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| Standardised Student Induction Protocol |
| October 2021 |
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# Definitions

**AHPRA** means the Australian Health Practitioner Regulation Agency.

**Best Practice Clinical Learning Environment Framework (BPCLE):** The BPCLE is a best practice framework that identifies six key elements which underpin high quality clinical learning environments. In the context of the Standardised Student Induction Protocol BPCLE refers to the companion resources which have been designed to support implementation of the BPCLE Framework.

The BPCLE Framework provides a guide for health services, in partnership with EPs, to coordinate and deliver high-quality clinical placements for health learners using the BPCLEtool ([https://bpcletool.net.au](https://bpcletool.net.au/)). Templates and guidelines developed as part of the BPCLE Framework Resource Kit can be used to create a range of clinical placement supports, including an orientation program.

**Clinical Placement Provider (CPP):** Any organisation that provides Clinical Placements to healthcare students. This includes public and private health services, aged care providers, mental health services, including community-managed mental health services, community health services, general practices, private providers and other Clinical Placement settings. This definition of a CPP also incorporates organisations that deliver fieldwork placements at non-health service sites, for example a community- based setting that provides social work placements.

**Clinical Placement:** A clinical placement (also referred to variously as “student placement”, “fieldwork placement”, “practical placement”, “clinical practicum” or “clinical practice”) is defined as the component of an accredited curriculum conducted under supervision involving patient or client contact in a clinical environment that assists Students to put theoretical knowledge into practice. The Training and Development Grant states that placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation consistent with clinical learning objectives. Placements that contain simulation activities only are outside the scope of this protocol.

**Education Provider (EP):** Any institution delivering post-secondary education, in this case, accredited professional-entry healthcare courses. This includes universities and Vocational Education and Training (VET) providers.

**Law** means any statute, regulation, by-law or subordinate legislation in force from time to time, the common law and equity and any legally binding industry codes of conduct, practice or standards.

**Privacy Laws** means all Laws relating to data security and the protection and processing of personal information in force from time to time including without limitation, the *Privacy Act 1988* (Cth), the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 1988* (Cth).

**Student:** An individual enrolled in an entry-level professional course offered by an Education Provider that requires the student to undertake a Clinical Placement.

**Vocational Education and Training (VET) Provider** is an Education Provider that is registered with either the Australian Skills Quality Authority or the Victorian Registration and Qualifications Authority to provide accredited courses in vocational education and training in Victoria.

# Introduction

The health sector participates in the provision of clinical education to health Students for the development of a sustainable health workforce. Clinical Placements enable Students to consolidate their practical skills through exposure to a range of experiences and interactions with patients. This aspect of education is essential for the development of Students into competent practitioners.

Students are exposed to a variety of different sites and settings to ensure that they are suitably prepared and skilled to participate in the workforce upon graduation. The object of this approach is to provide a workforce that fulfils future requirements for evolving models of service delivery.

To meet appropriate safety standards and to be familiarised with the environment in which their Placement will occur, Students are required to undertake orientation and induction at each new site where topics and requirements are often replicated. Adoption of a standardised approach across Victoria aims to improve the efficiency and efficacy of this induction process for Education Providers, Clinical Placement Providers and Students.

It is acknowledged that students have an ongoing relationship with their EPs throughout their Clinical Placements. When determining pre-Placement requirements prior to the Students' first Clinical Placement, CPPs should not require Students to satisfy pre-Placement requirements repeatedly throughout the duration of their course of study as they rotate from one CPP to another. Existing guidelines developed using specialist expertise have informed the development of the protocols set out in this document. EPs and CPPs will follow each of the protocols set out in this document.

Each section of this document is presented in three parts:

* Protocol
* Rationale
* Resources

## Objectives

The Standardised Student Induction Protocol aims to:

* Ensure patient safety and confidentiality through rigorous and consistent pre-Placement screening and orientation processes
* Enhance administrative efficiency by reducing duplication across the Victorian health and higher education sectors
* Protect the privacy of Student personal and health information and prevent unlawful discrimination.

## Scope

This document clarifies responsibilities and protocols for each party regarding Student induction to Clinical Placement, and also suggests resources which may assist users where appropriate. These protocols are intended to be applied consistently to any clinical health setting or placement type, thereby streamlining administration for all parties. In particular situations, however, amendment to these protocols may be necessary. In such an instance, these should be agreed between the Clinical Placement Provider (CPP) and Education Provider (EP) prior to commencement of the Clinical Placement.

## Placeright

Placeright is an online placement booking system provided by the Department of Health to support the efficient administration of health Clinical Placements in Victoria. Where appropriate, CPPs and EPs are encouraged to use Placeright for secure exchange of Placement-related information, including Student personal information and any notifications required under this protocol.

## Privacy

EPs and CPPs are responsible for ensuring they have obtained all appropriate consents to fulfil their obligations under this protocol, including communication of Student information. Personal information – including sensitive police and health information – should only be accessible in accordance with the Privacy Laws and on a ‘need to know’ basis and must be protected at all times against unauthorised access. Sensitive matters relating to Student health status or criminal history should be handled by senior members of staff wherever possible.

All identifiable Student information should be destroyed by CPPs in accordance with Privacy Laws and, if applicable, the relevant Retention and Disposal Authority published by the Public Records Office of Victoria.

# Student details

### Protocol

1. EPs must provide CPPs the following Student details (which may be via Placeright) at least four weeks prior to commencement of Placement:
   1. Full name (including preferred name)
   2. Date of birth
   3. Email address
2. CPPs may request other relevant personal information directly from Students during Placement only if required to facilitate the Placement.
3. CPPs are not to require the following Student information:
   1. Residential address
   2. Australian residency status
   3. Sexual orientation
   4. Religious beliefs
4. Student personal details must not be used to discriminate Students unlawfully, such as by giving preference of Placement to Students of particular age, gender, religion or racial profile.

