

# PEPA 2015-2017 Information Guide for Placement Participants



**New South Wales Edition**

**PEPA 2015-2017**  
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<b>Version Number</b>	<b>Date</b>	<b>Changes</b>
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## Acknowledgements

### Resource Development

This *Information Guide for Placement Participants* was adapted from resources developed in previous phases of PEPA by the National Coordination Team at QUT, in consultation with PEPA Managers and representatives from the Australian Government Department of Health. This current version was updated in June 2015 for use in the PEPA 2015-2017 phase.

This project is funded by the Australian Government Department of Health, through the Palliative Care Education and Training Collaborative.

### PEPA 2015-2017 INFORMATION GUIDE FOR PLACEMENT PARTICIPANTS

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This *Information Guide for Placement Participants* may be downloaded from the PEPA web site at: [www.pepaeducation.com](http://www.pepaeducation.com).

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## Application Process

This *Information Guide for Placement Participants* provides important information about the management of the Program of Experience in the Palliative Approach (PEPA). All applicants should read this guide in its entirety and agree to the conditions before applying for entry into the program.

Application forms are available online at: [www.pepaeducation.com](http://www.pepaeducation.com). Completed forms should be submitted to the PEPA Manager in your state of territory.

### Contact Details for the PEPA Manager in New South Wales:

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Sydney Local Health District

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c/o Level 2, Gloucester House  
Royal Prince Alfred Hospital  
Missenden Road  
Camperdown NSW 2050

# The Program of Experience in the Palliative Approach (PEPA)

## 1.0 PROGRAM OBJECTIVES

The Australian Government funds a range of national palliative care projects to enhance the quality of palliative care service delivery and increase support for people who are dying, their families and carers. In 2015-2017 the Department of Health has provided funding for a Palliative Care Education and Training Collaborative that incorporates the Program of Experience in the Palliative Approach (PEPA) and the Palliative Care Curriculum for Undergraduates (PCC4U) projects. This collaborative takes a whole-of-workforce approach to building the capability and capacity of the health workforce to provide quality palliative care to all Australians. The project takes a strategic approach to education and training of the health workforce, by aligning project activities to the Palliative Care Workforce Development Pathway developed as an outcome of the most recent phase of the Australian Government's PCC4U project. PEPA focuses on:

**1. Delivery of Education and Training programs:** Delivery of programs for priority health care provider groups across primary, secondary and tertiary settings through ***the Program of Experience in the Palliative Approach (PEPA)***. Specifically, PEPA aims to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops. The means by which the aim is to be achieved include:

- Building workforce capacity by facilitating clinical experience and other experiential opportunities for health practitioners across rural, remote and metropolitan settings in the palliative approach to care;
- Enhancing linkages between specialist and generalist palliative care providers;
- Enabling Aboriginal and Torres Strait Islander health care providers to gain culturally appropriate experience in the palliative approach to care; and
- Providing professional skills development opportunities for clinicians.

## 2.0 PARTICIPANT OUTCOMES

Participation in this program aims to enhance a participant's knowledge and skills in the palliative approach to care. On completion of the program, participants should be able to demonstrate:

- An increased appreciation of dying and death as a normal part of the life continuum;
- An increased awareness of the scope of, and benefits of timely and appropriate access to, palliative care services;
- An increased awareness and understanding of culturally appropriate palliative care provision;
- A clear understanding of the principles of palliative care;
- An ability to identify the needs of individuals with a life-limiting illness and their family including care preferences, spiritual requirements and bereavement expression;
- An ability to identify the role of their discipline in managing issues faced by individuals with a life-limiting illness;
- An ability to identify services and resources to support individuals with a life-limiting illness and their families;
- An ability to recognise their own knowledge base and scope of practice with regard to optimal palliative care provision; and
- An ability to identify personal coping strategies to effectively manage the personal issues related to working in this field.

### ***Please note:***

*Participation in this program aims to enhance your knowledge and skills in the palliative approach to care. It does not constitute a formal qualification nor does it aim to develop advanced skills in the field.*

### 3.0 SERVICE AND SYSTEM LEVEL OUTCOMES

At the service and system level, participation should result in:

- Improved skill and confidence of the generalist workforce to work with people with palliative care needs;
- Strengthened linkages between generalists and specialist palliative care providers.

### 4.0 PROGRAM ELIGIBILITY

#### 4.1 Discipline background

Placements are available for primary care providers employed in health, aged or community care services, who are involved in providing end of life services across all settings. Our focus is on the generalist workforce. Applications are welcome from professionals in regional and remote locations across Australia. This includes:

- **Aboriginal health and community professionals:**
  - Aboriginal and Torres Strait Islander health professionals and health workers
  - Aboriginal and Torres Strait Islander liaison officers
  - Aboriginal and Torres Strait Islander community workers
- **Medical practitioners, including but not limited to:**
  - GPs
  - GP registrars.
  - Senior medical officers in rural and remote settings
  - Medical specialists (other than specialist palliative care staff)
- **Nurses:**
  - Registered nurses
  - Enrolled nurses
- **Allied health professionals:**
  - Physiotherapists
  - Occupational therapists
  - Speech pathologists
  - Social workers
  - Psychologists
  - Dieticians
  - Pharmacists
  - Bereavement counsellors/coordinators
  - Chaplains
  - Pastoral care workers
  - Ambulance officers/paramedics
- **Aged care workers:**
  - Residential aged care workers including Extended Aged Care in the Home (EACH) and Community Aged Care Package (CACP) workers
  - Assistants in nursing
  - Enrolled nurses
  - Registered nurses
- **Community care workers:**
  - Personal care attendants
  - Disability workers
- **Health professionals servicing culturally and linguistically diverse (CALD) populations:**
  - Migrant and CALD liaison officers.

