



UNITING WAR MEMORIAL HOSPITAL GUIDE TO APPLYING FOR JOBS

Thank you for your interest in applying for a position with Uniting War Memorial Hospital (UWMH). This guide has been established to assist you in preparing your application.

Uniting War Memorial Hospital (UWMH) is a 3rd Schedule Aged Rehabilitation hospital, situated in Waverley, owned and operated by Uniting and part of the South Eastern Sydney Local Health District (SESLHD). Services comprise 24 hour inpatient care, day rehabilitation, and Monday to Friday outpatient departments. The hospital also has multiple specialist community teams inclusive of our Community and Residential Aged Care Facility Geriatric Flying Squad (rapid response multidisciplinary team), Young Onset Dementia Service, Transitional Aged Care, Aged Care Assessment Team (ACAT), 7 day a week Day Centre and Elizabeth Hunter Lodge, our 24 hour accommodation service for regional/rural guests, along with the full range of hospital support services.

UWMH is proudly committed to the provision of environmentally sustainable health services.

UWMH operates under Uniting's values and Code of Conduct which employees are committed to uphold. It is important that the people who work at Uniting have a sense of commitment to our purpose. We are an equal opportunity employer and we select staff based on merit and experience. Uniting supports an inclusive approach in the workplace.

THE RECRUITMENT & SELECTION PROCESS

The recruitment process involves UWMH identifying a vacancy, advertising it, short listing applicants, calling suitable applicants for interview, checking referee reports, conducting criminal record checks and employment checks and offering appointment to the preferred applicant(s).

APPLYING FOR THE POSITION

You are required to apply in writing for the position via the Uniting PageUp system (see 'Application Portal' information). Appointments to positions with UWMH are made on the basis of merit and experience, meaning the applicant considered to be the most capable of performing the duties of the position is selected. Choosing the best person for the position is part of the Uniting Equal Employment Opportunity Policy.

Your application must contain:

- a cover letter
- your responses to the selection criteria (*see below*)
- your resume
- referee contact details

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APPLICATION & RESUME

You need to submit a resume which is clear, concise, up to date and includes: any qualifications, professional registration & affiliations, employment history and the name, address and contact numbers of two referees.

You need to write your responses to the selection criteria to show the selection committee that you have the right mix of skills, knowledge and experience to do the job. Our suggestion to applicants to ensure that the selection criteria are met adequately, is to describe your skills, knowledge and experience for each selection criteria and show how they could be used in the job. Emphasise your major achievements.

Key Words in Selection Criteria and their meaning

Demonstrated knowledge: You need to give examples that prove you have this area of knowledge.

Ability to: You do not need to have completed this kind of work before, but your skills, knowledge and experience must show that you are capable of doing the work. Describe things you have done which prove you could do this kind of work.

Experience in: You have to show when and how you have done this work before. Give examples.

Effective, Proven, Highly Developed, Superior: These ask you to show your level of achievement. Give as much detail as you can, using examples of your achievements to show your skills, knowledge and experience.

The following may be of assistance in reference to some selection criteria

UWMH requires all employees to have an awareness of the principles and practices related to Equal Employment Opportunity (EEO), Work Health Safety (WHS), Diversity & Inclusion, and Code of Conduct & Ethical Behaviour relevant to each job.

Equal Employment Opportunity (EEO)

UWMH believes that equality in employment is a fundamental right for all people. EEO principles ensure that people are not discriminated against and have equal access to conditions of employment, training and development, promotional opportunities and evaluation of performance. The outcome of good EEO practice is a diverse and skilled workforce, improved employment access, participation of EEO groups and a workplace culture displaying fair practices and behaviours.

Work Health Safety (WHS)

UWMH is committed to providing a safe work environment for our employees through the implementation of a robust and effective work health safety and injury management system. Staff of the hospital are encouraged to contribute to workplace safety planning to improve the safety and welfare of our employees, as well as continuous improvement of our work environment.

Diversity & Inclusion

UWMH asserts that all people, regardless of race, religion, cultural origin or linguistic skills have an equitable right of access to health services provided in an appropriate way. UWMH also recognises that the diversity of staff is one of its greatest assets. A diverse workforce offers the

mix of skills, abilities and cultural perspectives that assist the health service to understand and respond to the different needs of our clients.

Code of Conduct & Ethical Behaviour

UWMH has a Code of Conduct which provides a framework for decisions and actions in relation to conduct in employment. It underpins commitment to a duty of care to all staff and patients and clients receiving our services. UWMH employees must adhere to both the Uniting and NSW Health Codes of Conduct. The NSW Health Code of Conduct defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated. The Code of Conduct assists with building a positive workplace culture based on our core NSW Health values of collaboration, openness, respect and empowerment.

APPLICATION PORTAL

Applications are not accepted by email or post.

All applications are to be submitted via the Uniting PageUp system: [Uniting Careers](#)

LATE APPLICATIONS

Late applications are not normally considered, so please ensure your application reaches us via the Uniting PageUp system by the closing date and time.

THE ROLE OF THE SELECTION COMMITTEE

The selection process will be undertaken by a committee. Each selection committee is convened with care to ensure that it has the necessary expertise to make a decision in a fair and impartial way. Collectively, the committee will have an understanding of the vacancy and its role and will be responsible for the integrity of the final selection recommendation.

INTERVIEW / ASSESSMENT

Interviews and selection are conducted by a panel of at least three people. The panel usually includes the manager of the job, an independent (a person not employed by the Department advertising the position) and another person who can contribute to the selection process. Panels will, where possible, will consist of at least one male and one female member.

If called for an interview, you will be asked questions related to your skills and experience, the duties of the position and the advertised selection criteria. You will be able to ask questions about the position and provide the panel with more information to help your application.

Prior to the interview please read the job advertisement and position description again. The criteria for the position have been developed from the position description and the panel will use the criteria to develop interview questions. It will assist the panel if you are able to link experiences and examples of previous work to the position description and selection criteria.

Other methods may be used to decide if you are suitable for the position. For example, the panel may ask you to provide a presentation or may wish to look at samples of your work.

The panel discusses which applicant best meets the selection criteria and writes a detailed report which rates the strengths and weaknesses of each applicant. A recommendation is made to either offer the position to the best applicant or take further action (for example, readvertise the position).

If you are offered an interview and you have any special needs (for example, wheelchair access or an interpreter), you should inform the person who contacted you or ring the enquiries person listed on the job advertisement.

PROOF OF IDENTITY

It is NSW Health policy that all applicants provide appropriate documentation to support their identity.

