NSW Health

Undertaking/Declaration Form

Compliance with NSW Health policy

What is the purpose of this form

This form must be completed when applying for a Category A position or before attending placement within a NSW Health facility. The undertaking/ declaration form ensures all applicants are aware of and comply with:

- 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.
- Healthcare workers living with a blood borne virus and those doing exposure prone procedures.

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. Student healthcare workers enrolled in medicine, midwifery, paramedicine or dentistry and oral health may perform exposure prone procedures, must re-submit this form following repeat testing for blood borne viruses (HIV, hepatitis C, hepatitis B) every three years.

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 OASV 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/or your Education Provider before attending your 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 as specified in Appendix 1 Evidence of protection of the OASV Policy Directive.

I, _____ declare that **(tick the applicable options)**:

1 I agree to abide by the requirements of:
a. The NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive including Appendix 1 Evidence of Protection, and
b. The NSW Health Healthcare workers living with a blood borne virus and those doing exposure prone procedures.

2 I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; **AND**

a. ☐ I am not aware of any personal circumstances that would prevent me from completing these requirements; **OR**

b. ☐ 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: *Medical Contraindications and Hepatitis B Vaccine Non-Responders*). 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 PD2023_025 Infection Prevention and Control in Healthcare Settings; **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.

4 **FOR STUDENT healthcare workers enrolled in medicine, midwifery, paramedicine or dentistry and oral health who may perform exposure prone procedures**

a. ☐ I have undergone testing for BBVs, including HIV, hepatitis B and hepatitis C at commencement of clinical placement in Australia or within the 12 months prior to commencement; **OR**

b. ☐ I have undergone a repeat test for BBVs, including HIV, hepatitis B and hepatitis C within a three-year period from the date of my last test.

The date that my blood was collected for testing: _____
(if collection occurred over several days please only indicate the date of the first test collection)

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 _____