Other participants may be considered where the purpose or likely outcomes are deemed to be consistent with the program and approval is given in writing by the National PEPA team.

#### 4.2 Conditions

Applicants must agree to comply with the conditions of the program and meet the following eligibility criteria in order to participate:

- Be currently employed (including self-employed) in a health, aged or community service that provides services for people with life limiting illness;
- Hold a relevant professional qualification and current registration to practice with the relevant regulatory/professional body where this is required by legislation (evidence of formal qualifications and registration to practice is required);
- Agree to comply with host site policies, including confidentiality, immunisation requirements and workplace health and safety policies;
- Have the approval of their employer to participate;
- If applicable, obtain mutual recognition of registration to practice from the relevant state/territory regulatory authority prior to undertaking the placement, (currently applies if applicant is approved to undertake a placement outside of their usual jurisdiction but does not work in a discipline governed by the Australian Health Practitioner Regulation Agency);
- Provide evidence of relevant insurances/work cover, as outlined in Section 9.2 of this Information Guide, to cover the period of the supervised clinical placement;
- Have obtained *Working with Children* or other appropriate authority as required by state/territory legislation and local institutional policies if undertaking placements which may involve interactions with children;
- Agree to having a 'criminal history check prior to participating in the program as required by state/territory legislation and/or local institutional policies; and
- Meet any other program requirements that may be specified by the PEPA Manager at a jurisdictional level.

Participation in the program is normally restricted to once only for all participants.

#### ***Please note:***

*Priority is given to eligible applicants in their 'home' jurisdiction. Interstate placements may be considered in special circumstances in accordance with the National Coordination Team's policies and guidelines.*

*During a PEPA placement, participants are likely to encounter patients who may be experiencing physical and/or emotional distress. Before applying to undertake a PEPA placement, participants are encouraged to consider their own personal circumstances including recent bereavement and/or illness. For some people working with people with a life-threatening illness may complicate or delay personal grieving responses and healing.*

### **5.0 PROGRAM ACTIVITIES**

The program is underpinned by evidence-based educational strategies and culturally appropriate, collaborative and sustainable principles. The focus is on experiential and peer-based learning and strategies which encourage transfer of learning into practice.

#### *5.1 Standard PEPA Placements*

The supervised clinical placement is organised in each State and Territory by the local PEPA Manager, and is structured to provide experience in a variety of settings where palliative care is provided.



Normally a supervised clinical placement is between 2-5 days duration. The placement may be attended as a block of time or on separate days over a period of weeks. This will be negotiated by your PEPA Manager and host site, taking into consideration the information you provide on your application form.

Placements may be undertaken individually or with a small group. You can discuss these options with the local PEPA Manager.

*Placements are of an observational nature and as a participant you are supernumerary to the staffing establishment of the host site.* You will be allocated a mentor and/or a supervisor in the organisation, with whom you will work closely throughout your placement. Additional resources to guide your learning experience may also be provided by the PEPA Manager.

Participants are required to submit a short reflection report (max. 1 page) of learning to your local PEPA Manager on completion of the placement.

### *5.2 Reverse PEPA*

Reverse PEPA placements entail a specialist palliative care staff member travelling to the applicant's place of employment to facilitate learning. Reverse PEPA placements are negotiated with the PEPA Manager, and may be appropriate where the goal is to improve practice through tailored support or where learning opportunities can be arranged for multiple staff members. This placement type may be relevant:

- In rural or remote settings;
- In Aboriginal community settings; or
- Within residential aged care settings.

A Reverse PEPA placement is generally between 2-5 days duration.

### *5.3 Pre- and Post- Placement Activities*

Pre-placement preparation will assist you to identify appropriate learning objectives. It is essential for you to complete any preparatory learning activities as directed by your PEPA Manager. As a guide, pre-placement preparation will involve a commitment of approximately 2-3 hours. This includes:

- Completing your application form;
- Familiarising yourself with placement information sent to you by your PEPA Manager or host site;
- Returning a pre-placement evaluation survey;
- Setting preliminary learning objectives and completing any other suggested activities;
- Perusing your relevant learning guide and any additional readings; and
- Thinking about how you might disseminate information to colleagues on return to your workplace.

In order to reinforce learning and enhance the quality of palliative care provision, all participants are expected to:

- Review the program and personal objectives and reflect on the extent to which they were achieved and areas for further learning;
- Submit a short reflection report of learning to your local PEPA Manager (approx 1 page);
- Complete and submit the relevant PEPA post-placement evaluation;
- Implement a project or quality activity within three months of completion of the placement that promotes transfer of learning into your workplace or practice.

Certificates of participation in PEPA will be issued following evidence of completion of the post-placement activities.

PEPA aims to improve the networks between the health providers, and provide ongoing support for participants. You are encouraged to become involved in post-placement networks to promote ongoing professional development, support and communication across settings and disciplines. A range of post placement activities will also be available from time to time. It is recommended that each participant is involved in at least one post placement support activity.

## 6.0 PROGRAM EVALUATION

PEPA participants, their employers (if applicable) and either a mentor or host site manager are required to participate in PEPA evaluation activities.

The core question underpinning the PEPA evaluation is:

*How has PEPA increased your capacity and the capacity of your employing organisation to provide a palliative approach to the care of clients with life-limiting illness?*

### 6.1 Participant evaluation

Surveys will be sent to you for completion, either in hardcopy or electronically, prior to commencement and three months following placement.

### 6.2 Host site evaluation

Host sites will receive a survey form on a six monthly basis, for providing feedback about the placements that have occurred during that time.

### 6.3 Employer evaluation

Your employer will receive an evaluation form three months following your supervised clinical placement.