Please bring to your interview original documents to meet the following requirements:

- Proof of identity and residential address i.e. drivers licence or photo ID card
- Proof of Australian Citizenship i.e. Australian passport, birth certificate or Citizenship certificate
OR proof of overseas Citizenship i.e. passport
- A fully completed Statutory Declaration witnessed by a JP or similar

SUPPORTING DOCUMENTS

Please fill out and bring to interview the supporting documents in this pack - NSW Health Undertaking/Declaration Form (page 7), NSW Health Tuberculosis (TB) Assessment Tool (pages 8, 9 & 10), Statutory Declaration (page 19), Model Health Declaration (page 21), Employment Related Checks (page 22), UWMH Confidentiality Agreement (page 23) and SESLHD Code of Conduct (page 24). You are also required to provide a copy of your COVID-19 and Influenza vaccinations or exemption as per the Health Screening and Vaccination information below.

REFEREE REPORTS

If you are considered to be one of the suitable applicants, comments will be sought from your nominated referees, as to your demonstrated ability or potential to fulfil the selection criteria. It is preferred practice to provide referee details for your current Line Manager or Supervisor. It is important that you nominate referees who are able to discuss your suitability in relation to the selection criteria. You may wish to provide them with a copy of the position description so that they are prepared to provide relevant information to the selection committee.

NATIONAL POLICE CHECK

It is UWMH policy to require shortlisted applicants undertake a National Police Check for sexual offences, serious offences involving threat or injury to another person and serious offences which are directly relevant to the duties of the position for which they have applied. A police check is only undertaken following interview.

Shortlisted applicants will receive a link via email to our National Police Check service provider. Applicants are required to fill out a secure online form and undertake online Identity Document Verification.

Appointment to a position will be conditional upon a satisfactory police check being returned.

HEALTH SCREENING AND VACCINATION

Employment with UWMH is subject to you having current immunity status that complies with the *NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases - Policy Directive PD2024_015*

- **All interviewees must bring the following 'Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases' forms to interview:**
 1. Undertaking/Declaration Form - 1 page > Parts 1 & 2 and the Declaration to be completed at a minimum
 2. Tuberculosis (TB) Assessment Tool – all 3 pages

- All **successful applicants** are required to comply with the policy requirements prior to a letter of offer and commencement in the position. This includes new staff who are transferring from other Local Health Districts.
- All **successful applicants** must fully complete the Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Undertaking/Declaration Form & Tuberculosis (TB) Assessment Tool Forms and provide all vaccination evidence prior to commencement.

Ongoing employment will be subject to continued compliance with this policy directive.

All Category A NSW Health workers are required to have received an annual seasonal Influenza vaccination or have an approved medical contraindication certificate. COVID-19 vaccinations are strongly recommended for all NSW Health workers.

POST SELECTION NOTIFICATION / FEEDBACK

You will be advised in writing of the result of your application after the selection process is completed, normally within two (2) weeks of interviews being conducted. Please be vigilant to email communications regarding the interview outcome.

If your application is unsuccessful, you may wish to contact the Convenor of the panel to discuss your performance in the interview.

If your application is successful a representative of UWMH will contact you and offer the position to you verbally. Successful candidates will then receive email communication from the PageUp system in order to complete the employee onboarding process.

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Summary This Policy Directive provides a framework for the assessment, screening and vaccination of all workers and students to reduce the risk associated with vaccine-preventable diseases in accordance with the risk category of their position.

Document type Policy Directive

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Author branch Communicable Diseases

Branch contact (02) 9391 9195

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Status Active

Functional group Personnel/Workforce - Employment Screening, Industrial and Employee Relations, Occupational Health and Safety
Population Health - Communicable Diseases, Health Promotion, Infection Control

Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

Distributed to Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service, Health Associations Unions, Tertiary Education Institutes

Audience All NSW Health workers and students

2. Risk Assessment, Screening and Vaccination

2.1 Risk categorisation of workers

NSW Health agencies must assess the risk category of all workers as outlined below and according to their risk of acquisition and/ or transmission of specified vaccine preventable diseases.

All position descriptions must include the designated risk category of the position. Positions will be either Category A or Category B.

2.1.1 Category A positions

All positions must be categorised as Category A that involve either:

- Direct physical contact with:
 - patients/ clients
 - deceased persons, body parts
 - blood, body substances, infectious material or surfaces or equipment that might contain these (such as soiled linen, surgical equipment, syringes) OR
- Contact that would allow the acquisition and/ or transmission of diseases that are spread by respiratory means:
 - workers with frequent/ prolonged face-to-face contact with patients or clients, such as interviewing or counselling individual clients or small groups; performing reception duties in an emergency or outpatient department.
 - where the predominant 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 workers who frequently, throughout their working week, are required to attend clinical areas (such as workers employed in food services who deliver meals and maintenance workers).
- Student placements that are defined as clinical placements within ClinConnect.
- Secondary school students participating in workplace learning activities, undertaking a placement in a clinical area.

2.1.2 Category B positions

Positions are categorised as Category B where the worker's role:

- does not require the worker to care for the client groups or work in the clinical areas listed in [Section 2.1.1](#) for Category A workers.
- does not involve direct physical contact with patients/ clients, deceased persons, blood, body substances or infectious material or surfaces/ equipment that might contain these.

-
- has a normal work location that is not in a clinical area, such as workers employed in administrative positions not working in a ward environment, such as food services personnel in kitchens.
 - only attends clinical areas infrequently and for short periods of time, such as visits a ward occasionally on administrative duties or is a maintenance contractor undertaking work in a clinical area.
 - has incidental contact with patients no different to other visitors to a facility, such as in elevators, cafeteria.
 - Student placements that are defined as non-clinical within ClinConnect.
 - Secondary school students participating in workplace learning activities, undertaking a placement in a non-clinical area.

2.2. Assessment, screening and vaccination

NSW Health agencies must establish systems for all workers and new recruits to be assessed, screened and vaccinated as required by the risk category of their position.

NSW Health agencies are responsible for meeting the full cost of assessment, screening and vaccination for workers (including volunteers) employed in existing positions and those employed in existing positions successfully appointed to a new position (including volunteers) within a NSW Health agency (at the time this Policy Directive is issued).

New recruits and students must undertake any necessary serological tests, vaccinations and tuberculosis (TB) screening at their own cost, prior to their appointment, or prior to the commencement of a student's first clinical placement, in a NSW Health facility.

Any investigations following a positive test for TB are free of charge to new recruits and students (as per NSW Health Policy Directive *Principles for the Management of Tuberculosis in New South Wales* [[PD2022_007](#)]).