### Rationale

CPPs require certain personal details to verify Student identity at commencement of Placement and facilitate access to both physical and digital assets, including buildings and electronic medical records. However, there is no need for most CPPs to require Student contact details as Students are supervised at all times while on Placement and issues of non-attendance during rostered Placement times should be immediately communicated to the EP. EPs provide an email address to enable communication of Placement-related information to the Student.

### Resources

Equal Opportunity Act 2010

[www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol\_act/eoa2010250](http://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/eoa2010250)

Privacy and Data Protection Act 2014

[www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol\_act/padpa2014271](http://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/padpa2014271)

# Australian Charter of Healthcare Rights

### Protocol

1. EPs must ensure each Student is educated in the Australian Charter of Healthcare Rights and any other relevant charters or standards before commencing clinical Placements.
2. CPPs must clearly indicate to patients that their institution is a clinical teaching site where Students participate in supervised patient care to learn to become competent practitioners.

### Rationale

Patients have a right to safe and high-quality care under the Australian Charter of Healthcare Rights, which applies to all Australian healthcare settings. To ensure these rights are upheld, Students require appropriate supervision while accessing patients. This will ensure that Students develop excellent clinical skills to become part of a well-trained future health workforce, capable of providing safe and high-quality care.

### Resources

Australian Charter of Healthcare Rights <http://health.vic.gov.au/patientcharter>

BPCLE Framework Resource Kit - Patient information flyer template

<https://bpcletool.net.au/help/bpcle-framework-resources>

# Australian criminal history check

### Protocol

1. Students are required to have a valid Australian nationally coordinated criminal history check at all times while on Placement.
2. An Australian nationally coordinated criminal history check may be issued by the Australian Federal Police, a state or territory police agency or an organisation appropriately accredited by the Australian Criminal Intelligence Commission, and is valid if:
   1. issued within the past three years or not more than six months prior to the commencement of the program of study whichever is later.
3. EPs must:
   1. Sight a valid police check for each Student prior to Clinical Placement;
   2. At least four weeks before the intended commencement of the Clinical Placement, provide written confirmation (which may be via Placeright) to the CPP that they have sighted a valid police check for each Student;
   3. Require Students to notify the EP and CPP immediately if, at any time before the end of a Clinical Placement, they are under investigation, are charged with or found guilty of a criminal offence (other than a minor traffic offence) in any country; and
   4. In the event that they become aware of any criminal history for a Student, promptly notify the CPP in writing and advise the Student to be available to meet with the CPP if requested. The Student may choose to bring a support person to this meeting.
4. CPPs must:
   1. Not require a Student to provide evidence of their police record directly to the CPP unless required under Laws or unless the CPP is notified of the presence of criminal history by the Student, EP or another person;
   2. Reasonably assess the risk of each Student with disclosable criminal history undertaking Placement within their organisation. Taking into account the CPP's duty of care to its patients, the CPP should consider any reasonable controls or adjustments to the Placement program that would enable the Student to complete the Placement, in consultation with the EP;
   3. Only refuse Placement for a Student on the basis of their criminal history if the Student has been convicted of a precluding offence, as defined in the Department of Health's *Police Certificate Guidelines* as amended from time to time, or, having fully considered all possible controls and adjustments in accordance with Protocol 4(b)[,](#bookmark5) the CPP reasonably determines that the Student poses an unacceptable risk to the CPP or its staff or patients or such Clinical Placement may otherwise cause the CPP to be in breach of any Laws or its duty of care to its patients and staff;
   4. Notify the EP as soon as possible if there are concerns about a Student's suitability for Placement because of their criminal history; and
   5. Ensure any information pertaining to a Student's criminal history is only used for the purpose of determining the Student's suitability for Placement and is destroyed as soon as their suitability has been determined or as required by the Privacy Laws, whichever is later.
5. If a Student has applied for a police check but has not received it prior to the date required by Protocol 3 (including where the Student is awaiting the outcome of an appeal against their police check result), they may instead provide the EP with a Commonwealth Statutory Declaration that states either:
   1. They are not, in any country, currently under investigation, charged with or have been found guilty of a criminal offence (other than a minor traffic office); or
   2. Details of any investigation, charges or guilty findings.
6. A Student providing a statutory declaration under Protocol [5](#bookmark6) is to be required to provide a police check to the EP as soon as possible after it is received. The EP must notify the CPP of the outcome of the police check as soon as practical thereafter. A CPP is not required to accept the statutory declaration in lieu of a police check if prevented from doing so under Law.

### Rationale

An Australian nationally coordinated criminal history check (commonly known as a police check) is a standard requirement for any person working in a ‘position of trust’ with individuals in the community, particularly those classified as ‘vulnerable populations’ (such as children, elderly or those with a disability). The police check provides a list of disclosable offences a person has committed at a given point in time and is designed to reduce the risk of abuse by an individual undertaking a Clinical Placement.

In the aged care sector, undergoing a police check is a legal requirement for all workers, volunteers and Students. In the health sector, it is common practice for new employees to be required to undergo a police check at or prior to commencement of their employment.