**All completed hardcopy evaluation surveys are to be returned to the PEPA Manager in your jurisdiction.**

## 7.0 CONTINUING PROFESSIONAL DEVELOPMENT POINTS

Participation in PEPA does not lead to a formal qualification or recognition as a 'specialist' in palliative care. However, the program is acknowledged and supported by a number of professional organisations who recognise participation in the program as an important professional development activity. Participating organisations and the respective continuing professional development points are as follows:

- ***The Royal Australian College of General Practitioners (RACGP)*** – Eligible RACGP members who undertake a PEPA placement of at least 10 hours may be eligible for 40 x Category 1 points\*. Furthermore, if you can demonstrate that you have implemented a system improvement/transfer of learning as part of your PEPA post placement workplace activities then you may be eligible for an additional 40 x Category 1 points\*.
- ***The Australian College of Rural and Remote Medicine (ACRRM)*** – ACRRM will allocate 30 ACRRM pdp points\* to GPs who have ACRRM membership and undertake a PEPA supervised clinical placement at a specialist palliative care service for a minimum of 15

hours. GPs with ACRRM membership are now also welcome to apply for additional pdp points for any pre- and post- placement activities that are undertaken in conjunction with their PEPA placement.

- **Royal College of Nursing Australia (RCNA)** – Attendance attracts 30 RCNA Continuing Nurse Education (CNE) points as part of RCNA's Life Long Learning Program (3LP)\*.
- **Royal Australian College of Physicians Fellows** – Participants in the RACP MyCPD Program may be eligible to claim credits for attending PEPA placements under 'Category 4: Structured Learning Projects' at 3 credits per hour\*.
- **AHPRA Australian Health Practitioner Regulation Agency** – Annual registration with AHPRA for health professionals requires individual participation in continuing professional development to meet requirements of each National Board. Points can be gained through PEPA placements and workshops with the number of points available varying depending upon the professional discipline. This is a self recording process and all responsibility to document and claim points falls on the registrant directly.\*

To find out more about the process for claiming professional development points, please visit our website: [www.pepaeducation.com](http://www.pepaeducation.com) and click on the icon for your discipline. Participants from other professional associations will need to contact their organisation directly to determine whether participation in the program is recognised.

*\*Please note that the professional development points allocated are subject to change without notice and may increase or decrease as considered appropriate by the professional associations involved.*

## 8.0 RESPONSIBILITIES OF STAKEHOLDERS

### *8.1 Responsibilities of the participant*

Following acceptance into PEPA it is expected that you will:

- Be familiar with and comply with the requirements outlined in this *Information Guide* and the application form;
- Prepare for the supervised clinical placement by referring to the educational resources provided and identifying your individual learning needs for the program;
- Attend the placement as an observer and work closely with the allocated supervisor at all times;
- Consider how learning can be transferred into your current practice and work environment;
- Be sensitive to the work demands of the mentor;
- Abide by the policies and procedures of the host site;
- Reflect on your experience and critically appraise care provision of patients in your community;
- Undertake a quality improvement activity within your own workplace/practice within three months of completing your placement, to promote the transfer of learning from your placement into your own workplace;
- Complete and return all evaluation documents;
- Where appropriate, complete, copy and forward Quality Assurance and Continuing Professional Development/Professional Development Points documents to your local PEPA Manager or submit online;

- Notify the PEPA Manager in your State or Territory and comply with host site policy in the event of an injury or illness occurring while on placement; and
- Notify the PEPA Manager in your State or Territory if you are unable to attend your placement for any reason.

#### *8.2 Responsibilities of the participant's employer (if applicable)*

Your manager/employer is required to:

- Be familiar with and comply with the requirements outlined in this *Information Guide* and the application form;
- Complete and sign the PEPA application form agreeing to the responsibilities described in this document;
- Agree to provide *Work Cover* insurance for their employees whilst they are participating in this program;
- Agree to provide professional indemnity insurance for their employees whilst they are participating in this program;
- Support you in undertaking the placement and transferring knowledge on return to the workplace; and
- Complete the evaluation survey and return it to the local PEPA Manager on completion of your supervised clinical placement.

#### *8.3 Responsibilities of the host site*

The host facility is responsible for:

- Ensuring there is a single person responsible to administrate arrangements;
- Ensuring that mentors are aware of the dates that they have been assigned as a participant;
- Providing mentors who have appropriate clinical teaching experience;
- Ensuring that the participant is supernumerary to the staffing of the service;
- Ensuring that the participant is aware of local policies and procedures relating to safety and security;
- Completing and returning the evaluation survey every six months; and
- Advising the local PEPA Manager of any issues or concerns during the placement.

#### *8.4 Responsibilities of the mentor*

It is expected that the mentor will:

- Be familiar and comply with the contents of this *Information Guide* and the application form;
- Be familiar with and comply with the contents of the PEPA Mentoring Guide, the PEPA for Aboriginal and Torres Strait Islander Health Workers Mentor Guidelines and Communications Guidelines and the appropriate PEPA Learning Guide for participants;
- Think about or plan their time and working arrangements for the placement period, including whether they may need to delegate some responsibility to colleagues intermittently or for the duration of the placement;
- Model desirable behaviours and attitudes and incorporate features of a 'best practice' PEPA placement as outlined in the PEPA Mentoring Guide;
- Provide feedback and discuss placement experiences, issues or any concerns that may arise;
- Provide an opportunity for the participant to discuss their planned post-placement workplace activity;
- Sign off on the participant's supervised clinical placement documentation, as appropriate, for allocation of continuing professional development points.

### *8.5 Responsibilities of the PEPA manager*

It is expected that the PEPA manager will:

- Coordinate and implement the PEPA program;
- Resolve any procedural issues that may arise during the course of the program;
- Ensure the participant is placed in a suitable host facility to meet their learning needs.