Workers and new recruits must when requested:

- Provide evidence of their protection as specified in [Appendix 1 Evidence of protection](#) against the infectious diseases listed in Table 1 *Vaccination/ TB assessment requirements by position risk category*.
- Complete and submit to the health facility the [Undertaking/Declaration Form](#) and [Tuberculosis \(TB\) Assessment Tool](#).
- Undertake TB screening [interferon gamma release assay (IGRA) or tuberculin skin test (TST)] and/ or clinical review, where required.
- Submit required evidence of protection and any updated documentation to the health service for further assessment, as requested.

2.2.1 Vaccination requirements

The vaccination and assessment requirements for all workers are summarised in Table 1 below. Refer to [Appendix 1 Evidence of protection](#) for detailed information on the evidence required to demonstrate protection against these diseases.

Table 1. Vaccination/ TB assessment requirements by position risk category

Infectious Disease	Category A	Category B
SARS-CoV-2 (COVID-19)	Recommended	Recommended
Measles	Required	Recommended
Mumps	Required	Recommended
Rubella	Required	Recommended
Hepatitis B	Required	Recommended
Varicella (Chickenpox)	Required	Recommended
Diphtheria	Required	Recommended
Tetanus	Required	Recommended
Pertussis (Whooping Cough)	Required	Recommended
Influenza	Required	Recommended
Tuberculosis assessment	Required	Recommended
*Hepatitis A	*Recommended	*Recommended

*Hepatitis A vaccination is recommended for certain groups of workers at occupational risk of acquiring Hepatitis A, refer to the current online edition of the [Australian Immunisation Handbook](#).

2.2.2 Other vaccination requirements

New and existing laboratory, post-mortem and NSW Biocontainment Unit personnel may also have additional vaccination requirements as determined by the scope of their laboratory practice. Laboratories must have documented local protocols in place to assess the risks and provide appropriate vaccination programs to at-risk personnel, as additional vaccines may be required as specified in the [Australian Immunisation Handbook](#) or in response to emerging infectious diseases.

In addition to the vaccination requirements for Category A and B workers (Table 1 *Vaccination/ TB assessment requirements by position risk category*), other vaccinations may be recommended for certain groups of workers at higher risk of acquiring a vaccine-preventable disease as specified in the *Australian Immunisation Handbook*. NSW Health agencies/ facilities must:

- Inform all workers that additional vaccinations may be recommended based on their occupational risk of exposure to a vaccine-preventable disease or health status.
- Refer at-risk workers to their doctor for an individual risk assessment of additional vaccination requirements.
- Where additional vaccines are recommended and available, make those vaccines available for at-risk workers employed in existing positions including workers deployed with the Australian Medical Assistance Team (AUSMAT).

2.3. Evidence of protection against infectious disease

[Appendix 1 Evidence of protection](#) provides the acceptable form of evidence of protection from each infectious disease.

Acceptable evidence of protection may include but not limited to:

- Vaccination records (as defined in [Section 1.2 Key Definitions](#)) such as an Australian Immunisation Register (AIR) Immunisation History Statement.
- Serological confirmation of protection (where applicable).
- A written record of vaccination signed, dated and stamped by a medical practitioner/ nurse immuniser or pharmacist vaccinator (for authorised vaccines only) on the NSW Health [Vaccination Record Card for Category A Workers \(including Students\)](#) (Vaccination Record Card).

If the Vaccination Record Card is being used as evidence, the new recruit or student must attend their local doctor or immunisation provider. The doctor/ nurse immuniser or pharmacist vaccinator (for authorised vaccines only) is responsible for completing the Vaccination Record Card which will be used to assess the worker's/ student's compliance with this Policy Directive.

The new recruit or student must not complete their own vaccination, serology or TB assessment records on the Vaccination Record Card. The doctor/ nurse or pharmacist vaccinator (for authorised vaccines only) must record the vaccine brand name, vaccine batch numbers (where available), sign, date and apply the practice/ pharmacy stamp to the Vaccination Record Card.

Vaccination records recorded in a foreign language may be translated using the Free Translating Service [website](#) provided by the Department of Home Affairs or using a local translation service.

All information and documentation must be managed as per [Section 10 Records Management](#).

2.4. Tuberculosis assessment

All Category A new recruits and workers must undergo a TB assessment, by completing and submitting the [Tuberculosis \(TB\) Assessment Tool](#). A TB assessment is also recommended for Category B workers.

All workers are required to submit a new Tuberculosis (TB) Assessment Tool if they have:

- had known TB exposure since their last TB assessment and did not complete contact screening
- travelled for a cumulative time of 3 months or longer in a [country or countries with a high incidence of TB](#) since their last TB screening
- commenced employment at a new NSW Health agency (excluding rotational positions).

The Tuberculosis (TB) Assessment Tool will be reviewed by an appropriately trained assessor (refer to [Section 4.1 Appropriately trained assessors](#)) to identify those workers who

require TB screening and/ or referral to a NSW TB service/ chest clinic for a TB clinical review before TB compliance can be granted. Additional guidance is available in [Appendix 3 TB Assessment Decision Support Tool](#).

TB compliance will be granted by an appropriately trained assessor where the TB assessment indicates that TB screening is not required, such as answers ‘no’ to all questions in Parts A, B and C of the Tuberculosis (TB) Assessment Tool. Further action is required for new recruits and workers that answer ‘Yes’ to any of the questions in Parts A, B and C (see Table 2).

Table 2. Action and rationale for ‘Yes’ responses on the Tuberculosis (TB) Assessment Tool

Section	Action	Rationale
Part A	Immediate referral to local TB service/ chest clinic	TB clinical review required to exclude active TB disease
Part B	Referral to local TB service/ chest clinic*	Clinical review for those with previous active TB or latent TB (Yes to Part B Q1 or 2). Advice for those at risk of progression to TB disease
Part C	Refer for TB screening (see Section 2.5 Tuberculosis screening)	Exclude TB infection (Yes to Part B Q3 or 4).

*Workers who have been previously referred to a NSW TB service/ chest clinic for a Part B response and have been made compliant, and who are re-assessed and have no new or different responses in Part B do not need to be re-referred to a NSW TB service/ chest clinic. Unless they have new risks identified in Part C. The previous Tuberculosis (TB) Assessment Tool and evidence of compliance must be available to confirm no changes to responses provided previously in Part B.

2.5. Tuberculosis screening

TB screening is to identify evidence of latent TB infection, or active TB disease. Accepted tests for latent TB infection are an interferon gamma release assay (IGRA), or tuberculin skin test (TST, also known as Mantoux test).

TB screening should not be repeated if there is evidence of a previous positive test (in which case the worker or new recruit should answer ‘Yes’ to the relevant question in Part B of the [Tuberculosis \(TB\) Assessment Tool](#)).