### Resources

Aged Care Act 1997

[www.legislation.gov.au/Series/C2004A05206](http://www.legislation.gov.au/Series/C2004A05206)

Australian Criminal Intelligence Commission - National Police Checking Service

[www.acic.gov.au/our-services/national-police-checks](http://www.acic.gov.au/our-services/national-police-checks)

Australian Federal Police – National Police Checks

[www.afp.gov.au/what-we-do/services/criminal-records/national-police-checks](http://www.afp.gov.au/what-we-do/services/criminal-records/national-police-checks)

Commonwealth statutory declarations

[www.ag.gov.au/Publications/Statutory-declarations](http://www.ag.gov.au/Publications/Statutory-declarations)

Police certificate guidelines for aged care providers

<https://agedcare.health.gov.au/police-certificate-guidelines-for-aged-care-providers>

Service agreement information kit – safety screening for Victorian funded agencies

<https://fac.dhhs.vic.gov.au/service-agreement-information-kit-0>

Victoria Police - National Police Record Check

[www.police.vic.gov.au/content.asp?Document\_ID=274](http://www.police.vic.gov.au/content.asp?Document_ID=274)

# Overseas criminal history check

### Protocol

1. Students are required to provide the EP evidence of their overseas criminal history if they have, after the age of 16:
   1. Been a citizen or permanent resident of any country other than Australia; or
   2. Resided continuously in any single country other than Australia for 12 months or more.
2. The following documentation will be accepted as evidence:
   1. Nation-wide check of criminal history produced by the relevant national authority (if in a language other than English, it must be accompanied by a certified English translation); or
   2. International Criminal History Check issued by an AHPRA approved supplier; or
   3. if it is not possible to obtain the documentation referred to in Protocols 2(a) or 2(b) without unreasonable cost or delay or if the Police Certificate Guidelines otherwise permit, a Commonwealth Statutory Declaration sworn by the Student that states either:
      1. The Student is not, in any country, currently under investigation, charged with or have been found guilty of a criminal offence (other than a minor traffic office); or
      2. Details of any current investigation, charges or guilty findings.
3. EPs must:
   1. Identify all Students required to provide evidence of their overseas criminal history according to this protocol;
   2. Sight evidence of each identified Student's overseas criminal history;
   3. At least four weeks before the intended commencement of the Clinical Placement, provide written confirmation (which may be via Placeright) to the CPP that they have performed their obligations under Protocol 3[(a)](#bookmark8) and 3(b)[;](#bookmark9)
   4. Require Students to notify the EP and CPP immediately if, at any time before the end of a Clinical Placement, they are under investigation, are charged with or found guilty of a criminal offence (other than a minor traffic offence) in any country; and
   5. In the event that they become aware of any criminal history for a Student, promptly notify the CPP in writing and advise the Student to be available to meet with the CPP if requested. The Student may choose to bring a support person to this meeting.
4. CPPs must:
   1. Not require a Student to provide evidence of their police record directly to the CPP unless required under Law or unless the CPP is notified of the presence of criminal history by the Student, EP or another person;
   2. Reasonably assess the suitability of any Student with disclosable criminal history to undertake Placement within their organisation. Taking into account the CPP's duty of care to its patients, the CPP should consider any reasonable controls or adjustments to the Placement program that would enable the Student to complete the Placement, in consultation with the EP;
   3. Only refuse Placement for a Student on the basis of their criminal history if the Student has been convicted of a precluding offence or, having fully considered all possible controls and adjustments in accordance with Protocol [4(b),](#bookmark10) the CPP reasonably determines that the Student poses an unacceptable risk to the CPP or its staff or patients or that such Clinical Placement may otherwise cause the CPP to be in breach of any Laws or its duty of care to its patients and staff;
   4. Notify the EP as soon as possible if there are concerns about a Student's suitability for Placement because of their criminal history; and
   5. Ensure any information pertaining to a Student's criminal history is only used for the purpose of determining the Student's suitability for Placement and is destroyed as soon as their suitability has been determined or as required by the Privacy Laws, whichever is later.

### Rationale

The Australian nationally coordinated criminal history check provides a comprehensive record of criminal history within Australia but is ignorant of criminal history in other countries. For persons who have lived overseas or with significant overseas connection, particularly those recently arrived in Australia, it is prudent to obtain evidence of their overseas criminal history when assessing suitability for Clinical Placement in addition to an Australian criminal history check.

It is a legislated requirement in the aged care sector that any person who has been a permanent resident or a citizen of another country and who has access to an aged care recipient must provide a statutory declaration and evidence of any criminal record from that country.

It is not always possible or practical to obtain a police records check from other countries. As such, a Commonwealth statutory declaration may be used if the Law and Police Certificate Guidelines (if applicable to the Clinical Placement) permit.

### Resources

Aged Care Act 1997

[www.legislation.gov.au/Series/C2004A05206](http://www.legislation.gov.au/Series/C2004A05206)

AHPRA – International criminal history checks

[www.ahpra.gov.au/registration/registration-process/criminal-history-checks/international-criminal-](http://www.ahpra.gov.au/registration/registration-process/criminal-history-checks/international-criminal-) [history](http://www.ahpra.gov.au/registration/registration-process/criminal-history-checks/international-criminal-history)

Commonwealth statutory declarations

[www.ag.gov.au/Publications/Statutory-declarations](http://www.ag.gov.au/Publications/Statutory-declarations)

National Accreditation Authority for Translators and Interpreters

[www.naati.com.au](http://www.naati.com.au/)

Police certificate guidelines for aged care providers (‘**Police Certificate Guidelines’**)

<https://agedcare.health.gov.au/police-certificate-guidelines-for-aged-care-providers>