## **9.0 MANAGEMENT OF RISKS**

### *9.1 Risk identification and risk management*

It is the responsibility of all stakeholders to be aware of the potential risks associated with the program and to implement appropriate strategies to effectively manage these risks.

Placements are of an observational nature and as a participant you are supernumerary to the staffing establishment of the host site. You must work closely with your allocated supervisor at all times.

Applicants who do not fulfil the requirements for qualifications, licensing and insurances will not be accepted into the program. Applicants who have a current work cover claim may not be eligible to participate (please contact your local PEPA Manager for more information).

While undertaking a PEPA placement, participants will be exposed to a range of hazards which are normally encountered by health care professionals practicing in palliative care settings. Accordingly, all participants are subject to the standard Workplace Health and Safety Policies, Procedures and Regulations of the Host Site and their employing organisation. All participants are required to comply with these policies and procedures at all times.

Measures that participants can take to minimise these risks include (but are not limited to):

- Participate in orientation to the host site by your mentor;
- Familiarise yourself with the specific risks and hazards associated with the area to which you have been assigned;
- Familiarise yourself with the safety policies and procedures of the host site; and
- Recognise that if you are unwell during your time on placement it is your responsibility to raise this with your supervisor and cease work if either a patient(s) or your own health may be compromised.

### *9.2 Insurance*

All participants must be fully insured for the duration of their placement. For self-employed applicants and employed applicants, medical indemnity/ medical defence insurance and Work Cover must be current and cover you throughout your placement period.

## **10.0 FUNDING ARRANGEMENTS**

The Australian Government Department of Health and Ageing has provided funding through the National Palliative Care Program to support this program. For more information about the funding available to support your participation in the program, contact the PEPA Manager in your state or territory.

### *10.1 Employers*

Employers and General Practices will be reimbursed for some of the costs associated with backfilling staff participating in PEPA.

### *10.2 Participants*

PEPA has allocated funds to assist participants to attend a supervised clinical placement. This includes funding towards travel and accommodation costs for eligible participants.

### *10.3 Host Sites*

The generosity shown by many host sites in accepting clinicians on placement is acknowledged. Host sites will be provided with some funds to support the placements for participants.

**Please note:**

Claims for reimbursement are to be submitted to the PEPA Manager following completion of the placement. The PEPA manager will provide details about this process in the letter of offer. It is essential that you submit all required information within the timeframes specified.

## Application check list – return with your application

**Please POST your completed application to PEPA NSW the original.**

Once we receive your application we will send you a letter/email to let you know that we have received your application. If you don't hear from us in a timely manner please send us an email or give us a call.

Applicants are asked to submit to PEPA NSW (please ✓)	Comments
<input type="checkbox"/> Completed PEPA NSW application form	
<input type="checkbox"/> <b>Has your Manager signed this form?</b> (this section asks if the applicant will be covered by the organisation's professional indemnity insurance and work cover while undertaking a Placement; it also asks if there is a current work cover claim; it also asks if the manager supports the application and will encourage dissemination of information on their return to the workplace.) <b>OR</b> <input type="checkbox"/> <b>Self-employed applicants</b> (usually GP and some Allied Health need to provide medical indemnity and work cover/public liability/personal insurance details)	
<input type="checkbox"/> Copy of <b>CURRENT registration or practising certificate</b> (regulated Health Professionals are asked to provide proof of your current registration/practising certificate)	
<input type="checkbox"/> Copy of your current <b>Immunisation Status or Immunisation Record - doctors &amp; nurses only</b> (not all Host site request this).	
<input type="checkbox"/> <b>CRC clearance</b> (evidence of your current Criminal Record Check (CRC) clearance, must be less than 2 years old – written evidence must include date cleared, clearance number, etc. If your workplace cannot provide written evidence of CRC clearance then it is the applicants responsibility to approach the NSW Police Department to obtain a National Criminal History Record Check)	
<input type="checkbox"/> Student Undertaking form	
<input type="checkbox"/> Volunteer/Student Declaration form	
<input type="checkbox"/> Tuberculosis (TB) assessment tool (form 2)	
<input type="checkbox"/> Student Undertaking/Declaration (form 3)	
<input type="checkbox"/> Did you take a copy of your application form?	



**All forms MUST be completed for your application to be processed including the Volunteer/Student Declaration form and The Student Undertaking/Declaration (Form 3)**

### PEPA NSW use only:

Application received:

- ☐ Placement information sent
- ☐ Pre-placement Learning Plan returned
- ☐ Post-placement questionnaire returned
- ☐ Snapshot of project or quality activity received
- ☐ Backfill reminder sent

Receipt sent:

- ☐ pre placement questionnaire returned
- ☐ Short reflection report received
- ☐ Placement completion form received
- ☐ follow up contact
- ☐ Certificate sent

## **Program of Experience in the Palliative Approach (PEPA) NSW**

**Project Manager:** Janeen Foffani | **Enquiries:** 95156424

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 Register for upcoming events at: <http://profile.eventarc.com/profile/PEPANSW>



## APPLICATION FORM for PEPA 2015-2017

New South Wales

### Instructions

Please complete the relevant sections of this application form and return to your PEPA Manager:

PEPA NSW

C/O Gloucester House, Royal Prince Alfred Hospital  
Missenden Road Camperdown NSW 2050

### Section A: Privacy & Confidentiality – ALL APPLICANTS TO COMPLETE

All information provided by you in this application will be kept private and confidential. This information will only be used for the purposes of:

- Assessing your eligibility for the program
- Allocation of clinical placements, follow-up and post-placement support
- Program evaluation
- Confirmation of your qualifications and current registration /authority to practice

For these purposes, your details and program report may be forwarded to the QUT PEPA National Team, Host Site and post placement support activities..

