

PRE-PRACTICUM PREPARATION FOR HEALTH STUDENTS

Please read the information on the reverse of this form before completing

| Paramedicine | Occupational Therapy | Nutrition & Dietetics | Speech Pathology | Exercise Physiology | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------|--------------------|---------------------------------------|------|--|--|--|--|
| STUDENT NAME: | STUDENT NUMBER: | | | | | | | | |
| DISCIPLINE: | | | | | | | | | |
| POLICE SCREENING – PHOTOCOPIES REQUIRED | | | | | | | | | |
| Working With Children (relev | □ Yes | □ No | | | | | | | |
| National Police Certificate | □ Yes | □ No | | | | | | | |
| WA Health National Criminal | □ Yes | □ No | | | | | | | |
| WA Dept. Education & Train | □ Yes □ N/A | □ No | | | | | | | |
| International students – Police | □ Yes □ N/A | □ No | | | | | | | |
| | IIV | IMUNISATION REQUIREME | NTS | | | | | | |
| Measles/Mumps/Rubella (Do of immunity) * see overleaf | □ Yes | □ No | | | | | | | |
| Varicella (Documented evide immunity)* see overleaf | □ Yes | □ No | | | | | | | |
| Hepatitis B (Serology [blood | □ Yes | □ No | | | | | | | |
| Diphtheria, Tetanus and Per | □ Yes | □ No | | | | | | | |
| Tuberculosis Screening (evid | □ Yes | □ No | | | | | | | |
| Influenza (annual vaccination | □ Yes | □ No | | | | | | | |
| | OPTIONAL VACC | INATION (Recommended b | ut not compulsory) | | | | | | |
| Hepatitis A *see overleaf | | | | □ Yes | □ No | | | | |
| Polio *see overleaf | | □ Yes | □ No | | | | | | |
| | | OTHER Safety Exposures | 5 | | | | | | |
| Do you have allergies to Late | □ Yes | □ No | | | | | | | |
| Do you have any infectious of C, HIV? | ☐ Yes Please contact your GP or Student Health Services *see overleaf* ☐ No | | | | | | | | |
| Have you worked or been a patient in a healthcare facility including aged/long-term care facility outside Western Australia in the last 12 months? | | | | □ Yes □ No □ Provide MRSA Screening | | | | | |
| MRSA Screening *see overleaf | | | | □ Yes | □ No | | | | |
| | | DECLARATION | | | | | | | |
| I hereby declare that all statements selected on this form are true to the best of my knowledge. I consent that the Clinical Placement Coordinator at Edith Cowan University may inform a clinical placement facility of any condition that may potentially impact patient or client safety. I acknowledge that this may impact my ability to complete my studies. I agree to advise ECU immediately of any changes to my health status related to the questions above. | | | | | | | | | |
| (Student signature) | (Student signature) (Date)I | | | | | | | | |
| (Students will be contacted and counselled by the Clinical Placement Coordinator prior to any action being undertaken to inform health care facilities.) | | | | | | | | | |

<u>Further information on all aspects of pre-practicum preparation is available on the website</u>: http://www.ecu.edu.au/schools/medical-and-health-sciences/courses/pre-practicum-preparation



Students: Please Note

Forms will not be accepted in isolation, all must be complete on submission.

If <u>any</u> part of the documentation is not complete, <u>ALL</u> documents will be returned to the student for appropriate completion and re-submission.

All completed documents need to be submitted before commencing any clinical practice.

Notes

- **WORKING WITH CHILDREN** Students need to be working with children on a daily basis for this clearance to be a requirement. Full details and information on how to apply for the clearance is on Blackboard and the website.
- MEASLES/MUMPS/RUBELLA Evidence of immunisation with 2 doses of MMR vaccine or serological (blood test) evidence of immunity is required. For vaccination against Measles/Mumps/Rubella, a combined vaccine is used. Two doses of MMR vaccine are usually required at least one month apart. Where a primary course of MMR vaccination has not been completed, a second dose of MMR vaccine should be given in line with NHMRC guidelines.
- **VARICELLA** Evidence of immunisation with two doses of vaccine or serological (blood test) evidence of immunity is required. Serological testing to check for immunity following Varicella vaccination is not recommended.
- HEPATITS B A document history of Hepatitis B immunisation is of assistance in determining immunisation status. Serological (blood test) evidence of immunity is required. If immunity is not detected, a course of three Hepatitis B vaccines over six months followed by serological testing for immunity is necessary.

If you are in the process of completing your Hepatitis B vaccination program and have had the first two injections, you may submit your documentation with a covering letter indicating your process through this immunisation, with the date you are booked for your final vaccination. You will then be responsible to provide evidence of the completion of Hep B vaccinations.

- DIPTHERIA, TETANUS & PERTUSSIS Assessment of the need for immunisation will be assisted by a past record of childhood and adolescent immunisations. Documented evidence of a booster adolescent/adult dose of dTpa is a mandatory requirement. Australia introduced a booster dose of Tetanus/Diptheria/Pertussis for 15 year olds in 2004. The booster dose may appear as dTpa/Boosterix or Adacel on an immunisation record. Vaccination with ADT (adult Diptheria and Tetanus) DOES NOT cover Pertussis (whooping cough) and therefore DOES NOT comply with mandatory immunisation requirements.
- POLIO If you are a domestic or international student with evidence of full childhood vaccinations, you will not need a polio booster unless you are planning on a clinical placement overseas, where Polio is recognised as a risk. If you are a domestic or international student with **no** evidence of full childhood vaccinations, it will be recommended to you that you receive a polio vaccination.
- TUBERCULOSIS Either Quantiferon Tb Gold (blood test) or Mantoux (skin test) may be used in screening for past exposure to TB. Mantoux testing should not be undertaken within four weeks of any vaccinations with a live virus e.g. MMR, Varicella, Yellow Fever. A positive Quantiferon Tb Gold or Mantoux test usually requires further medical assessment and a certificate indicating fitness to practice.
- **INFLUENZA –** Annual Influenza immunisation is highly recommended for all students. Please be aware that this is a requirement for attendance at some health facilities.
- **HEPATITIS A** Please be aware that this is a requirement for attendance at all placements in the Northern Territory and some rural health facilities in WA.

MRSA SCREENING – Regional specific; may be required. Please contact your Unit Coordinator for further information.

CONTACTS:

| Student Health Services | Dr Rob Chandler | 6304 5618 | Exercise Physiology (M90) | Mr Dom Passalacqua | 6304 5729 |
|----------------------------------------------------------------|-------------------------------------------|-----------|-----------------------------|--------------------------------------------|-----------|
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| | Mrs Michelle Bolton | 6304 5299 | | Mrs Di Schwagermann | 6304 3726 |
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| Therapy (H96) | | | Dietetics & Nutrition (149) | Ms Janica Bell | 6304 5634 |
| | Ms Karen Long | 6304 3592 | | Assoc. Prof Philippa | 6304 5676 |
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