - Health care provider signature AND
  - Health care provider practice stamp

TST/Mantoux
- is required if a positive IGRA result occurs or if previously screened with TST. It must only be performed at a designated NSW TB Service, not by a GP or pathology company. It must be one month apart from the administration of any live vaccines (MMR & Varicella)
- If you have a history of a BCG vaccination or if you have never had a BCG vaccination, this must also be recorded on the Vac Card at ‘TB Screening’ under ‘History of BCG vaccination’

TST/Mantoux Tests Interpretations:
- Reaction is negative, and no BCG scar, no further action
- Reaction > 8 mm and no BCG, CXR required and results recorded on Vac Card
- Reaction is negative, and BCG scar present, repeat mantoux test, if still negative, no further action
- Reaction >10mm and BCG confirmed, CXR required and results recorded on Vac Card

All entries must include date, health care provider signature, health care provider practice stamp
| Influenza Vaccination | For all UTas students undertaking PEP, the annual influenza vaccination is mandatory. Evidence of the annual influenza vaccination MUST be provided 2 weeks prior to 1st June each year using the

- UTas Safety in Practice Annual Influenza Vaccination Form  

**OR**

another form of evidence, which includes pharmacy/ hospital influenza consent form, GP immunization summary/list/statement or NSW Health Vaccination Record Card for Health Care Workers and Students. All other forms of evidence MUST include student name, date of birth, influenza vaccine name, vaccine batch number, date of administration, vaccinator name, signature and practice stamp/letterhead. |
# Sample Vaccination Record Card

## Vaccination Record Card for Health Care Workers and Students

### Personal Details (please print)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAZING</td>
<td>STAR</td>
<td>63 MILKY WAY OUTER GALAXY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>P:code:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>09/09/09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Staff/Student ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>080 080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact numbers: (mobile) (home) (work)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Vaccine

<table>
<thead>
<tr>
<th>Vaccine Details</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough)</td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Booster 10 years after previous dose</td>
<td>AC37B025</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody ≤ 10 IU/mL OR core antibody positive)</td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td>AHBUC123C</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Dose 2</td>
<td>AHBUC123C</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Dose 3</td>
<td>AHBUC123C</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
</tbody>
</table>

### AND

<table>
<thead>
<tr>
<th>AND Details</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serology: anti-HBs</td>
<td>Result</td>
<td>875 IU/mL</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
<tr>
<td>OR</td>
<td>Result</td>
<td>XKLIK</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
<tr>
<td>Serology: anti-HBC</td>
<td>Positive</td>
<td>Negative</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
</tbody>
</table>

### Influenza vaccine (strongly recommended for all health care workers & staff)

<table>
<thead>
<tr>
<th>Influenza Details</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flurix Tetra</td>
<td>Result</td>
<td>A8F8A755A</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
</tbody>
</table>

### Measles, Mumps and Rubella (MMR) vaccine

<table>
<thead>
<tr>
<th>MMR Details</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth certificate</td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td>A8F8A755A</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Dose 2</td>
<td>A8F8A755A</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td>Result</td>
<td>875 IU/mL</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
<tr>
<td>Serology Measles</td>
<td>Igg Result</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Serology Mumps</td>
<td>Igg Result</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Serology Rubella</td>
<td>Igg Result</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
</tbody>
</table>

### Varicella vaccine (age appropriate course of vaccinations OR positive serology)

<table>
<thead>
<tr>
<th>Varicella Details</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella vaccine</td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td>A8F8A755A</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Dose 2</td>
<td>A8F8A755A</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>Serology Varicella</td>
<td>Igg Result</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td>Result</td>
<td>Positive</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
<tr>
<td>TB Screening</td>
<td>Date</td>
<td>Batch No.</td>
<td>Official Certification by Vaccination Provider</td>
</tr>
<tr>
<td>Requires TB screening?</td>
<td>Yes</td>
<td>No (please circle)</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
<tr>
<td>History of BCG vaccination</td>
<td>Yes</td>
<td>No (please circle)</td>
<td>Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A</td>
</tr>
<tr>
<td>TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test</td>
<td>IGRA</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>OR</td>
<td>TST injection</td>
<td>Reading</td>
<td>Induration</td>
</tr>
<tr>
<td>TST injection if 2 step required</td>
<td>Reading</td>
<td>Induration</td>
<td>mm</td>
</tr>
<tr>
<td>Other TB investigations (including chest X ray)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised April 2018

---

2019 NSW Vaccination Record Completion Guide 18 January 2019
Page 5 of 5
# Vaccination Record Card for Health Care Workers and Students

## Personal Details (please print)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>State:</th>
<th>P/code:</th>
<th>Date of Birth</th>
<th>Staff/student ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact numbers</th>
<th>(mobile)</th>
<th>(home)</th>
<th>(work)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Vaccine

### Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Clinic/practice stamp, full name and signature</td>
</tr>
<tr>
<td>Booster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 years after previous dose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mIU/mL OR core antibody positive)

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Clinic/practice stamp, full name and signature</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AND

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serology: anti-HBs</td>
<td></td>
<td>mIU/mL</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>mIU/mL</td>
</tr>
<tr>
<td>Serology: anti-HBc</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

### Influenza vaccine (strongly recommended for all health care workers & mandatory for Category A High Risk health care workers)

### 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)

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Clinic/practice stamp, full name and signature</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OR

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serology Measles</td>
<td>IgG</td>
<td>Result</td>
</tr>
<tr>
<td>Serology Mumps</td>
<td>IgG</td>
<td>Result</td>
</tr>
<tr>
<td>Serology Rubella</td>
<td>IgG</td>
<td>Result</td>
</tr>
</tbody>
</table>

### Varicella vaccine (age appropriate course of vaccination OR positive serology)

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Clinic/practice stamp, full name and signature</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OR Serology Varicella

<table>
<thead>
<tr>
<th>Result</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgG</td>
<td></td>
</tr>
</tbody>
</table>

## TB Screening

### Requires TB screening? YES NO (please circle)

### History of BCG vaccination

YES NO (please circle)

### TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test (TST) performed at NSW TB Services only

<table>
<thead>
<tr>
<th>IGRA</th>
<th>Positive</th>
<th>Indeterminate</th>
<th>Negative</th>
</tr>
</thead>
</table>

## OR

<table>
<thead>
<tr>
<th>TST injection</th>
<th>Induration</th>
<th>mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TST injection if 2 step required</td>
<td>Induration</td>
<td>mm</td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Other TB investigations (including chest X ray)

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised April 2018
Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 Undertaking/Declaration Form. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The NSW Health agency will assess this form and decide whether TB screening or clinical review is required.

New recruits, other clinical personnel and volunteers will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

The education provider must forward a copy of this form to the health service for assessment.

Existing Category A staff, clinical personnel, volunteers and students who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

### Part A

1. Do you currently have a cough that has lasted longer than 2 weeks?  
   - Yes ☐  
   - No ☐

2. If yes, have you had any episode of haemoptysis (coughing up blood)?  
   - Yes ☐  
   - No ☐

3. Have you had unexplained fever, chills or night sweats in the past month?  
   - Yes ☐  
   - No ☐

4. Have you had any unexplained weight loss in the past month?  
   - Yes ☐  
   - No ☐

If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.

### Part B

1. What is your country of birth?

2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details  
   - Yes ☐  
   - No ☐

<table>
<thead>
<tr>
<th>Country</th>
<th>Duration of stay</th>
<th>Approximate dates/year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(attach a separate page if necessary)

3. Have you ever had contact with a person known to have TB?  
   - Yes ☐  
   - No ☐

If yes, detail the nature of the contact (attach separate page if necessary):

4. Have you ever been tested for TB before?  
   - Yes ☐  
   - No ☐

If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form.

Worker/Student Declaration: I declare that the information provided on this form is correct

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Worker cost centre (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of birth: / /  

Phone:  

Email:  

Signature:  

Worker cost centre (if applicable):  

Student ID (if applicable):  

NSW Health agency/Education provider:  

Date:
Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 Tuberculosis (TB) Assessment Tool and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 Checklist: Evidence required from Category A Applicants and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 Checklist: Evidence required from Category A Applicants and submitted Attachment 7 Tuberculosis (TB) Assessment Tool. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency 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. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

<table>
<thead>
<tr>
<th>Part</th>
<th>Undertaking/Declaration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</td>
</tr>
<tr>
<td>2</td>
<td>a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, OR</td>
</tr>
<tr>
<td></td>
<td>b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.</td>
</tr>
<tr>
<td>3</td>
<td>a. history of an age-appropriate vaccination course, and serology result Anti-HBs ≥10mIU/mL OR</td>
</tr>
<tr>
<td></td>
<td>b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is &lt;10mIU/mL (non-responder to hepatitis B vaccination) OR</td>
</tr>
<tr>
<td></td>
<td>c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR</td>
</tr>
<tr>
<td></td>
<td>d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result within six months of my initial verification process.</td>
</tr>
<tr>
<td>4</td>
<td>I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.</td>
</tr>
</tbody>
</table>

Declaration: I ____________________________ declare that the information provided is correct

Full name: ____________________________
Worker cost centre (if available): ____________________________
D.O.B: ____________________________
Worker/Student ID (if available): ____________________________
Email: ____________________________
NSW Health agency /Education provider: ____________________________
Signature: ____________________________
Date: ____________________________
Hazardous Materials Task Handling (Manual Handling) Basic Life Support (BLS) Mandatory Requirements

In line with Healthcare Partner agreements all Bachelor of Nursing students undertaking placements must be deemed competent in Hazardous Materials Task Handling (Manual Handling) and Basic Life Support (BLS) prior to entering practice. These activities must be completed annually for the duration of your course.