#### Please tick

- ☐ I understand and agree to the information I have provided to be used for the above purposes.  
☐ I consent to my name and contact details being forwarded to the relevant person for post-placement support activities.

### Section B: Applicants Details – ALL APPLICANTS TO COMPLETE

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Emergency \_\_\_\_\_

Contact \_\_\_\_\_

Name of Next of Kin / Emergency Contact \_\_\_\_\_

Phone Number of Contact \_\_\_\_\_

Do you have a disability or impairment that may require assistance or aids during placement? If so, please specify what might be needed: \_\_\_\_\_

### Section C: Australian Aboriginal and/or Torres Strait Islander and/or CALD status

**Q1. Are you of Aboriginal or Torres Strait Islander origin?** (Please answer yes only if you are a person of Aboriginal and/or Torres Strait Islander descent, identify as an Aboriginal and/or Torres Strait Islander and are accepted as such by the community in which you live.) ☐ Yes ☐ No

**Q2. In which country were you born?**

☐ Australia ☐ New Zealand ☐ England ☐ Italy ☐ Vietnam ☐ India ☐ Scotland ☐ Other, please specify: \_\_\_\_\_

**Q3. Do you speak a language other than English at home?**

☐ No, English only ☐ Yes, Italian ☐ Yes, Greek ☐ Yes, Cantonese ☐ Yes, Arabic ☐ Yes, Mandarin ☐ Yes, Vietnamese  
☐ Yes, other, please specify: \_\_\_\_\_

### Section D: Eligibility Criteria – ALL APPLICANTS TO COMPLETE

**Q1. Are you currently employed (including self employed) in a health, aged or community care service that provides services for people with chronic and/or life-limiting illness?**

☐ Yes ☐ No (You cannot proceed any further if you tick this box)

**Q2. Is your registration / practising certificate current?**

☐ Yes - you must provide details in the space provided and attach evidence – then go to Question 4

☐ No (You cannot proceed any further if you tick this box)

☐ Not Applicable (for non-regulated workers/carers) – go to Question 3

Registration Number	Registering Authority	Renewal Date

**Q3. For non-regulated workers (i.e. workers from disciplines that are not regulated under the Australian Health Practitioner Regulation Agency), please specify your current position?**

- |  |   |
|--|---|
| <input type="checkbox"/> Aboriginal Health Worker                                    | <input type="checkbox"/> Paramedic/Ambulance officer        |
| <input type="checkbox"/> Indigenous Liaison Officer                                  | <input type="checkbox"/> Speech Pathologist                 |
| <input type="checkbox"/> Indigenous Community Worker                                 | <input type="checkbox"/> Social Worker                      |
| <input type="checkbox"/> Migrant/Culturally & Linguistically Diverse Liaison Officer | <input type="checkbox"/> Dietician                          |
| <input type="checkbox"/> Residential Aged Care Worker or Assistant in Nursing        | <input type="checkbox"/> Bereavement Counsellor/Coordinator |
| <input type="checkbox"/> Pastoral Care Worker/Chaplain                               | <input type="checkbox"/> Other, please specify _____        |

Note: If you are seeking to undertake an interstate placement you are responsible for obtaining mutual recognition of registration to practice from the relevant state/territory regulatory authority prior to undertaking the placement.

### PEPA MANAGER USE ONLY

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Notified \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Host Site

Form Version: PEPA NSW v1

PEPA Manager \_\_\_\_\_

Placement Dates \_\_\_\_/\_\_\_\_/\_\_\_\_



## Application Form for PEPA 2015-2017

**Q4. Do you agree to have a 'criminal history check' prior to participating in the program as required by state/territory legislation and/or local institutional policies?**

☐ Yes ☐ No (You cannot proceed any further if you tick this box)

**Q5. Have you obtained a *Working with Children* card or other appropriate authority as required by state/territory legislation and local institutional policies if undertaking a placement which may involve interactions with children?**

☐ Yes, please provide details below and attach evidence

☐ No (If no, please discuss with PEPA Manager to determine whether this is required for your proposed placement)

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Q6. Are you self-employed?**

☐ Yes (Go to Section E of this application)

☐ No (Go to Section F of this application)

### Section E: Self-employed Applicants Only

All self-employed applicants are required to provide their own insurance as per the *PEPA 2015-2017 Information Guide for Placements*.

**Q1. Do you have current medical indemnity/ medical defence insurance that will cover you throughout your attendance at your PEPA supervised clinical placement/s?**

☐ Yes (please attach a "Certificate of Confirmation") ☐ No (You cannot proceed any further if you tick this box)

**Q2. Do you have current Work Cover insurance that will cover you throughout your attendance at the PEPA supervised clinical placement/s?**

☐ Yes (please attach a "Certificate of Confirmation") ☐ No (You cannot proceed any further if you tick this box)

**Q3. Do you currently have a Work Cover Claim?**

☐ Yes (go to question 4)

☐ No (Go to the Participant Declaration for this section)

**Q4. Is a PEPA placement consistent with the current Work Cover Certificate of Capacity provided by your doctor?**

☐ Yes (please attach documentary evidence)

☐ No (You cannot proceed any further if you tick this box)

**Participant Declaration:** I declare that my insurances (indicated above) are current and cover me throughout the period of my PEPA Placement, and a copy of current "Confirmation Certificate" for my medical indemnity insurance and Work Cover is attached. In signing this declaration I agree to comply with the responsibilities outlined in the *PEPA Information and Application Kit*.

**Please Note:** You are required to attach a copy of the "Confirmation Certificate" for your medical indemnity insurance and Work Cover.