Service agreement information kit – safety screening for funded agencies

<https://fac.dhhs.vic.gov.au/service-agreement-information-kit-0>

# Working with Children Check

### Protocol

1. All Students aged 18 years or older are required to maintain a valid Working with Children Check (WWCC) for the duration of their Clinical Placement if the Placement involves working in any of the occupational fields listed in the *Working with Children Act 2005* and direct contact with children.
2. Interstate Students do not need a Victorian WWCC if they are working with children in Victoria for a period of no more than 30 days and hold a valid WWCC in another Australian state or territory during that period.
3. EPs must:
   1. Notify Students of their obligation to list on their WWCC the EP as an organisation that engages the Student in child-related work. There is no requirement for the Student to also list the CPP;
   2. For each Student, sight a valid WWCC and confirmation the EP has been listed as an organisation engaging the Student in child related work prior to sending the Student on any Placement where a WWCC is required;
   3. Record details of Student WWCCs according to Department of Justice and Community Safety instructions published on the Working with Children Check website;
   4. At least four weeks before the intended commencement of any Clinical Placement for which a WWCC is required, provide to the CPP via Placeright or other mechanism agreed with the CPP:
      1. Written confirmation that the EP has sighted a valid WWCC for each Student;
      2. Reference number of each WWCC; and
      3. Expiry date of each WWCC;
   5. Notify each Student of their obligation to notify the EP in writing within seven days of receipt of a negative notice, suspension or cancellation of their WWCC;
   6. If they become aware of a negative notice, suspension or cancellation of a Student's WWCC, immediately notify the CPP and advise the Student to be available to meet with the CPP if requested. The Student may choose to bring a support person to this meeting.
4. CPPs must advise the EP if WWCCs are required for any staff or Students participating in the Clinical Placement program.
5. Students are not required to present their WWCC card directly to the CPP. CPPs may use the information provided by EPs to verify the status of WWCCs via the Working with Children Check website.
6. In accordance with the *Working with Children Act 2005*, a person is exempt from a WWCC if they:
   1. Are registered under section 11 of the *Victorian Institute of Teaching Act 2001* as a teacher; or
   2. Are a member of the force within the meaning of the *Police Regulation Act 1958* and who has taken and subscribed the oath referred to in section 13(1) of that Act (other than a member who is suspended from duty under that Act).

### Rationale

The Working with Children Check (WWCC) is mandated under the *Working with Children Act 2005* to assess a person’s suitability to work with persons under the age of 18 years (children), aiming to protect children from sexual and physical harm. Child-related work is paid or unpaid work involving direct and unsupervised contact with a child when working with, or caring for, children in any of the occupational categories listed in the Act. Criminal records continue to be monitored for the life of a WWCC, which is for a five-year period. The Act provides a range of exemptions that permit certain groups of people to undertake child-related work without a WWCC.

Organisations in Victoria are also required to comply with the Child Safe Standards published by the Victorian Commission for Children and Young People.

### Resources

Victorian Commission for Children and Young People – The Child Safe Standards

<https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/the-child-safe-standards>

Victorian Department of Justice and Community Safety - Working with Children Check

[www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au/)

Working with Children Act 2005

[www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol\_act/wwca2005232](http://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/wwca2005232)

# National Disability Insurance Scheme (NDIS) worker screening clearance

### Protocol

1. From 1 February 2021, all individuals engaged in work for registered NDIS providers in certain types of roles called risk assessed roles will need an NDIS worker screening clearance before they can start work. This includes volunteer workers.
2. All students are required to maintain a valid NDIS worker screening clearance for the duration of their Clinical Placement if the Placement is classed a risk assessed role.
3. A risk assessed role is:

* a key personnel role of a person or an entity as defined in s11A of the *National Disability Insurance Scheme Act 2013* (for example a CEO or a Board Member);
* a role for which the normal duties include the direct delivery of specified supports or specified services to a person with disability (see Point 4 below for further information); or
* a role for which the normal duties are likely to require more than incidental contact with people with disability, which includes:
* physically touching a person with disability; or
* building a rapport with a person with disability as an integral and ordinary part of the performance of normal duties; or
* having contact with multiple people with disability as part of the direct delivery of a specialist disability support or service, or in a specialist disability accommodation setting.

1. As a guide, the instrument listing specified supports and services incorporated in the *National Disability Insurance Scheme (Practice Standards – Worker Screening) Rules 2018* below identifies when a worker is performing a risk assessed role which requires a clearance. However, the EP should also confirm with the CPP if there are additional supports and services where a clearance is required:

| **Item number**[[1]](#footnote-1) | **Descriptor** |
| --- | --- |
| 2 | assistance to access and maintain employment or higher education |
| 4 | high intensity daily personal activities |
| 6 | assistance in coordinating or managing life stages, transitions and supports |
| 7 | assistance with daily personal activities |
| 8[[2]](#footnote-2) | assistance with travel/transport arrangements, but only if the services are with respect to specialised transport to school/educational facility/employment/community |
| 10 | specialist positive behaviour support |
| 14 | community nursing care |
| 15 | assistance with daily life tasks in a group or shared living arrangement |
| 16 | innovative community participation |
| 17 | development of daily living and life skills |
| 18 | early intervention supports for early childhood |
| 19 | specialised hearing services |
| 21 | interpreting and translating |
| 25 | participation in community, social and civic activities |
| 26 | exercise physiology and personal training |
| 27 | management of funding for supports in participant plans |
| 28 | therapeutic supports |
| 29 | specialised driver training |
| 33 | specialised support coordination |
| 34 | specialised supported employment |
| 35 | hearing services |
| 36 | customised prosthetics |
| 37 | group and centre-based activities |

Item number refers to the Item number for the class of supports in the table at subsection 20(3) of the *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018.*

2 The services specified in item 8 would include things like a bus service which is available only to children with a disability on a school route. It does not include things like taxi, bus and train services available to the public at large, even if they involve vehicles, which have specific modifications to better facilitate their use by people with a disability.