On campus training:

Students are able to attend a combined Manual Handling/BLS course delivered by Intellilearn on campus each year - this training is scheduled to be run in July each year. Students who complete their Manual Handling and BLS training through Intellilearn will have their InPlace profile updated automatically within a week of course completion.

Off campus training:

Students who decide to complete Manual Handling and/or BLS training at a provider of their own choosing, will need to provide the following information in order for PEP Staff to verify compliance for both these items:

- **BLS Competency Certificate** which includes the code HLTAID002 or
- **BLS Workplace Certification** including course content and/or assessment criteria for practical component of the course
- **Manual Handling Training Certification** including course content and/or assessment criteria for practical component of the course

These documents must be uploaded into InPlace against their respective compliance item.

Note:

- The NSW Health 'Hazardous Manual Tasks’ delivered online through My Health Learning does not include a practical component and therefore cannot be accepted
- Several First Aid courses now include BLS or Basic Emergency Life Support. Please review your First Aid certificate, and if BLS is included, upload under the BLS compliance item in InPlace
Safety in Practice Pregnancy Guidelines

In accordance with UTAS Safe to Practice Policy, through College of Health and Medicine (CHM) Professional Experience Placement (PEP) Safety in Practice requirements, all students must ensure that they have the capacity to safely undertake practice during their allocated PEP, including during pregnancy and post-delivery. CHM must also ensure that the health of students during pregnancy and post-delivery is not put at risk. As such, students who are pregnant cannot undertake PEP at some healthcare facilities, where patient/client behaviour, radiology and operating theatre procedures or infectious disease poses unacceptable risk.

The following guidelines outline CHM Safety in Practice requirements for students during pregnancy and post-delivery. Students will also be required to comply with individual PEP provider/facility policies.

Pre-PEP

Students who are pregnant:

- are required to disclose their pregnancy to their Program PEP Administrator/Coordinator;
- are required to have completed their pre-PEP vaccination requirements (discuss with their Obstetrician or GP). If unable to complete vaccinations, the student’s PEP will be deferred or the student may need to withdraw from the PEP unit and re-enrol the following year; and
- students must be no more than 36 weeks pregnant at the completion of PEP date. If students wish to attend PEP after 36 weeks, they must have a Safety to Practice Health Assessment Form completed by their Obstetrician or GP.

Note: This must also comply with healthcare facility policy.

Program PEP Administrators/Coordinators may request the student to have an additional Health Assessment Form completed if any concerns with their pregnancy are identified or if they express concerns about their capacity to practice safely on PEP.

Pregnancy from 20 weeks needs to be disclosed to the Program PEP Administrator/Coordinator.

During PEP

Student attendance requirements for pregnancy related illness are the same as with general sickness.

Students can attend PEP 4 weeks post a normal vaginal delivery and 6 weeks post caesarean delivery, providing there are no existing post-natal health related issues. Should there be existing post-natal health concerns, students will be required to have a Health Assessment Form completed by their GP.

Program PEP Administrators/Coordinators can negotiate for students attending PEP post-delivery to have reasonable breaks to express milk, but the student cannot take the baby onsite or make any childcare arrangements with the PEP provider/facility.
Safety in Practice Student Compliance Documentation Guidelines and Procedure

December, 2017

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Responsible Officer
Associate Heads, Learning and Teaching

Approved by
School of Medicine and School of Health Sciences Learning and Teaching Committees

Approved and commenced
October, 2014

Reviewed
December, 2017

Review by
December, 2020

Relevant Policy or Procedure the Guideline supports
College of Health and Medicine
Safety in Practice Compliance and Risk Assessment

Responsible Organisational Unit
School of Medicine and School of Health Sciences
1 Executive Summary

All students undertaking College of Health and Medicine programs with a professional experience placement (PEP) component are required to comply with the College of Health and Medicine Safety in Practice Compliance and Risk Assessment Procedure.

These guidelines identify the student Safety in Practice Requirements compliance documentation and associated deadlines for completion and submission.

2 Implementation and More Information

2.1 Program PEP Administrators will:

- provide a copy of this document to all students enrolling in PEP programs; and
- administer student documentation submission compliance.

2.2 For further information, contact the PEP Program Administrator.

3 Safety in Practice Requirements Documentation Submission Deadlines

3.1 Students must complete the Safety in Practice Requirements documentation via the Safety in Practice Agreement Form (other requirements and forms are hyperlinked within the Agreement Form).