Place of Work: \_\_\_\_\_

Position Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Self-employed person's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Section F: Employed Applicants (not self-employed)

Place of Work: \_\_\_\_\_

Position Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

#### Managers Declaration

Manager's Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

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

**Please Note: The following questions & declaration are to be completed by the applicant's manager (employer).**

**Q1. Will the applicant be covered by your organisation's professional indemnity insurance while undertaking a PEPA Placement?**

☐ Yes

☐ No (Applicant cannot proceed any further if you tick this box)

**Q2. Will the applicant be covered by your organisation's Work Cover policy while undertaking a PEPA Placement?**

☐ Yes

☐ No (Applicant cannot proceed any further if you tick this box)

**Q3. Does the applicant currently have a Work Cover claim?**

☐ Yes (Go to question 4)

☐ No (Go to question 5)

**Q4. If yes, is the applicant's participation in PEPA consistent with the conditions of the Work Cover Certificate of Capacity provided by the applicant's doctor? (Please note: If you have a Work Cover Claim you may not be able to participate in PEPA. Contact your local PEPA Manager for more information)**

☐ Yes (Please attach documentary evidence of the doctor's approval for the applicant to participate)

☐ No



# Application Form for PEPA 2015-2017

**Q5. Do you support the applicant to undertake a clinical placement and provide support for the learning that will be implemented on return to the workplace?**

☐ Yes ☐ No

**Q6. Having read the PEPA 2015-2017 Information Guide, do you understand and agree to comply with all requirements for participation in the program?**

☐ Yes ☐ No

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Section G: Placement Preferences – ALL APPLICANTS TO COMPLETE

**Please Note: Placement preferences will be taken into account where possible.**

- |   |                                    |                                    |   |
|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Local palliative care service        | <input type="checkbox"/> inpatient | <input type="checkbox"/> community | <input type="checkbox"/> hospital based consultancy |
| <input type="checkbox"/> Regional palliative care service     | <input type="checkbox"/> inpatient | <input type="checkbox"/> community | <input type="checkbox"/> hospital based consultancy |
| <input type="checkbox"/> Metropolitan palliative care service | <input type="checkbox"/> inpatient | <input type="checkbox"/> community | <input type="checkbox"/> hospital based consultancy |

**Q1. What are your preferred dates / times for a placement?**

\_\_\_\_\_

**Q2. Are there any times that you would not be available for a placement?**

\_\_\_\_\_

**Q3. Are there any other constraints that would impact on your uptake of a placement?**

\_\_\_\_\_

## Section H: Applicant's Declaration - ALL APPLICANTS TO COMPLETE

If I am successful in securing a clinical placement, I understand that I may have access to information of a private and confidential nature, including information about the Host Site, its staff and patients. I understand that I have an obligation to maintain this confidentiality at all times and I declare that I will not disclose any information to any person, organisation or body, by any means (electronic, verbal, hard copy or other means).

I agree to comply with host site policies, including confidentiality, immunisation status requirements (where required) and workplace health and safety policies.

I declare that I do not have any current or pending misconduct proceedings or health conditions that would impact on my participation in this program. Also, I declare that if I am unwell during a placement I understand that it is my responsibility to raise this with my supervisor and cease work if either a patient(s) or my own health may be compromised.

**In signing this application, I declare that the information provided by me in support of my application is true and accurate. Should I be successful, I agree to abide by the requirements of the program as outlined in the Information Guide. I agree to notify the PEPA Manager should any of the information provided in this application change before or during my participation in the program.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section I: Applicant's Checklist – ALL APPLICANTS TO COMPLETE

**Please complete the following checklist to ensure you have attached all the necessary documentation.**

**- ALL attachments associated with this application form**

- ☐ Copy of your current professional registration or license to practice.
- ☐ Copy of your current "Confirmation Certificate" for your medical indemnity insurance (applicable to self-employed applicants only).
- ☐ Copy of your current Working with Children card if appropriate

## Section J: Professional Development Points

**Check the following boxes & include your membership number/s if registered with the following organisations:**

- ☐ Royal Australian College of General Practitioners (RACGP) – Membership Number \_\_\_\_\_
- ☐ Australian College of Rural & Remote Medicine (ACRRM) – Membership Number \_\_\_\_\_
- ☐ Royal College of Nursing Australia (RCNA) – Membership Number \_\_\_\_\_
- ☐ Royal Australian College of Physicians – Fellowship Number \_\_\_\_\_

## Section K: PEPA Promotions – ALL APPLICANTS TO COMPLETE

**Which of the following promotions aided in your knowledge of and decision to apply for a PEPA placement? Tick all boxes that apply.**

- ☐ Personal contact from a PEPA staff member (phone, email, face to face)
- ☐ Previous attendance at a PEPA workshop
- ☐ PEPA booth/trade stand/satchel inserts at a conference, forum etc. Please specify \_\_\_\_\_
- ☐ PEPA information brochures, posters, fliers or postcards
- ☐ PEPA promotional DVD or YouTube clip
- ☐ PEPA website
- ☐ Article/advertisement in journal, newspaper or newsletter. Please specify \_\_\_\_\_
- ☐ Specialist palliative care service (PEPA host site) promotions
- ☐ Word of Mouth
- ☐ Other. Please specify \_\_\_\_\_

## Application Form for PEPA 2015-2017

**APPLICANT'S NAME:** \_\_\_\_\_

**All applicants must complete this section. Please copy this page, and take with you to your clinical placement.**

Q1. Please provide brief details of your current role in caring for people with life-limiting illness.

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Q2. Why are you applying to undertake a PEPA placement?

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Q3. List 3 key things you want to achieve during your PEPA placement?

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Q4. How might you disseminate information about your experience to colleagues on return to your workplace?