TB screening is required if the person:

- is a new recruit or Category A student who:
 - has been advised they were in contact with a person known to have infectious TB disease and who did not complete contact screening
 - was born in a [country with a high incidence of TB](#)
 - has resided or travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB
- is an existing worker or Category A student, who may have been previously assessed as compliant for TB, but who has subsequently:

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- Been advised they were in contact with a person known to have infectious TB disease and who did not complete contact screening, or
 - travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB since their last TB assessment and/ or screening.
 - is an existing worker who has no documented evidence of prior TB screening and they were born in or have travelled for a cumulative period of 3 months or longer in a country or countries with a high incidence of TB.

A TB screening test will be valid if the following criteria are met:

- the person has no known TB exposure and has stayed/ travelled for a cumulative period of less than 3 months in a country or countries with a high incidence of TB since the test was undertaken
- the test was performed prior to, on the day of, or at least 4 weeks after, a live parenteral vaccine
- an IGRA test was performed, and the results are reported in English; or
- a TST that was administered and read by an Australian state or territory TB clinic, or collaborating service endorsed by the Local Health District or Specialty Health Network TB service/ chest clinic.

Workers who have a positive TST or IGRA need to be referred to the local TB service/ chest clinic.

TB compliance for a person will be granted by an appropriately trained assessor where documentation of a negative TST or IGRA that meets the criteria above, and the person did not also require referral to a local TB service/ chest clinic for Part A or B of the Tuberculosis (TB) Assessment Tool.

2.5.1.1 Tuberculosis screening following migration screening for latent tuberculosis infection

All Category A students or new recruits who were tested for latent TB infection as a migration screening requirement are required to complete the [Tuberculosis \(TB\) Assessment Tool](#) and provide a copy of the result of their latent TB screening test.

Workers with a positive TST or IGRA on migration screening must answer 'Yes' to having ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+) in Part B of the Tuberculosis (TB) Assessment Tool. These workers must be referred to a TB service/ chest clinic for clinical review unless the worker provides a summary of a TB clinical review from a NSW TB service or the TB clinical review has been updated in VaxLink.

A negative IGRA on migration screening performed within 3 months prior to arrival in Australia constitutes a valid TB screening test and these workers do not require further latent TB infection testing.

Re-screening is required where the result of migration screening was:

- a negative IGRA result tested more than 3 months prior to arrival in Australia
- a negative TST (also known as Mantoux test).

2.5.2 Routine recurrent tuberculosis screening

Routine, recurrent TB screening is not recommended for most workers.

Recurrent screening and/ or chest x-ray and clinical review (usually annually) must be considered for workers in certain settings where there may be increased risk of exposure to TB. Settings where there may be increased risk of exposure to TB include: mycobacterial laboratories, chest clinics, mortuaries, and bronchoscopy suites.

Any decision to implement routine recurrent screening of workers within a specific setting should be based on a risk assessment by the health service with guidance from the local TB Advisory Committee and/or NSW Health agency TB service/ chest clinic.

Screening for those negative on latent TB test should continue to use the same test for recurrent screening. A chest x-ray and TB clinical review is indicated where workers in these settings develop a positive TST or positive IGRA.

Where a worker has previously had a positive TB screening test, an annual clinical review should be undertaken.

2.5.3 Tuberculosis clinical review

New recruits and existing workers who have symptoms of TB disease and/ or evidence of TB infection (a positive TB screening test), are to be referred to the local TB service/ chest clinic for TB clinical review to exclude TB disease and/ or for consideration of TB preventive treatment.

TB clinical review is required if the person:

- answered 'Yes' to any question within Part A of the [Tuberculosis \(TB\) Assessment Tool](#), or
- has undertaken TB screening and has a positive test for latent TB infection (note exception for workers previously compliant in [Section 2.4 Tuberculosis assessment](#), Table 2).

TB clinical review is to be undertaken only within designated TB services/ chest clinics by clinicians experienced in the management of TB. TB services/ chest clinics will provide a summary of TB clinical review to document compliance or temporary compliance back to the referrer and/ or the worker, or VaxLink may be updated directly.

TB compliance may be revoked in the event of diagnosis of active pulmonary TB where the worker does not follow treatment recommendations, fails to undertake recommended contact screening following a TB exposure, or fails to comply with surveillance requirements.

TB temporary compliance or compliance will be reinstated once the worker completes the required screening or follow-up, or in the case of active TB disease where the person is on treatment and is deemed non-infectious.

2.6 Temporary compliance

A decision to grant temporary compliance is at the discretion of the NSW Health agency and must only be granted where the risk can be acceptably managed in the work location.

Temporary compliance may be granted to complete the course of hepatitis B vaccination (refer to [section 2.6.1 Hepatitis B vaccination](#)), measles, mumps and rubella (MMR) and/or varicella vaccination (refer to [section 2.6.2 Measles, Mumps and Rubella \(MMR\) or Varicella vaccination](#)), or to meet the TB clinical review and any follow-up requirements (refer to [section 2.6.3 Tuberculosis](#)).

Temporary compliance may only be granted once, and from the date of the initial assessment, unless there are extenuating circumstances (as determined by the assessor) that warrant a one-off further extension.

New recruits (except those employed in an existing position who are successfully appointed to a new position within the same or different NSW Health agency) and Category A students who have been granted temporary compliance must pay for the costs of screening and vaccinations that are required to complete their compliance after they have commenced employment/ clinical placement.

Failure to complete outstanding hepatitis B, MMR, varicella or TB requirements within the timeframes specified below will result in suspension from further clinical placements/ duties and may jeopardise further studies/ employment.

Information must be recorded in VaxLink or ClinConnect (for students and facilitators).

2.6.1 Hepatitis B vaccination

New recruits, medical graduates attending a 'clinical observership' and Category A students in their first enrolment year of their course (who have a clinical placement early in their first year) may be granted temporary compliance and commence employment/ placement provided they have:

- provided documentary evidence that they have received at least the first dose of hepatitis B vaccine; and
- completed all other vaccination requirements; and
- submitted a [Undertaking/Declaration Form](#) to complete the hepatitis B vaccination course and provide a post-vaccination serology result within 6 months as appropriate.

Those who fail to provide the required evidence within 6 months will be terminated/ placements cancelled (as per [Section 9 Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers](#)); unless there are extenuating circumstances to be considered by the NSW Health agency.

In addition, they must:

- be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of blood and body substance exposure.
- comply with the hepatitis B risk management requirements in [Appendix 4 Risk Management Framework](#).

2.6.2 Measles, Mumps and Rubella (MMR) or Varicella vaccination

New recruits (excludes students), who have not commenced the MMR or varicella vaccination course, may be granted temporary compliance, provided they have received the

first dose of MMR and/or varicella vaccination, to commence employment (see *Table 3*) and must:

- provide documentary evidence of vaccinations; and
- complete all other vaccination requirements; and
- submit a [Undertaking/Declaration Form](#) to complete the vaccination course within 2 weeks after the dose 2 due date as specified in *Table 3*.