1. EPs must:
   1. Notify Students of their obligation to list on their NDIS worker screening check the EP as an organisation that engages the Student in a risk assessed role;
   2. For each Student, sight a valid NDIS worker screening clearance and confirmation the EP has been listed as an organisation engaging the Student in a risk assessed role prior to sending the Student on any Placement where an NDIS screening clearance is required;
   3. Record details of Student NDIS worker screening clearance according to the NDIS Commission instructions published on the NDIS Commission’s website;
   4. At least four weeks before the intended commencement of any Clinical Placement for which an NDIS worker screening clearance is required, provide to the CPP via Placeright or other mechanism agreed with the CPP:
      1. Written confirmation that the EP has sighted a valid NDIS worker screening clearance for each Student;
      2. Reference number of each NDIS worker screening clearance; and
      3. Expiry date of each NDIS worker screening clearance;
   5. Notify each Student of their obligation to notify the EP in writing within seven days of receipt of a negative notice, suspension or cancellation of their NDIS worker screening clearance;
   6. If they become aware of a negative notice, suspension or cancellation of a Student's NDIS worker screening clearance, immediately notify the CPP and advise the Student to be available to meet with the CPP if requested. The Student may choose to bring a support person to this meeting.
2. CPPs must advise the EP if NDIS worker screening clearances are required for any staff or Students participating in the Clinical Placement program.
3. Students are not required to present their NDIS worker screening clearance directly to the CPP. CPPs may use the information provided by EPs to verify the status of NDIS screening clearances via the NDIS Commission Portal.

### Rationale

The NDIS worker screening clearance is mandated under the *National Disability Insurance Scheme Act 2013* (NDIS Act) which requires registered NDIS providers to comply with the NDIS Practice Standards.

The NDIS Worker Screening Rules have been made for the purposes of section 73T of the NDIS Act which enables the NDIS Practice Standards to deal with matters relating to worker screening.

Section 13 of the NDIS Worker Screening rules provides that a registered NDIS provider must only allow workers to engage in risk assessed roles if the person has a valid NDIS worker screening clearance.

### Resources

NDIS Worker Screening Check

https://www.vic.gov.au/ndis-worker-screening-check

NDIS Commission Worker Screening Check

<https://www.ndiscommission.gov.au/about/ndis-worker-screening-check>

List of specified services and supports

https://www.ndiscommission.gov.au/document/891

National Disability Insurance Scheme (Practice Standards – Worker Screening) Rules 2018

<https://www.legislation.gov.au/Details/F2018L00887>

*National Disability Insurance Scheme Act 2013*

https://www.legislation.gov.au/Details/C2013A00020

NDIS Commission Portal

https://www.ndiscommission.gov.au/providers/ndis-commission-portal

# Fit testing of students on clinical placements

The following protocol applies as at 21 October 2021 but is superseded by updates to the following policies:

Fit testing requirements to support student clinical placements:

<https://www.dhhs.vic.gov.au/fit-testing-requirements-support-clinical-placements>

Student Clinical Placements Guidance:

<https://www.dhhs.vic.gov.au/student-clinical-placements-covid-19-guidance>

### Protocol

1. The need for a student to be fit tested before commencing a clinical placement is contingent upon the area of the health service in which the student will be placed.
2. For students placed on designated COVID wards (final year students only) and providing care/intervention to COVID positive cases, fit testing for N95/P2 respiratory protection is required before commencing in the clinical setting. Similarly, students based in settings where exposure to high-risk COVID patients is likely, should also be fit tested prior to commencing placement.
3. CPPs which are health services must ensure that fit-testing requirements are met and must advise the EP if any Student is non-compliant.
4. For students in other clinical settings, education on fit checking procedure is an appropriate interim strategy, and placements can proceed while awaiting fit testing (in line with existing prioritisation of healthcare workers awaiting fit testing).
5. Arranging student access to fit testing is a shared responsibility between CPPs which are health services and education providers.
6. Whilst CPPs which are health services have overarching responsibility for the occupational health and safety (OHS) of students undertaking clinical placements, it is acknowledged that increasing COVID hospitalisations have increased demand for their Respiratory Protection Programs.
7. Wherever possible, CPPs which are health services should prioritise student fit testing alongside that of other healthcare workers using a risk assessment approach, in line with their existing Respiratory Protection Plans.
8. To support continuity of placements, university and VET education providers may also make arrangements to support timely fit testing of their student cohorts by building in-house capacity to undertake fit testing or contracting an external provider to undertake fit testing on their behalf.
9. As a prerequisite to undertaking clinical placement within CPPs which are health services, university and VET education providers should provide basic education and training on correct use of PPE (including donning/doffing, fit check practices and mask disposal) to their students. This is to ensure students are familiar with basic PPE requirements and fit checking concepts and processes prior to commencing placements.
10. Students should be provided with written evidence of the completion of a fit test, irrespective as to whether the fit test is administered by the CPP which is a health service, the education provider or a third-party provider.
    1. Written evidence should take the form of a fit test certificate or card, verifying the date of the fit test and the recommended respirator make/model specific to the individual student. It is suggested that students save a photo of their fit test to their smart phone or table to ensure they have a back-up record for future reference.
    2. Several data-fields have also been built within the Placeright system to record fit testing completion. Data-entry is accessible to both CPPs and EPs.
    3. At the individual student level, information may be recorded as to the:
       1. date of fit test completion,
       2. location/provider of fit test, and
       3. recommended respirator make/model (i.e. drop-down menu with option of free text entry).

### Rationale

The appropriate use of respiratory protection equipment is proven to limit airborne transmission of coronavirus (COVID-19) and infection between groups of healthcare workers, and between healthcare workers and their patients/clients.

The inclusion of these requirements is aligned to the guidance on ‘Fit testing requirements to support student clinical placements’ that was issued 1 October 2021 by the Department of Health Victoria.