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**Please Note:**

**On completion of your PEPA Placement, it is a requirement that all participants implement a quality improvement activity within their workplace, within 4 – 6 weeks.**

Examples of activities that previous participants have undertaken include:

- Development of new policy
- Development or improvement of patient assessment tools
- Organising in-service education related to palliative care
- Dissemination of morphine conversion tables, Therapeutic Guidelines for Palliative Care and other fact sheets
- Implementation of end of life care pathways
- Establishment of a Palliative Care Committee
- Implementation of multi-disciplinary team meetings

## Student Undertaking

(to be returned to your Educational Institution or Clinical Co-ordinator)

### SECTION A: PERSONAL DETAILS

(Name details provided must be same as the details on the Student ID)

Family Name:

Given Names:

Address:

Date of Birth:

Gender:

University/TAFE:

Student ID:

Phone Number:

### SECTION B - UNDERTAKING

*Please read, add your name in the space provided and then, if you agree, sign this Undertaking:*

I \_\_\_\_\_ undertake that if I am charged or convicted of any criminal offence after the date of issue of my National Police Certificate or while I am completing my course, that I will notify the Department of Health, Corporate Governance and Risk Management Branch, External Relations and Employment Screening Unit on 02 9391 9965 within 7 days of being charged or convicted. If I am subject to criminal charges or convictions, I undertake not to attend any clinical placement until I have been subject to a risk assessment by the NSW Department of Health.

Signature.....Date.....





## VOLUNTEER/STUDENT DECLARATION

Volunteers who mentor disadvantaged children or who provide intimate personal care to disabled children should use the Applicant Declaration and Consent rather than the Volunteer Declaration.

### DECLARATION

I have read and understood the information below about prohibited persons. I am aware that it is an offence to make a false statement on this form.

I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998*.

I consent to the Commission for Children and Young People checking my relevant criminal records, to verify these statements. I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

**All fields must be completed. Please use block letters.**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Other given name(s): \_\_\_\_\_

Previous names/aliases: Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Other given name(s): \_\_\_\_\_

Date of birth: DD/MM/YYYY Gender: (Please tick) ☐ Male ☐ Female

Place of birth: Town: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Title of child-related position applied for: \_\_\_\_\_

I am a volunteer or student on placement: (please tick) ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYER TO COMPLETE

If you have sighted photo identification for this person, (please tick) ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**If you sighted one of these documents to verify the identity, please fill in these details:**

☐ Driver's licence: Issuing Agency \_\_\_\_\_ Number \_\_\_\_\_

☐ Firearms licence: Issuing Agency \_\_\_\_\_ Number \_\_\_\_\_

☐ Passport: Type \_\_\_\_\_ Issuing Country \_\_\_\_\_ Number \_\_\_\_\_

**It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration. A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):**

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the *Child Protection (Offenders Registration) Act 2000*.

Details of these offences can be found online at <http://kids.nsw.gov.au/Guidelines/FactSheet 1>

A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

**NOTE: This form is to be kept by the employer/volunteer organisation.**

## INFORMATION SHEETS & ESSENTIAL FORMS

	<b>Title</b>	<b>Audience</b>
Information Sheet 1	Risk categorisation guidelines	✓ All persons
Information Sheet 2	Checklist: Evidence required from Category A applicants	✓ All persons
Information Sheet 3	Specified infectious diseases – risks, consequences of exposure and protective measures	✓ All persons
Information Sheet 4	Important requirements for students undertaking placements within NSW Health facilities	✓ Students
Form 1	New recruit undertaking/ declaration	✓ New Recruits ✓ Other clinical personnel including locums
Form 2	Tuberculosis (TB) assessment tool	✓ All persons
Form 3	Student undertaking/ declaration	✓ Students



## INFORMATION SHEET 1. – Risk categorisation guidelines

### Category A

Protection against the specified infectious diseases is required

**Direct physical contact with:**

- patients/clients
- deceased persons, body parts
- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)

**Contact** that would allow the acquisition or transmission of diseases that are spread by **respiratory means**.

Includes persons:

- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be **Category A**, regardless of duties.

High risk client groups

- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

High risk clinical areas

- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories

**All health care students are Category A.**

### Category B

Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community

- Does not work with the high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.
- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.



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

### Evidence required to demonstrate protection against the specified infectious diseases

- Acceptable evidence of protection against specified infectious diseases includes:
  - a written record of vaccination signed by the medical practitioner, and/or
  - serological confirmation of protection, and/or
  - other evidence, as specified in the table below.
  - NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)
- TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**  
<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). <b><u>Not ADT.</u></b>	<b>Serology will not be accepted</b>	<b>Not applicable</b>
<b>Hepatitis B</b>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. <b>Not “accelerated” course.</b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<b>Measles, mumps, rubella (MMR)</b>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<b>Varicella (chickenpox)</b>	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<b>Tuberculosis (TB)</b>	<b>Not applicable</b>	<b>Not applicable</b>	<input type="checkbox"/> Tuberculin skin test (TST)
<b>See note 2 above for list of persons requiring TST screening</b>		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal.  Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
<b>Influenza</b>	<b>Annual influenza vaccination is not a requirement, but is strongly recommended</b>		



### INFORMATION SHEET 3. – Specified infectious diseases: risks, consequences of exposure and protective measures

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/factsheets/infectious/index.asp>

The *Australian Immunisation Handbook* (current edition) is available online at: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

<b>Hepatitis B (HBV)</b>	Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/hepb.html">http://www.health.nsw.gov.au/factsheets/guideline/hepb.html</a> .
<b>Diphtheria</b>	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html">http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html</a> .
<b>Tetanus</b>	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html">http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html</a> .
<b>Pertussis (Whooping cough)</b>	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a "whoop" sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/pertusis.html">http://www.health.nsw.gov.au/factsheets/guideline/pertusis.html</a> .