3.2 The College of Health and Medicine assesses student compliance with the following Safety in Practice Requirements:

- national criminal history;
- working with children registration
- medical, physical and psychological capacity to safely undertake the College of Health and Medicine Mandatory Functional Requirements; and
- infectious disease and immunisation status.

3.3 National criminal history and medical, physical and psychological disclosures, which are subsequently risk assessed for student capacity to practice safely, may inhibit student eligibility to participate in courses. Risk assessment must therefore, be completed prior to enrolment census date.

3.4 Newly enrolled students must complete and submit the Safety in Practice Requirements documentation to the Program PEP Administrator by:

- week two of semester one; or
- in case of late enrolment, prior to beginning study.

The Working with Children Registration Card and Immunisation Record Form/Card must be completed (with Hep B vaccination commenced) and submitted by week 1 of semester 2, unless required earlier by individual Program - Program to advise).
3.5 **Continuing students** must submit the Safety in Practice Requirements documentation to the Program PEP Administrator by:

- census date of semester one; or
- earlier as per any individual Program requirements (Program to advise).

3.6 Student non-compliance with these submission deadlines can lead to disciplinary action.

4 Submission Non-Compliance Procedure

Failure to meet the Safety in Practice Requirements Submission Deadlines in 3.4 or 3.5 above can lead to the following disciplinary procedure being initiated:

4.1 Student must meet with the PEP Administrator to receive formal notification of the outstanding Safety in Practice Requirements documentation and to sign Compliance Documentation Submission Form (Appendix 1).

*(Failure to attend will result in referral to the Head of Program)*

4.2 Student will then have until the date/s specified on the Compliance Documentation Submission Form to submit the outstanding documentation.

*(Failure to submit will result in referral to the Head of Program)*

4.3 Student will then be contacted to attend an appointment with the Head of Program to submit the outstanding documentation directly.

*(Documentation will no longer be accepted by the PEP Administrator)*

4.4 The Head of Program has the discretion to initiate an allegation of general misconduct against any students who still fail to comply with the Safety in Practice Requirements Submission Deadlines under Ordinance 9 – Student Discipline.

5 Glossary

<table>
<thead>
<tr>
<th>Term/Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Program</td>
<td>Degree Coordinator/Authorised Person</td>
</tr>
<tr>
<td>Organisational Unit</td>
<td>School of Medicine and School of Health Sciences</td>
</tr>
<tr>
<td>PEP</td>
<td>Professional Experience Placement</td>
</tr>
<tr>
<td>PEP Administrator</td>
<td>Program PEP Administration Point of Contact Person</td>
</tr>
<tr>
<td>Program</td>
<td>Degree</td>
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6 Versioning

<table>
<thead>
<tr>
<th>Initial</th>
<th>Version 1</th>
<th>Pharmacy Program, 2014</th>
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</thead>
<tbody>
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<td><strong>Version</strong></td>
<td>Version 2</td>
<td>Approved April, 2017; by School of Medicine and School of Health Sciences Learning and Teaching Committees</td>
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<tr>
<td><strong>Current</strong></td>
<td>Version 3</td>
<td>Reviewed by Faculty Manager, PEP Safety in Practice</td>
</tr>
</tbody>
</table>
Appendix 1  Late Submission Form

School of Medicine and School of Health Sciences

Safety in Practice Compliance Documentation – Late Submission Form

Dear __________________________ ID_________, you have failed to submit the completed College of Health and Medicine Safety in Practice Requirements documentation indicated below, in accordance with the Safety in Practice Student Compliance Documentation Guidelines and Procedure submission deadlines.

1  ☐ Safety in Practice Agreement
   ☐ Health Assessment (where required)  1a

2  ☐ National Police Certificate

3  ☐ Immunisation Record Form/Card
   ☐ Safety in Practice Immunisation Variation Form (where required)  3a

4  ☐ Working with Children Registration

You are required to contact (insert PEP Administrator name) to discuss the late submission process below.

Student Declaration

As discussed and agreed with the PEP Administrator, I am aware that I must submit the completed above indicated documentation by:

• 1 & 2  30th April
• 3 & 4  30th July

I am aware that failure to submit the indicated documentation by this date will result in my having to meet with the Head of Program to discuss possible:

• submission of the documentation directly to the Head of Program; or
• allegation of general misconduct under Ordinance 9 – Student Discipline, which can be initiated by the Head of Program against any student who fails to comply with the Safety in Practice Student Compliance Documentation Guidelines and Procedure submission deadlines.

Signed by Student:

Name: ___________________________  Student ID number: ___________

Student Signature: ___________________________  Date _______________

Signed on behalf of Head of Program by:

(insert PEP Administrator name): ___________________________  Date _______________