Those who fail to provide the required evidence within 2 weeks after the dose 2 due date will be terminated (as per [Section 9 Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers](#)); unless there are extenuating circumstances to be considered by the NSW Health agency; and

- be managed under a [NSW Health Individual Risk Management Plan](#) in accordance with [Section 7 Risk Management \(excluding the Influenza Vaccination Requirements\)](#).

Table 3. Minimum number of doses MMR or Varicella required to commence employment

Vaccination	Minimum number of doses required for temporary compliance	Timeframes for completing vaccination requirements	Duration of temporary compliance
Measles, mumps, rubella (MMR)	Minimum one dose	Second dose must be administered within 2 weeks after the dose 2 due date.	6 weeks from date of dose 1.
Varicella	Minimum one dose	Second dose must be administered within 2 weeks after the dose 2 due date.	6 weeks from date of dose 1.

2.6.3 Tuberculosis

Workers and new recruits who have been exposed to TB, may be granted temporary compliance and commence employment/ placement or continue employment/ placement provided they:

- have completed the requirements for TB assessment and screening (if required), and if they require a TB clinical review, they:
 - have had a chest x-ray reporting no evidence of active TB disease; and
 - have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB service/ chest clinic is considered acceptable evidence of booking, or
- have completed the requirements for TB assessment, in the [Tuberculosis \(TB\) Assessment Tool](#) answered ‘No’ to all questions in Part A, answered ‘No’ to Part B Question 1 and 2, and answered ‘Yes’ to Part B Question 3 and/or 4 have been referred to a NSW TB service/chest clinic; or
- have had a TB clinical review and are recommended for ongoing management which may include:

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- treatment of active TB once deemed non-infectious
 - to undertake TB preventive treatment or a period of chest x-ray surveillance for latent TB infection.

A NSW TB service/ chest clinic will provide documentation on the next review date for extension of temporary compliance or grant full TB compliance once discharged from the TB service/ chest clinic.

2.7 Additional information for the assessment, screening and vaccination of students

All students must comply with this Policy Directive, and it is expected that they are made aware by their education provider of the requirements of this Policy Directive prior to enrolment in their university, TAFE or other education course.

It is each student's responsibility to complete all compliance requirements and provide evidence of compliance as part of the ClinConnect verification process before commencing a clinical placement in a NSW Health facility.

Students must only attend a clinical placement if they are assessed as being compliant or temporarily compliant. ClinConnect will cancel their placements 7 days before commencement if they are not compliant, or if their full compliance or temporary compliance will expire before the start date of the placement.

Students whose temporary compliance expires during their placements must show evidence of meeting the full compliance requirements of this Policy Directive or having their temporary compliance for TB extended before their temporary compliance expires. If the student cannot be assessed as fully compliant or having their temporary compliance extended upon temporary compliance expiry, then the student is to be removed from the placement.

Students with a medical contraindication to any vaccine may be considered to attend placement in a NSW Health facility but must be managed in accordance with [Section 5 Medical Contraindication and Hepatitis B Vaccine Non-responders](#). In addition, each NSW Health agency must have definitive governance pathways established to ensure that responsibilities are assigned to the relevant staff to manage students on a [NSW Health Individual Risk Management Plan](#).

Annual influenza vaccination with a seasonal influenza vaccine is mandatory for all Category A students if attending a placement during the influenza season (as defined in [Section 1.2 Key definitions](#)), refer to [Section 4.4 Annual influenza vaccination program](#). Category A students must be compliant with the influenza vaccination requirements before commencing the clinical placement in a NSW Health facility.

Secondary school students, including those undertaking workplace learning activities, as well as students undertaking externally delivered TAFE-delivered vocational education and training (EVET) for schools, must be compliant with this Policy Directive.

Students who attend their first clinical placements in the later years of their course (that is not during their first year) must be assessed in the first year. This is to identify compliance issues early in a student's candidature as those who are non-compliant will not be able to attend their placements which may impact on the completion of their course.

Students who transfer from overseas or interstate to a NSW education provider beyond their first year of study must be assessed (as compliant or temporarily compliant) in the first year that they are a student in NSW.

The decision to allow students who have not been assessed in their first year of studying with an interstate or overseas education provider and who are requested to attend a clinical placement in a NSW Health facility must be determined on a case-by-case basis. They must be assessed before attending a placement in a NSW Health agency.

Overseas students attending a clinical placement must demonstrate compliance with this Policy Directive. In certain circumstances they may not be able to complete the hepatitis B requirements of this Policy Directive prior to their placements but must obtain temporary compliance prior to commencing placement.

Category A students/ overseas students/ medical graduates who perform exposure prone procedures must be aware of their status in relation to blood borne virus infection and be managed according to NSW Health Policy Directive *Management of health care workers with a blood borne virus and those doing exposure prone procedures* ([PD2019_026](#))

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

What is the purpose of this form

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

Who is required to complete this form

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

Instructions

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

Next steps

1. To commence employment/attend clinical placements:
 - a. All **Category A** workers (including students) are also required to:
 - i. Complete the [Tuberculosis \(TB\) Assessment Tool](#) and
 - ii. Provide evidence of protection as specified in [Appendix 1 Evidence of protection](#) of the policy directive. Vaccinations and serology results may be recorded on the [NSW Health Vaccination Record Card](#).
 - b. All Category B workers are also required to:
 - i. Provide evidence of COVID-19 protection as specified in [Appendix 1 Evidence of protection](#) of the policy directive.
2. **Return the completed forms** to the health facility with the application/enrolment or before attending their first clinical placement. (Parent/guardian may sign if student is under 18 years of age).
3. The **recruitment agency/education provider** must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment.
4. The **NSW Health agency** must assess these forms and the evidence of protection.

Undertaking/Declaration Form



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

1	I agree to abide by the requirements of the NSW Health <u>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive</u> including Appendix 1 Evidence of Protection.
2	I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; AND a. 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: <u>Medical Contraindications and Vaccine Non-Responders</u>). I request consideration of my circumstances. If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder: i. I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure (refer to <u>Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure</u>) and agree to comply with the protective measures required by the health service and as defined by <u>PD2017_013 Infection Prevention and Control Policy</u> ; AND ii. If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.
3	If I am granted temporary compliance with the hepatitis B and/or tuberculosis requirements, a. I undertake to complete the hepatitis B and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive; AND b. I understand that failure to complete the outstanding hepatitis B and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.