<b>Measles</b>	Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1 <sup>st</sup> dose and children over 4 years of age who have not had a 2 <sup>nd</sup> dose. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/measles.html">http://www.health.nsw.gov.au/factsheets/guideline/measles.html</a> .
<b>Mumps</b>	Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/mumps.html">http://www.health.nsw.gov.au/factsheets/guideline/mumps.html</a> .
<b>Rubella (German Measles)</b>	Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/rubella.html">http://www.health.nsw.gov.au/factsheets/guideline/rubella.html</a> .
<b>Varicella (Chicken pox)</b>	Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see <a href="http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella">http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella</a> .
<b>Tuberculosis (TB)</b>	A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html">http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html</a> .
<b>Seasonal influenza (Flu)</b>	Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/influenza.html">http://www.health.nsw.gov.au/factsheets/guideline/influenza.html</a> .



## INFORMATION SHEET 4. – Important requirements for students in relation to assessment, screening and vaccination

Dear Student

Transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in patients, staff, students and other users of the health system as well as others in the community. NSW Health's policy directive on *Occupational assessment, screening and vaccination against specified infectious diseases* requires all facilities in the NSW public health system to ensure that existing staff, new recruits, students and other clinical personnel are assessed, screened and vaccinated against the infectious diseases specified in the policy directive.

A number of information sheets and forms have been developed to help you to understand and comply with the requirements of this policy. These sheets are provided as a guide. Further information is available in the full policy.

Information Sheet 1.	Risk Categorisation Guidelines
Information Sheet 2.	Checklist: Evidence Required from Category A Applicants
Information Sheet 3.	Specified Infectious Diseases – Risks, Consequences of Exposure and Protective Measures

Form 2.	Tuberculosis (TB) Screening Assessment Tool
Form 3.	Student Undertaking/Declaration

You are advised to take these Information Sheets with you, along with your *Health Care Worker/Student Vaccination Record Card\**, when you consult your local doctor for vaccination(s). You are also advised to undertake all vaccinations and screening (if required) as soon as possible, as fulfilling some of these requirements may take several months to complete. (\*Copies available from the Better Health Centre Publications Warehouse on Telephone: (02) 9887 5450 or Fax: (02) 9887 5452.)

**All students must complete each part of *Form 2: Tuberculosis (TB) Screening Assessment Tool* and *Form 3: Student Undertaking/Declaration Form* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment.** (Parent/guardian to sign if student is under 18 years of age.) Students will not be permitted to attend clinical placement if they have not submitted *Form 2* and *Form 3*. Your educational institution will forward a copy of these forms to the health service for assessment.

Failure to complete the requirements of the policy directive within the specified timeframes will result in suspension from attending clinical placements in the NSW Health system and may jeopardise your course of study.

Further information can be obtained from [www.health.nsw.gov.au/publichealth/immunisation/ohs/](http://www.health.nsw.gov.au/publichealth/immunisation/ohs/).

If you have any queries about the above requirements, you should, in the first instance, speak to your course coordinator.

## FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>.
- The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- **New recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit's employment status
- **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution's clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

### Clinical History

Cough for longer than 2 weeks Yes ☐ No ☐

**Please provide information below if you have any of the following symptoms:**

Haemoptysis (coughing blood) Yes ☐ No ☐

Fevers / Chills / Temperatures Yes ☐ No ☐

Night Sweats Yes ☐ No ☐

Fatigue / Weakness Yes ☐ No ☐

Anorexia (loss of appetite) Yes ☐ No ☐

Unexplained Weight Loss Yes ☐ No ☐

### Assessment of risk of TB infection

**Were you born outside Australia?**

Yes ☐ No ☐

If yes, where were you born?

.....

**Have you lived or travelled overseas?**

Yes ☐ No ☐

Country

Amount of time lived/  
travelled in country

.....

.....

.....

**Have you ever had:**

**Contact with a person known to have TB?**

If yes, provide details below Yes ☐ No ☐

**Have you ever had:**

**TB Screening**

Yes ☐ No ☐

If yes, provide details below and attach documentation

If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

**I declare that the information I have provided is correct**

Name \_\_\_\_\_

Phone or Email \_\_\_\_\_

Student ID (or date of birth) \_\_\_\_\_

Educational institution (student) \_\_\_\_\_

Health Service/Facility (new recruit) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## FORM 3. – Student Undertaking/Declaration

**All students** must complete each part of this *Form 3: Student Undertaking/Declaration Form* and the *Form 2: Tuberculosis (TB) Screening Assessment Tool* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment. (Parent/guardian to sign if student is under 18 years of age.)

Students will not be permitted to attend clinical placements if they have not submitted *Form 3: Student Undertaking/Declaration Form* and *Form 2: Tuberculosis Assessment Tool*.

Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements and may jeopardise the student's course of study.

**The educational institution will:**

- ensure that all students whom they refer to a health service for clinical placement have submitted these forms, and
- forward the original or a copy of these forms to the health service for assessment.

**The health service will:**

- assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

<b>Part 1</b>	<input type="checkbox"/> I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.
<b>Part 2</b>	<input type="checkbox"/> 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.  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> 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.
<b>Part 3</b>	I have evidence of protection for: <input type="checkbox"/> pertussis <input type="checkbox"/> diphtheria <input type="checkbox"/> tetanus <input type="checkbox"/> varicella <input type="checkbox"/> measles <input type="checkbox"/> mumps <input type="checkbox"/> rubella
<b>Part 4</b>	<input type="checkbox"/> I have evidence of protection for hepatitis B.  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> 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 <i>Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of commencement of enrolment.
<b>Part 5</b>	<input type="checkbox"/> I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer <i>Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures</i> ) and agree to comply with the protective measures required by the health service.

**I declare that the information I have provided is correct**

Name \_\_\_\_\_

Phone or Email \_\_\_\_\_

Date of Birth or Student ID \_\_\_\_\_

Educational institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_