

# Finding Adelaide University Compliance Certificate

- ❖ Open Mozilla Firefox or Google Chrome and follow this link: <u>UniSA Clinical Placement Unit</u>
- From the AU Clinical Placement Unit homepage
  - O Scroll down until you reach the "Key requirements prior to undertaking placement" section
  - O Click on the "Immunisation & TB Screenings" tab

# Key requirements prior to undertaking placement

All students must meet the pre-placement conditional evidence requirements outlined in their student checklist to proceed to placement. If you do not meet the full requirements listed, you WILL NOT be able to proceed to placement and progress through your program may be delayed.



# Professional Placement Student Declaration and Criminal History Check (CHC)

All students will be required to have a National Police Certificate (NPC) through SAPOL (or their home state police service).



#### Department of Human Services (DHS) screening check

All students undertaking a placement in South Australia are required to hold a current Department of Human Services (DHS) screening check.



#### Provide First Aid & Annual CPR Updates

For the majority of programs and courses Provide First Aid training and annual Cardiopulmonary Resuscitation (CPR) updates are compulsory requirements to attend clinical placement, please refer to your student checklist to determine your requirements.

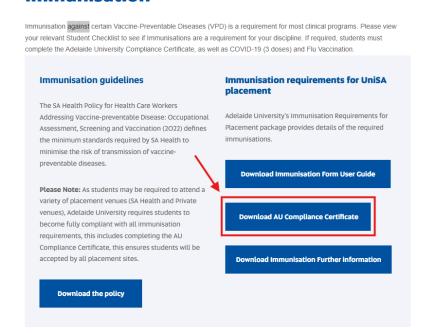


### Immunisation & TB Screenings

In order to progress to clinical placement you must be screened and provide evidence of your immunisation status. Immunisation is a mandatory requirement across all healthcare placement providers.

- This page has information regarding your Immunisation requirements, Covid-19 vaccination requirements, Flu vaccination requirements and Tuberculosis screening requirements
  - Click on the button labelled "Download AU Compliance Certificate"

# **Immunisation**



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# Completing Adelaide University Compliance Certificate

- Once you have downloaded the form, <u>print the form</u> and write your name, DOB and Student ID on the top of page 1 ready to take to your Medical / Nurse Practitioner. The form must be completed as a hard copy.
- ❖ The Immunisation Compliance Form has 3 pages
  - o **Page 1:** Lists Vaccine Preventable Diseases (VPD's) that students must have evidence of immunity for to be eligible to attend placement (Hepatitis A is recommended but not mandatory)
  - o Page 2: Lists serological screening students are strongly recommended to undertake (these are not mandatory), a section your Medical / Nurse Practitioner is required to complete re. the progress of student immunisations. Page 2 also has a Tuberculosis Screening section and Student Declaration
  - Page 3: This page only gets completed if you have a medical contraindication to obtaining a vaccination.
- Sections on pages 1 & 2 with blue headings are required to be completed by your Medical / Nurse Practitioner, sections on pages 1 & 2 with green headings are to be completed by the student.
- It is recommended that students complete the SA Health Online Tuberculosis Screening Questionnaire first
  - o If TB screening follow-up is required, you are unable to have had a live vaccine in the previous 4 weeks.

## **Student Completed Sections**

- Students are required to complete the "Tuberculosis Screening" and "Student Declaration of Compliance" sections on page 2
- ❖ After completing the SA Health online TB Screening questionnaire, please tick the box with your corresponding outcome to the questionnaire.
- Only tick 1 box

Tuberculosis Screening:	Link to Questionnaire	
	e <u>SA Health Online Tuberculosis Screening Questionnaire.</u> t is recommend are unable to complete a TB Screening within 4 weeks of having a live vac	
I have completed t require a follow-up		
Tic	k which option applies to your results	
	he online questionnaire; I was assessed as high risk and have received Health TB Services and received clearance for placement	

Complete the Student Declaration section by ticking the 3 boxes on the right, entering student details and signing form:

Student Declaration of Compliance:					
☐ I have read and understand the requirements of the <u>Addressing Vaccine Preventable Disease: Occupational assessment, screening, and vaccination</u> , and understand that if I am non-compliant with evidence of <u>immunisations</u> that I will not proceed to clinical placement.					
☐ I understand that I may be required to produce my <u>immunisation</u> records (Compliance Certificate, vaccination records and or serology reports) for sighting by placement providers in accordance with these directives.					
I declare that the information provided in this form is true and correct and is the original copy. I understand that Adelaide University will initiate disciplinary proceedings according to institutional protocols if there is evidence that I have provided which is incorrect, misleading, fraudulent, or false.					
Student Name:Student ID:					
Program Completing:					
Signature: Date:					

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# Medical / Nurse Practitioner Completed Sections

- ❖ Your Medical / Nurse Practitioner **must** complete the sections with blue headings
- ❖ If the tick boxes in the "Completed" column <u>are not ticked</u> and the "Completed" section in the "Medical / Nurse Practitioner Declaration" is <u>not completed</u>, your document will be rejected, and you will need to return to your practitioner to get this fixed.
- ❖ If you require vaccinations, your practitioner needs to record the date the vaccine is administered and sign in the sections provided next to the relevant VPD.