### Resources

Fit testing requirements to support student clinical placements:

<https://www.dhhs.vic.gov.au/fit-testing-requirements-support-clinical-placements>

Student Clinical Placements Guidance:

<https://www.dhhs.vic.gov.au/student-clinical-placements-covid-19-guidance>

Health service planning - COVID-19 Planning and preparedness tools:

<https://www.dhhs.vic.gov.au/health-service-planning-covid-19>

# Infection and immunisation

### Protocol

1. For the duration of the Clinical Placement, all Students should ideally have:
   1. Immunity to hepatitis B, influenza, measles, mumps, pertussis, rubella, varicella;
   2. No active infection with tuberculosis; and
   3. Must have, COVID-19 vaccinations for their Placement (where required, for authorised workers which includes students, such as for clinical health and aged care placements). NOTE This protocol applies as at 21 October 2021 but is superseded by updates to the following policies:
      1. Mandatory COVID-19 vaccination for residential aged care workers;
      2. Authorised providers and authorised workers; and
      3. Student Clinical Placements Guidance.
2. EPs must:
   1. Sight evidence of the infection/immunity/vaccination status of each Student, as described in the specific requirements below, prior to commencement of the first Clinical Placement of their course. EPs may choose to sight the evidence documents directly or alternatively require an AHPRA- registered medical practitioner to state in writing that they have sighted the required documents;
   2. At least four weeks before the intended commencement of each Clinical Placement, provide written confirmation (which may be via Placeright) to the CPP that the Student has provided evidence that the specific requirements below have been satisfied;
   3. Require Students to seek medical advice immediately if they are exposed to a risk of infection through any occupational or non-occupational encounter;
   4. Require Students to notify the EP and CPP immediately if, at any time before the end of a Clinical Placement, their infection/immune status changes; and
   5. In the event that they become aware that a Student cannot satisfy the specific requirements [below](#bookmark14) prior to attending a Clinical Placement, promptly notify the CPP in writing and advise the Student to be available to meet with the CPP if requested. The Student may choose to bring a support person to this meeting.
3. CPPs must:
   1. Not require a Student to provide evidence of the infection/immune status directly to the CPP unless they are:
      1. Obligated under Law;
      2. Notified that the Student is unable to satisfy the specific requirements [below](#bookmark14) before attending a Clinical Placement; or
      3. Investigating a case of infection transmission that it reasonably believes may be connected to the Student;
   2. Reasonably assess the risk of each Student that does not satisfy the specific requirements [below](#bookmark14) undertaking a Clinical Placement within their organisation. Taking into account the CPPs' duty of care to its patients, the CPP should consider any reasonable controls or adjustments to the Placement program that would enable the Student to safely complete the Clinical Placement, in consultation with the EP. This includes where a Student objects to any screening or vaccination required for compliance with this protocol;
   3. Only refuse Placement for a Student on the basis of their infection/immune/vaccination status if, having fully considered all possible controls and adjustments in accordance with Protocol 3[(iii)](#bookmark13), the CPP reasonably determines that the Student poses an unacceptable risk to the CPP, its staff or its patients or that such Clinical Placement may otherwise cause the CPP to be in breach of any Laws or its duty of care to its patients and staff;
   4. Notify the EP as soon as possible if there are concerns about a Student’s suitability for placement because of their infection/immune status; and
   5. Ensure any information pertaining to a Student’s infection/immune/vaccination status is only used for the purposes of determining a Student’s suitability for Clinical Placement or investigating a case of infection transmission and is destroyed as soon as it is no longer required.
4. EPs must notify Students of their obligations to be aware of their blood-borne virus status (hepatitis B, hepatitis C, HIV) and take reasonable steps to prevent the transmission of infection at all times. Neither the EP or CPP shall require Students to provide evidence of their blood-borne virus infection status.
5. An Australian Immunisation Register printout is considered a vaccination record for the purpose of proving immunity.
6. Vaccinations administered in other countries may be accepted provided the brand and schedule aligns with the Australian Immunisation Handbook.
7. Serological testing is only acceptable if performed in a facility accredited to the ISO15189 standard for medical testing by an accreditation body recorded as a signatory to the ILAC Mutual Recognition Arrangement.
8. Except for influenza vaccination, which must occur each year, Students are only required to provide evidence of immunity and screening for tuberculosis once, prior to commencing the first Clinical Placement of their course. The EP or CPP may require rescreening for tuberculosis throughout the course if a potential exposure has occurred.

#### Specific requirements

##### Hepatitis B

The following may be accepted as evidence of immunity to hepatitis B:

* Serology report indicating immunity to hepatitis B.

A Student who is unable to provide evidence of immunity to hepatitis B is considered to have satisfied the hepatitis B requirement for Placement if they:

1. Are in the first year of their course; and
2. Have received at least two doses of hepatitis B vaccine.

##### Influenza

Vaccination against influenza is only required for Clinical Placements occurring during the period 1 June to 31 October in any given year, however Students should be strongly encouraged to have immunity to influenza year-round.

The following may be accepted as evidence of immunity to influenza:

* Vaccination record indicating a dose of influenza vaccine for current calendar year; or
* Written statement from a medical practitioner or immunisation nurse advising administration of one dose of influenza vaccine for the current calendar year.

As the current-year influenza vaccine is typically not made available until March-May and is often in short supply, Students are only required to provide evidence of vaccination by 1 June, even if the Clinical Placement commences before this date. Where a Student commences Placement prior to receiving the vaccination, the EP must notify the CPP no later than 1 June that the Student has provided evidence of having been vaccinated.

Where the CPP chooses to provide vaccination for Students undertaking Clinical Placement, the CPP should communicate this to the EP along with the name of each Student who has been vaccinated.

##### Measles

The following may be accepted as evidence of immunity to measles:

* Vaccination record indicating two doses of MMR vaccine; or
* Serology report indicating immunity to measles; or
* Government-issued documentation confirming a birth date prior to 1966.

