
Immunisation Requirements for VET in School Students

South Western Sydney Local Health District (SWSLHD) strives to ensure students are protected against common diseases they may be exposed to when caring for patients during their clinical placement, and vice versa.

It is a compulsory requirement to comply with the NSW Ministry of Health's Policy Directive [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases PD2024_015](#) before commencing in HLT33115 Certificate III in Health Services Assistance (Assisting in nursing work in acute care) qualification.

Documents required:

1. VET in School Immunisation Document Checklist
2. NSW Health Code of Conduct Agreement for Students Form
3. Undertaking / Declaration Form
4. Tuberculosis (TB) Assessment Tool Form
5. Australian Immunisation History Statement from Australian Immunisation Register (AIR) (download from the [MyGov](#) website)

How to obtain Australian Immunisation History Statement:

- ➔ Downloading your Australian Immunisation Register 'Immunisation History Statement via the [MyGov/Medicare website](#).
- ➔ Call the Australian Immunisation Register on 1800 653 809 (Monday to Friday 8am to 5pm) and ask for a statement to be sent to you. It can take up to 14 days to arrive in the post.
- ➔ If you cannot get proof online, your local Doctor can print your AIR immunisation history statement for you.

TO NOTE:

- A Hepatitis B Blood test will be required to check your level of immunity after the Immunisations documents have been assessed by the SWSLHD Student Compliance Team.
- Influenza vaccination is required for all students and is required annually by the 1st of June. Seasonal Influenza vaccinations should be administered from the 1st of March each year.

Without adequate information, SWSLHD will not be able to establish that you have had the correct vaccination, or that it is safe for you to undertake your clinical placement in the hospital.

VET in School Immunisation Document Checklist

Completed and signed copies of:

Copy of Student ID card	<input type="checkbox"/>
NSW Health Code of Conduct Agreement for Students Form https://www.heti.nsw.gov.au/_data/assets/pdf_file/0009/473175/Code-of-Conduct-Declaration-Form-October-2018.pdf	<input type="checkbox"/>
Undertaking / Declaration Form https://www.health.nsw.gov.au/immunisation/Documents/Occupational/appendix-6-declaration.pdf	<input type="checkbox"/>
Tuberculosis (TB) Assessment Tool Form https://www.health.nsw.gov.au/immunisation/Documents/tb-assessment-tool.pdf	<input type="checkbox"/>
Immunisation History Statement from the Australian Immunisation Register (AIR) (Download from MyGov Medicare: https://www.servicesaustralia.gov.au/how-to-get-immunisation-history-statements?context=22436)	<input type="checkbox"/>

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:

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

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: _____

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*Position on card *[number next to your name]*

Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider

Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature

Date completed

Please complete all questions in Parts A, B and C.

Part A: Symptoms requiring investigation to exclude active TB disease

<i>Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?</i>	Yes	No
1. Cough for more than 2 weeks?		
2. Episodes of haemoptysis (coughing blood) in the past month?		
3. Unexplained fevers, chills or night sweats in the past month?		
4. Significant* unexpected weight loss over the past 3 months? <i>*loss of more than 5% of body weight</i>		

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Part B: Previous TB treatment or TB screening or increased susceptibility		Yes	No
1. Have you ever been treated for active TB disease or latent TB infection (LTBI)? <i>If Yes, please state the year and country where you were treated and provide documentation (if available)</i> Year _____ Country _____			
2. Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <i>If Yes, please provide copies of TB test results.</i>			
3. Do you have any medical conditions that affect your immune system? <i>e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease</i>			
4. Are you on any regular medications that suppress your immune system? <i>e.g. TNF alpha inhibitors, high dose prednisone</i> <i>Please provide details here:</i>			