Student Name: Date						Date of Birth:
Vaccine Preventable Disease (VPD)	Accepted evidence of immunity	1	Completed	١	Date/s of vaccine (as required)	Vaccine by (as required)
Diphtheria, Tetanus and Pertussis (DTRa)^	the last 10 years.	L			ate:	Sign:
Measies, Mumps and Rubella (MMR)^	Confirmed evidence of immunity to Measles Al Mumps AND Rubella.	D				
	Confirmed course of two (2) doses of MMR giv at least 28 days apart (both doses given befor tick box is selected).			0	ose 1: ose 2:	Sign: Sign:
Varicella zoster virus (VZV) (Chickenpox)*				100	erology report prov	vided to student
	Confirmed course of two (2) doses of VZV giver least 28 days apart (both doses given before to box is selected).			0	ose 1: ose 2:	Sign: Sign:
Hepatitis B**	Confirmed evidence of immunity to Hepatitis with surface protective antibodies of >10 IU/ following primary course.	•		С	mpleted and prov	t confirming immunity ided to student No
	OR  Confirmed course of three (3) doses of Hepatiti commenced (booster if required) (serology rep to student upon completion).			0	ose 1: ose 2: ose 3: ooster (if required)	Sign: Sign: Sign:
Poliomyelitis*	Confirmed evidence of immunity to Poliomyeli vaccinations or Statutory Declaration confirmi have received Polio vaccinations	•				
	OR  Confirmed courses of three (3) doses of polic vaccine given four weeks apart.			0	ose 1: ose 2: ose 3:	Sign: Sign: Sign:
Hepatitis A* {recommended}	Confirmed evidence of immunity to Hepatitis			1/0	erology report prov	vided to student  No
	OR  Confirmed course of two (2) doses of Hepatitis commenced	(		9	ose 1:	Sign:

1 - All boxes in the "Completed" column must be ticked once a student meets the criteria in the "Accepted evidence of immunity" Column

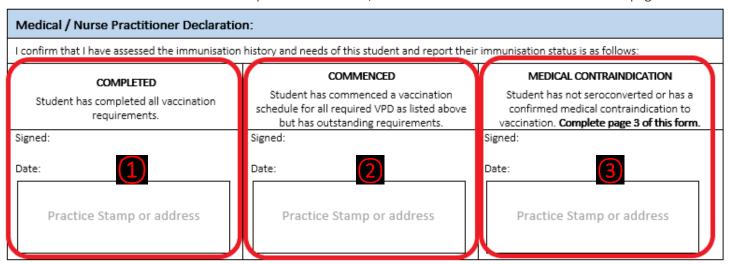
2 - These boxes are provided for the practitioner to record dates vaccinations are given and sign each date

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# Medical / Nurse Practitioner Completed Sections (Cont.)

❖ Your Practitioner must also complete the "Medical / Nurse Practitioner Declaration" section on page 2



- Practitioner to sign, date and add Practice stamp in this section once immunity is proved to all listed VPD's and all boxes are ticked in the "Completed" column on page 1. By completing this section, the Practitioner is confirming the student has met all immunisation requirements and has immunity to **ALL** listed VPD's.
- 2 Practitioner to sign, date and add Practice stamp in this section if student has immunity to one or more VPD's, but has commenced vaccine schedule for at least one VPD.
- Practitioner to sign, date and add Practice stamp in this section if student has failed to seroconvert or has a confirmed permanent or temporary medical contraindication to a vaccination. Practitioner to then complete page 3.
  - The "Recommended Screenings" box indicates screenings that are strongly recommended for the student to complete as part of their Serological testing. These are not compulsory and not having these marked as complete will not stop the form from being verified.

Recommended Screenings	Serologic screening type and report	Completed	Date of test (as required)
Hepatitis B Surface Antigen	Student screened for Hepatitis B surface antigen and provided test report.	2	Date:
Hepatitis C	Student screened for Hepatitis C and provided test report.		Date:
HIV	Student screened for HIV and provided test report.		Date:
Tuberculosis (TB)	Student has undergone IGRA blood test to screen for TB		Date:

- 1 List of recommended serological screenings for students to undertake
- Practitioner to tick these boxes when screening completed
- 3 Practitioner to complete with the date the screening was conducted

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## Incomplete Immunisation Declaration (Page 3)

- This page is to be completed by the practitioner **AND** student if the student:
  - o Has a permanent medical contraindication to receiving a vaccination
  - o Has a temporary medical contraindication to receiving a vaccination
  - Has failed to seroconvert after receiving vaccination
- ❖ The form must be signed by **BOTH** the student and practitioner
- Please list which vaccination is affected in the space provided
- If student has a temporary medical contraindication and it is known when they will be able to receive vaccination, please enter this in the space provided

## **Completed Forms**

- Once the Practitioner and Student have completed the relevant sections on pages 1 & 2 and immunity has been shown, please upload your document to InPlace
- ❖ Pages 1 & 2 must be combined into one document before being uploaded to InPlace
  - o InPlace will override documents if they are uploaded separately
- ❖ Documents will be reviewed by Clinical Placement Unit staff and will be Verified if all conditions are met, and your form is completed accurately. This may take 3 − 5 days.
- ❖ If your form is Rejected, a comment will be left as to why, please read this carefully and action this accordingly.
- Please re-upload your form after each visit to your Practitioner, even if not fully completed, this will allow CPU staff to track your immunisation progress
- Having incomplete immunisations will delay the release of your allocated placement. Adelaide University staff are required to liaise with your allocated site to ensure they are able to accommodate your placement without being fully immunised.
- ❖ If forms are suspected of being forged or completed by a non-registered Practitioner, checks will be carried out and the relevant Program Director will be notified. Academic and/or Professional misconduct action may take place as a result of this.

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