##### Mumps

The following may be accepted as evidence of immunity to mumps:

* Vaccination record indicating two doses of MMR vaccine; or
* Serology report indicating immunity to mumps; or
* Government-issued documentation confirming a birth date prior to 1966.

##### Pertussis

The following may be accepted as evidence of immunity to pertussis:

* Vaccination record indicating one dose of dTpa vaccine given within the past 10 years.

##### Rubella

The following may be accepted as evidence of immunity to rubella:

* Vaccination record indicating two doses of MMR vaccine; or
* Serology report indicating immunity to rubella; or
* Government-issued documentation confirming a birth date prior to 1966.

##### Tuberculosis

The following may be accepted as evidence of no active infection with tuberculosis:

* Written statement from an AHPRA-registered medical practitioner advising the Student has no symptoms of active tuberculosis and has received a tuberculin skin test or interferon gamma release assay (such as the QuantiFERON-TB Gold assay) indicating no tuberculosis infection; or
* Written statement from an AHPRA-registered specialist infectious disease or respiratory physician advising the Student has no active tuberculosis infection.

Students are also considered to have satisfied the tuberculosis requirement for Placement if they provide a written statement from an AHPRA-registered specialist infectious disease or respiratory physician advising they have been assessed as fit for Placement; for example, if the Student is receiving appropriate treatment for a current tuberculosis infection and is deemed non-infectious.

##### Varicella

The following may be accepted as evidence of immunity to varicella:

* Written statement from a medical practitioner advising definite prior history of varicella infection; or
* Vaccination record indicating two doses of varicella vaccine; or
* Serology report indicating immunity to varicella.

##### COVID-19

Vaccination against COVID-19 is required for all authorised workers which includes students undertaking Placements, including the following specific requirements:

* all students placed on designated COVID wards and providing care/intervention to COVID positive cases or in settings where exposure to high-risk SCOVID patients is likely must be fully vaccinated against COVID-19;
* from 17 September 2021, a first COVID-19 vaccination dose is mandatory for all aged care workers (or evidence of a booking to receive a first dose by 1 October 2021);
* from 30 October 2021, full COVID-19 vaccination is mandatory for all healthcare workers or evidence of a first dose and a booking to receive a second dose by 15 December 2021 or a valid medical exemption evidenced by an authorised medical practitioner;
* from 26 November 2021, full COVID-19 vaccination is mandatory for all authorised workers
* from 13 January 2022, first, second and third COVID-19 vaccination dose is mandatory for all authorised workers

Vaccination against COVID-19 is required for all authorised workers which includes students undertaking Placements. The current specific requirements can be found at:

<https://www.health.vic.gov.au/student-clinical-placements-covid-19-guidance-doc>

### Rationale

Transmission of vaccine preventable disease in healthcare settings has the potential to cause serious illness and avoidable death in patients, staff, Students, and the community. From an employer’s perspective there are occupational health and safety (OH&S) obligations to ensure that staff are protected from vaccine preventable disease.

### Resources

Australian Immunisation Handbook

<https://immunisationhandbook.health.gov.au>

[Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm) [Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm) [Borne Viruses](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm)

[www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm)

ILAC Mutual Recognition Arrangement signatory search

<https://ilac.org/signatory-search>

Victorian Tuberculosis Program – Preventing tuberculosis infection and disease among healthcare workers

[www.thermh.org.au/health-professionals/clinical-services/victorian-tuberculosis-program](http://www.thermh.org.au/health-professionals/clinical-services/victorian-tuberculosis-program)

Victorian vaccination for healthcare workers guidelines

[www2.health.vic.gov.au/public-health/immunisation/adults/vaccination-workplace/vaccination- healthcare-workers](https://www2.health.vic.gov.au/public-health/immunisation/adults/vaccination-workplace/vaccination-healthcare-workers)

Mandatory COVID-19 vaccination for residential aged care workers:

<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-aged-care-providers-workers-and-residents-about-covid-19-vaccines/residential-aged-care-workers/mandatory-covid-19-vaccination-in-residential-aged-care>

Authorised providers and authorised workers:

<https://www.coronavirus.vic.gov.au/authorised-provider-and-authorised-worker-list>

Student Clinical Placements Guidance:

<https://www.dhhs.vic.gov.au/student-clinical-placements-covid-19-guidance>

Health service planning - COVID-19 Planning and preparedness tools:

<https://www.dhhs.vic.gov.au/health-service-planning-covid-19>

# National Student registration

### Protocol

1. All Students of a registered health profession are required to maintain student registration with the Australian Health Practitioner Regulation Agency (AHPRA) for the duration of their Clinical Placement.
2. In relation to Students of registered health professions, EPs must:
   1. Appropriately register each Student with AHPRA prior to the commencement of the Clinical Placement. It is acknowledged that AHPRA may not always issue confirmation of Student registration to the EP prior to the Clinical Placement commencing. In the case of psychology students, who are not eligible for student registration, the EP must instead sight evidence that the Student has provisional registration with the Psychology Board of Australia prior to the commencement of the Clinical Placement.
   2. At least four weeks before the intended commencement of each Clinical Placement, provide written confirmation (which may be via Placeright) to the CPP that each Student has been appropriately registered.
   3. Comply with the Health Practitioner Regulation National Law Act 2009, including by:
      1. Notifying AHPRA if it reasonably believes a Student has an impairment that may place the public at substantial risk of harm; and
      2. Notifying the CPP as soon as practicable if it is advised by AHPRA that a Student has had their registration suspended or a condition imposed.
3. CPPs must not request a Student or EP to provide evidence of student registration, as no such evidence is made available by AHPRA.