Declaration

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

Date of birth _____ Worker/Student ID (if available) _____

Email _____

Contact number _____

NSW Health Agency/Education provider _____

Signature _____ Date _____

Parent/guardian name _____

(where required for workers/students under 18 years)

Parent/guardian signature _____

Date _____

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

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

Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider

Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature

Date completed

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

Part A: Symptoms requiring investigation to exclude active TB disease

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

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

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

Part C: Possible TB exposure risk history

The following questions explore possible previous exposure to TB

1. In what country were you born?
If born overseas, when did you migrate to Australia?

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

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

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

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

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

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

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

NSW TB Services contact details:

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

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

For Official Use of NSW Health Agency or NSW TB Service	
Please refer to Appendix 3 - TB Assessment Decision Support Tool for guidance on documenting outcomes from this TB Assessment:	
<p> <input type="checkbox"/> TB Compliant <input type="checkbox"/> Advice sought from local TB service/chest clinic <input type="checkbox"/> TB Screening required – referred to GP or local TB service/chest clinic <input type="checkbox"/> TB Clinical Review required – referred to local TB service/chest clinic <input type="checkbox"/> Other </p>	
Name of assessor and role	Contact Number
Health Agency/District/Network	Date of assessment

Hepatitis B Vaccination Declaration

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

This form is to be used where a hepatitis B vaccination record is not available.
Please download the form before filling it in.

Stafflink/candidate ID

Section A: All sections to be completed by the Declarant in conjunction with an appropriately trained assessor

I, _____ declare that
[print name of declarant in CAPITAL LETTERS]

I have received an age-appropriate course of hepatitis B vaccine consisting of _____ *(insert number)* vaccine doses.

The approximate year I was vaccinated against hepatitis B was _____

I do not have the record of vaccination because: _____

I make this declaration believing it to be true

Declared on: _____ *[date]* _____ *[signature of declarant]*

Section B: To be completed by the Assessor

An Assessor includes: a doctor, accredited nurse immuniser, paramedic, registered nurse or enrolled nurse, who has training on the policy directive, interpretation of immunological test results and vaccination schedules.

Applying my clinical judgement, I am satisfied that the declarant's hepatitis B vaccination history and serology demonstrate compliance and long term protection.

Assessor name

Assessor qualification

Assessor signature _____

Date

PLEASE COMPLETE IN BLOCK LETTERS.

I,

Family Name (Current) Given Names (Current) Employee No

Make the following declaration under the *Statutory Declarations Act 1959*:

1. I declare that (place a tick or cross in the appropriate box):
 Since turning 16 years of age, I **have been** a citizen or permanent resident of a country/countries **other than** Australia.

OR

 Since turning 16 years of age, I **have never been** a citizen or permanent resident of a country/countries **other than** Australia.
2. I declare that I have **never been**:
 - a. Convicted of murder or sexual assault; or
 - b. Convicted of, and sentenced to imprisonment for, any other form of assault.
3. I declare that I **have not** committed any indictable offence that is likely to mean that I am not suitable for aged care work.

I understand that a person who intentionally makes a false statement in a Statutory Declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature of Person Making the Declaration

Declared at:

on of

Place Where Declaration is Made Day Month Year

Before me,

Signature of Person Before Whom the Declaration is Made (See over)

Full Name (In printed letters)

Qualification

Address

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see section 11 of the *Statutory Declarations Act 1959*.
Note 2: Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

A statutory declaration under the *Statutory Declarations Act 1959* may be made before-

- (1) a person who is currently licensed or **registered** under a law to practise in one of the following occupations:
 Chiropractor Dentist Legal practitioner
 Medical practitioner **Nurse** Optometrist Patent
 attorney Pharmacist **Physiotherapist** Psychologist
 Trade marks attorney Veterinary surgeon
- (2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
- (3) a person who is in the following list:
 Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
 Bailiff
 Bank officer with 5 or more continuous years of service
 Building society officer with 5 or more years of continuous service
 Chief executive officer of a Commonwealth court
 Clerk of a court
 Commissioner for Affidavits
 Commissioner for Declarations
 Credit union officer with 5 or more years of continuous service
 Employee of the Australian Trade Commission who is:
 (a) in a country or place outside Australia; and
 (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 (c) exercising his or her function in that place
 Employee of the Commonwealth who is:
 (a) in a country or place outside Australia; and
 (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 (c) exercising his or her function in that place
 Fellow of the National Tax Accountants' Association
 Finance company officer with 5 or more years of continuous service
 Holder of a statutory office not specified in another item in this list
 Judge of a court
Justice of the Peace
 Magistrate
 Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
 Master of a court
 Member of Chartered Secretaries Australia
 Member of Engineers Australia, other than at the grade of student
 Member of the Association of Taxation and Management Accountants
 Member of the Australasian Institute of Mining and Metallurgy Member
 of the Australian Defence Force who is:
 (a) an officer; or
 (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
 (c) a warrant officer within the meaning of that Act
 Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
 Member of:
 (a) the Parliament of the Commonwealth; or
 (b) the Parliament of a State; or
 (c) a Territory legislature; or
 (d) a local government authority of a State or Territory
Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
 Notary public
 Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
 Permanent employee of:
 (a) the Commonwealth or a Commonwealth authority; or
 (b) a State or Territory or a State or Territory authority; or
 (c) a local government authority;
 with 5 or more years of continuous service who is not specified in another item in this list
 Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
 Police officer
 Registrar, or Deputy Registrar, of a court
 Senior Executive Service employee of:
 (a) the Commonwealth or a Commonwealth authority; or
 (b) a State or Territory or a State or Territory authority
 Sheriff
 Sheriff's officer
 Teacher employed on a full-time basis at a school or tertiary education institution

Model Health Declaration form

Name:

Address:

Position:

Duties of the Position:

I have read the inherent job requirements and job demands for the position and these requirements have been explained to me. I have ticked the appropriate statement below:

- I am not aware of any health condition which might interfere with my ability to perform the inherent job requirements and job demands of this position.

- I have a health condition that may require the employer to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of the position.

- I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.

- I no longer wish to be considered for this position.

I am aware that any false or misleading statements may threaten my appointment or continued employment.

Signature: _____

Date: _____

Recruitment, Selection and Appointment in the NSW Public Health System
Web Tool 1.6

Standard consent form: employment related checks

I give authority for the following employment related checks to be undertaken, in line with the requirements of NSW Health policy:

- Obtain relevant information from the NSW Health Care Complaints Commissions and/or registration/licensing authorities relating to any conditions placed on practice, the nature of any outstanding complaints and whether there is any pending disciplinary action
- Referee checks, including a referee check with my current supervisor
- Additional past performance checks (for medical appointments)
- Obtain confirmation of membership of professional association (where required)

I understand that my consent to the above checks is required for my application to be considered by an employer in the NSW Health Service.