Part C: Possible TB exposure risk history		
The following questions explore possible previous exposure to TB		
1. In what country were you born? If born overseas, when did you migrate to Australia?		
First Assessment Only		
1a. Is your country of birth on the list of high-TB-incidence countries? <i>For the up-to-date list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</i>	Yes	No
1b. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <i>*If yes, please provide a copy of the result</i>		
2. Have you ever visited or lived in any country/ies with a high TB incidence in your life (first assessment) or since your last TB Assessment? <i>If Yes, please list below the countries you have visited, the year of travel and duration of stay</i>		
3. Have you had direct contact with a person with infectious pulmonary TB without adequate personal protective equipment and did not complete contact screening?	Yes	No

Country visited	Year of travel	Duration of stay <i>(please specify d/w/m)</i>	Country visited	Year of travel	Duration of stay <i>(please specify d/w/m)</i>

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Other relevant information to assist with determining TB risk
<p>E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on Date</p>

All workers and students need to submit this form to their NSW health agency or education provider.

Education providers must forward this form to the NSW Health agency for assessment.

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

NSW TB Services contact details:

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx>

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored, and reasonable steps will be taken to keep it accurate, complete and up to date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

For Official Use of NSW Health Agency or NSW TB Service	
Please refer to Appendix 3 - TB Assessment Decision Support Tool for guidance on documenting outcomes from this TB Assessment:	
<ul style="list-style-type: none"> TB Compliant Advice sought from local TB service/chest clinic TB Screening required – referred to GP or local TB service/chest clinic TB Clinical Review required – referred to local TB service/chest clinic Other 	
Name of assessor and role	Contact Number
Health Agency/District/Network	Date of assessment

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

What is the purpose of this form

This form must be completed when applying for a Category A position/before attending placement at NSW Health. The undertaking/ declaration form ensures all applicants are aware of and comply with the [NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases \(OASV\) Policy Directive](#). Appendix 1 Evidence of Protection provides a summary of these requirements.

Who is required to complete this form

All individuals applying for a position in NSW Health including new recruits, existing staff being assessed against the policy, students, volunteers, facilitators and contractors (including visiting medical officers and agency staff) who provide services at a NSW Health facility and for or on behalf of NSW Health.

Instructions

1. Download the form before filling it in. Click [here](#) for steps to complete a PDF fillable form.
2. Read the undertaking/declaration form carefully.
3. Only tick the options in the 'Undertaking/Declaration Form' applicable to your circumstances.
4. Complete all sections of the 'Declaration'.

Next steps

To commence employment/attend clinical placements:

1. All **Category A** workers (including students) are also required to:
 - a. Complete the [Tuberculosis \(TB\) Assessment Tool](#) and
 - b. Provide evidence of protection as specified in [Appendix 1 Evidence of protection](#) of the policy directive. Vaccinations and serology results may be recorded on the [NSW Health Vaccination Record Card](#).
2. **Return the completed forms** to the health facility with the application/enrolment or before attending their first clinical placement. (Parent/guardian may sign if student is under 18 years of age).
3. The **recruitment agency/education provider** 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.
4. The **NSW Health agency** must assess these forms and the evidence of protection.

Undertaking/Declaration Form



I, declare that (tick the applicable options):

1	I agree to abide by the requirements of the NSW Health <u>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive</u> including Appendix 1 Evidence of Protection.
2	I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; AND a. <input type="checkbox"/> I am not aware of any personal circumstances that would prevent me from completing these requirements; OR b. <input type="checkbox"/> I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: <u>Medical Contraindications and Hepatitis B Vaccine Non-Responders</u>). I request consideration of my circumstances. If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder: i. I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u> ; AND ii. If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.
3	If I have received the minimum number of doses to commence employment/attend placement and I am granted temporary compliance, a. I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive and agree to comply with the protective measures required by the health service; AND b. I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.

Declaration

I,

declare that the information provided is correct and I will abide by the requirements of the undertaking.

Date of birth Worker/Student ID (if available)

Email

Contact number

NSW Health Agency/Education provider

Signature Date

Parent/guardian name

(where required for workers/students under 18 years)

Parent/guardian signature

Date