### Rationale

The Health Practitioner Regulation National Law (Victoria) Act 2009 states that Students enrolled in an approved program of study, or who are undertaking clinical training, must be registered as a student with their respective National Board.

### Resources

Australian Health Practitioner Regulation Agency – Student registration

[www.ahpra.gov.au/registration/student-registrations](http://www.ahpra.gov.au/registration/student-registrations)

Health Practitioner Regulation National Law (Victoria) Act 2009

[www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol\_act/hprnla2009517](http://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/hprnla2009517)

Psychology Board of Australia – Provisional registration for psychology higher degree students

[www.psychologyboard.gov.au/Registration/Provisional/Higher-Degree](http://www.psychologyboard.gov.au/Registration/Provisional/Higher-Degree)

# Student undertaking

### Protocol

1. EPs must obtain from each Student at course commencement a written undertaking in the form provided at Appendix A.
2. At least four weeks before the intended commencement of the Clinical Placement, the EP must provide written confirmation (which may be via Placeright) to the CPP that they have performed their obligations under Protocol [1 and obtained the written undertaking from the relevant Student.](#bookmark17)
3. If requested by the CPP, the EP must promptly provide a copy of an executed Student undertaking to the CPP.
4. If the EP becomes aware of any breach or anticipated breach by a Student of a Student undertaking referred to in Protocol 1 above, it must immediately notify the CPP and take such action as may be necessary, including all reasonable actions instructed by the CPP.

### Rationale

Students are not party to the Clinical Placement Agreement between CPP and EP. The student undertaking is required to confirm each Student's understanding and acceptance of their obligations when participating in a Clinical Placement.

### Resources

Health Records Act 2001

[www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol\_act/hra2001144](http://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/hra2001144)

Privacy and Data Protection Act 2014

[www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol\_act/padpa2014271](http://www.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/padpa2014271)

# Learning objectives

### Protocol

1. Learning objectives for each Clinical Placement should be provided to Students prior to the Placement.

1. EPs must discuss the goals of Placement with CPPs prior to the Clinical Placement and provide learning objectives on request (which may be via Placeright).
2. Where CPP staff will contribute to the assessment of Student performance on Clinical Placement, EPs and CPPs must discuss this prior to the Placement commencing. Information about assessment may be provided via Placeright.

### Rationale

A discussion of Clinical Placement learning objectives prior to each Clinical Placement enables the EP and CPP to manage the Clinical Placement so that students’ learning objectives can be met. An understanding of these learning objectives is necessary if CPPs contribute to the assessment of Student performance.

# Orientation

Orientation provided by CPPs ensures that Students are equipped to engage in learning activities at a particular Clinical Placement site. Whether delivered in person or online, orientation should address: the structure, function and code of conduct of the organisation; IT systems; safety and emergency procedures, including those relating to occupational aggression and violence, workplace injury and claims of harassment and bullying; quality and infection control; mandatory training (eg hand hygiene); privacy and confidentiality; scope of practice; student support; any specific organisational and/or professional requirements.

Orientation programs vary according to the needs of different cohorts of Students and the setting of Clinical Placements but there are many common elements. Information included in staff orientation programs is also relevant to Students, however CPPs are encouraged to reduce unnecessary repetition of training for Students.

The BPCLE Framework Resource Kit includes guidelines and templates that can assist CPPs to develop an orientation program for Student Clinical Placements: [https://bpcletool.net.au/help/bpcle-framework- resources](https://bpcletool.net.au/help/bpcle-framework-resources)

EPs and CPPs should work together to provide other information relevant to Clinical Placements, including details of transport and parking. Students who require accommodation during the Clinical Placement should be provided with information on accommodation options well in advance of the Clinical Placement.

# Appendix A - Student Undertaking

### Student details

|  |  |  |
| --- | --- | --- |
| Name of student: |  |  |
| Education provider: |  | Student ID: |
| Course name: |  |  |
| Email address: |  |  |
| Phone number: |  |  |

**Emergency contact details**

|  |  |
| --- | --- |
| Emergency contact name: |  |
| Relationship: |  |
| Phone number: |  |

**Acknowledgement and undertaking**

I acknowledge that:

1. I am not an employee of the Clinical Placement Provider for the purpose of Placement;
2. I am familiar with the Australian Charter of Healthcare Rights;
3. I am aware that unlawful disclosure of patient information is a criminal offence;
4. I have informed my education provider and provided all relevant details if:
   1. I have ever had any restrictions on my student registration with the relevant National Board;
   2. I have ever been disciplined by a relevant professional body;
   3. I have ever been imprisoned or found guilty of a violent or sex offence;
   4. I have been found guilty of a criminal offence (other than a minor traffic offence) in the past 10 years in either Australia or overseas; or
   5. I am currently subject to charges or under investigation for a criminal offence (other than a minor traffic offence).

In relation to my Clinical Placements, I undertake that:

1. I will not communicate, publish or release any confidential information of any Clinical Placement Provider and will keep all patient information strictly confidential;
2. I will comply with all policies, procedures and reasonable directions of each Clinical Placement Provider;
3. I will behave at all times in such a way as to cause no unreasonable or unnecessary disruption to the routines or procedures of a Clinical Placement Provider or its patients or staff;
4. I will promptly notify both my education provider and my Clinical Placement Provider if:
   1. I am unable to attend Placement as scheduled for any reason;
   2. I feel unwell or my health status changes;
   3. Any accident or incident occurs;
   4. Any restrictions are placed on my student registration with the relevant National Board;
   5. I am disciplined by a relevant professional body;
   6. I am found guilty of a criminal offence (other than a minor traffic offence); or
   7. I am charged or investigated for a criminal offence (other than a minor traffic offence).

|  |  |  |
| --- | --- | --- |
| Signature of student |  | Date |

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)