In addition I have completed the necessary consent forms for employment screening (national criminal record check/working with children check).

.....
Signature

.....
Date

CONFIDENTIALITY UNDERTAKING

I, (name)..... , understand that while I am an employee, volunteer or authorised party (e.g. contractor, researcher, religious practitioner) at **Uniting War Memorial Hospital, Waverley**, I may have access to personal information collected for the purposes of client/patient care or for administrative, statistical or other purposes, including staff management. Such information includes the identity of, and personal and health information about, individual persons.

I undertake not to knowingly access any personal information unless such information is essential for me to properly and efficiently perform my duties or fulfil my role at **Uniting War Memorial Hospital, Waverley**.

I recognise and accept that my access to, holding and use of this information is subject to the Health Privacy Principles contained in the *Health Records and Information Privacy Act 2002 No. 71* (a copy of Health Privacy Principles are available) and undertake to comply with those Principles and relevant NSW Ministry of Health Policies affecting collection, holding, use or disclosure of the information.

I undertake strictly to preserve the confidentiality of this information and I understand that a breach of this undertaking may, if I am an employee, result in disciplinary action. In order to fulfil this undertaking, I will not divulge any identifying, personal or health information regarding individual persons, except as allowed by the Health Privacy Principles.

I also undertake to follow other information privacy and security procedures as stipulated by NSW Ministry of Health Policies in relation to any personal information which I access in the course of my duties. In order to fulfil this undertaking I will ensure that, so far as is within my control, such information, whether in the form of paper documents, computerised data or in any other form, cannot be viewed by unauthorised persons and that the information is stored in a secure and orderly manner which prevents unauthorised access.

I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information which I access in the course of my duties.

Signed

Witnessed

Name

Name

Position

Date



Declaration for Staff, Volunteers and Contractors

All staff, volunteers and contractors within the New South Wales Ministry of Health are expected to behave and practice in a manner consistent with the NSW Health Code of Conduct:

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

Clinicians are also expected to abide by the Codes of Conduct of their profession and the standards / competencies detailed within. In the absence of a Code of Conduct for a specific professional group, the NSW Health Code of Conduct will serve as a reference to expected standards of behaviour.

I acknowledge that I have received a copy of the Relevant Code/s of Conduct and have been advised how this document relates to me. I also have been informed of related policy documents that can be accessed via the intranet at;

www.health.nsw.gov.au/policies/index.asp

Name: _____

Signature: _____

Date: _____

SESLHD EXPECTED STANDARDS

EXPECTED STANDARDS	ALL STAFF	LINE MANAGERS AND SUPERVISORS	SENIOR MANAGERS
PATIENT SAFETY, RISK MANAGEMENT, QUALITY IMPROVEMENT AND RESEARCH	Actively participate in patient safety, quality improvement, innovation and research programs and practices that promote the best possible health outcomes for patients/clients.	Identify, develop, lead and monitor patient safety, risk management, quality improvement, innovation and research programs to promote the best possible health outcomes for patients/clients. Ensure that National Safety and Quality Health Service Standards are met.	Provide governance and strategic direction for the development, implementation and evaluation of patient safety, quality improvement, innovation and research programs that promote the best possible experience and health outcomes for patients/clients. Ensure that National Safety and Quality Health Service Standards are met.
NSW HEALTH CORE VALUES	Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the NSW Health core values of Collaboration, Openness, Respect, and Empowerment , through demonstrated behaviours and interactions with patients, clients and employees.	Assist workers to identify and model specific behaviours and actions that reflect the NSW Health core values of Collaboration, Openness, Respect, and Empowerment , in the workplace.	Uphold the highest standards of professionalism at all times by performing the functions of the role efficiently, economically, fairly, impartially and with integrity and by actively advocating the NSW Health core values of Collaboration, Openness, Respect, and Empowerment , to ensure that Local Health District and Government expectations are met.
NSW HEALTH CODE OF CONDUCT	Read and acknowledge individual responsibilities as determined in the Code of Conduct. Acknowledge the Code of Conduct as a framework for professional behaviour, ethical practice and decision-making. Acknowledge and accept a shared responsibility for ensuring that their own behaviour and the behaviour of colleagues meets the standards outlined in the Code of Conduct. Report and express any workplace concerns fairly, honestly and respectfully.	Ensure workers are provided with a copy of the Code of Conduct upon appointment or reappointment. Provide advice to each worker to ensure they understand their responsibilities under the Code of Conduct. Maintain a record of when this occurred.	Model and encourage behavioural expectations as outlined in the Code of Conduct.
HEALTH AND SAFETY	Comply with SESLHD WHS and IM processes and any measures put in place to protect their health and safety at work. Contribute to and participate in WHS consultation and training initiatives. Contribute to workplace safety planning, including the review and continual improvement processes at a local level via the WHS consultation arrangements.	Implement all elements of the SESLHD health and safety management system. Monitor and evaluate the department's WHS and Injury Management (IM) performance. Actively develop workers' WHS performance. Report progress toward and barriers to the achievement of Service WHS and IM targets to senior management.	Apply due diligence to known and emergent WHS risks. Actively engage in service WHS planning and reporting. Set WHS and IM performance targets for the Service. Monitor and measure individual departments' WHS performance against targets.
REGISTRATION AND LICENCES	Maintain registration and licences required for position held.		

CLINICAL GOVERNANCE

EXPECTED STANDARDS	CLINICIANS	LINE MANAGERS AND SUPERVISORS	GOVERNING BODY
<p>CLINICAL GOVERNANCE</p>	<p>Clinicians work within, and are supported by, well-designed clinical systems to deliver safe, high-quality clinical care. Clinicians are responsible for the safety and quality of their own professional practice, and professional codes of conduct include requirements that align with the Clinical Governance Framework</p>	<p>Managers (including clinical managers) advise and inform the governing body, and operate the organisation within the strategic and policy parameters endorsed by the governing body. They are primarily responsible for ensuring that the systems that support the delivery of care are well designed and perform well</p>	<p>The governing body is ultimately responsible for ensuring that the organisation is run well and delivers safe, high-quality care. It does this by establishing a strong safety culture through an effective clinical governance system, satisfying itself that this system operates effectively, and ensuring that there is an ongoing focus on quality improvement.</p>

To inspire people, enliven communities & confront injustice.

Our Purpose

Uniting

Our Promise

Courageous Action

Our Pillars

Community & Innovation

Responsive to opportunities for growth and innovation. Working in new, creative ways to better serve individuals and communities. Strengthening communities of hope and happiness. Synergy through diversity.

Better Together

Social Justice

& Advocacy
We are the Uniting Church. Speaking out with one voice. Uniting to create impact and change. Thought Leadership that challenges convention. Action and change based on knowledge and experience.

Be the Change

Empowering People

Valuing all people for their unique gifts and strengths. Serving people who are marginalised, disadvantaged and vulnerable. People and relationships are at the centre of all that we do. Enabling people to be who they truly are without judgement.

Be Yourself

Our Values

Imaginative

We challenge convention, explore new possibilities and dare to dream for a better future.

Respectful

We act with honesty and integrity, and open our hearts to all people without exception.

Compassionate

We are nurturing, generous and thoughtful in our words and deeds.

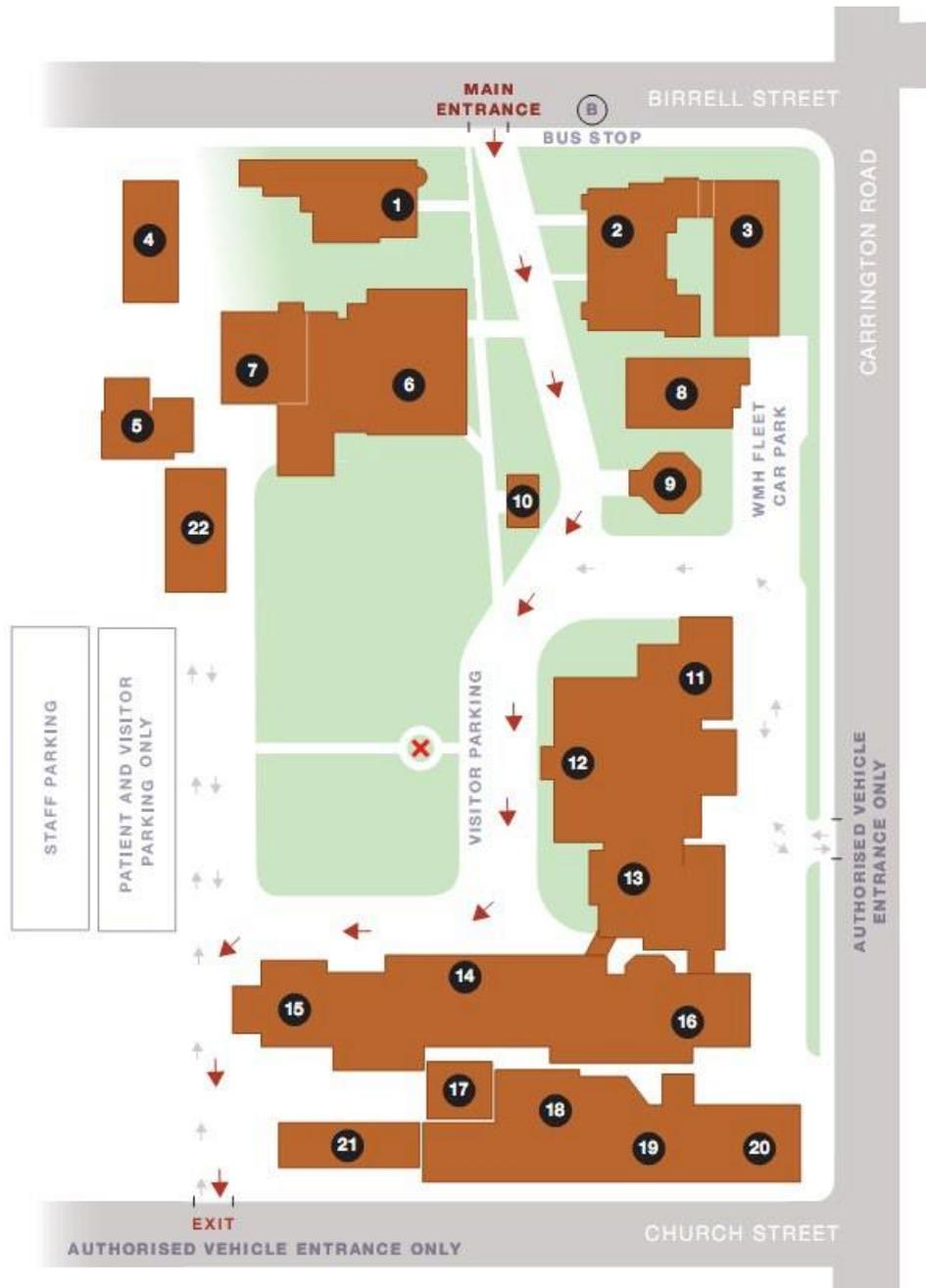
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We face injustice head on and stand up for what is right and true with confidence and strength.

Our Foundation

Christ invites us to serve humanity by creating an inclusive, connected and just world.

War Memorial Hospital Site Map 2022



X Assembly Point for Evacuation

1	Winston O'Reilly Building	NNARC Call Centre, Waverley ACAT
2	L.E. King Building	Ground – NextSense Matilda Rose Centre Level 1 – SESLHD ACAP
3	Elizabeth Hunter Lodge	EHL reception, Lodge accommodation
4	Elizabeth Hunter Lodge	Cottage accommodation
5	Elizabeth Hunter Lodge	Apartments accommodation
6	Day Centre & Transport	
7	Uniting Seniors Gym	
8	Cadi Cottage	Young Onset Dementia Program
9	Nellie Vickery Chapel	
10	Café Manos (Kiosk)	
11	Vickery Building	Ground – Computer kiosk training room, SESLHD I.T. office, Wellness Space & Volunteers hub, PPE storage Level 1 – TACP, OT
12	Vickery Building	Ground – Clinical Performance Coordinator, PPE storage, POWH Eora Dialysis Unit, Social Work Manager, Vickery Group Meeting Room, Vickery Safe Room Level 1 – Health Promotion, HR, OT, Social Work, Vickery Conference Room, WHS
13	Vickery Building	Level 1 – Executive Unit offices, Executive Unit Conference Room
14	Morgan Building	Ground – Main Hospital Reception , Administration, ESVS clinic, iREAP, iREADi, Geriatric Flying Squad, Geriatric Medicine, OT, Outpatient Gym, Outpatients, Pharmacy, Physiotherapy, Security Level 1 – In-patient Rehabilitation Unit, Conference Room 1 Level 2 – In-patient Rehabilitation Unit, Nursing Unit Manager, Conference Room 2, Infection Control, Senior Nurses Hub
15	Morgan Building	Ground – Clinical Psychology, Dietetics, Speech Pathology, Clinic, therapy and meeting rooms
16	Morgan Building	Level 1 – Catering, Hotel Services, Medical Records
17	Podiatry	20 Education Centre
18	Therapy Gym	21 Maintenance, PPE storage
19	Hydrotherapy Pool	22 Waverley Men's Shed