

# Clinical Facilitator SUMMARY SHEET CHECKLIST

Facilitator Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you an Australian Citizen or Permanent Resident? Yes:  \*No:

**\*Clinical Facilitators that are not Australian citizens or hold permanent residency are required complete a statutory declaration and submit with other documentation. This declaration must be signed in front of a Justice of the Peace, Public Notary or Judicial Officer.** A person who intentionally makes a false statement on a statutory declaration is guilty of an offence, the punishment for which is imprisonment for five (5) years (*Section 25 Oaths Act 1900 NSW*).

**All documentation is to be supplied in PDF format ONLY**

Criminal Record Check and Code of Conduct documentation		Non-Citizens	
National Criminal Record Check: If issued by an Australian Police Service <b>both</b> sides of the document must be <u>submitted in pdf/colour</u> .	<input type="checkbox"/>	Completed Statutory Declaration (if required)  <u>Statutory Declarations can only be countersigned by persons identified to do so.</u>	<input type="checkbox"/>
Signed acknowledgement that clinical facilitator agrees to abide by the <b>NSW Code of Conduct</b> :	<input type="checkbox"/>		
NSW Working with Children check	<input type="checkbox"/>	<u>AHPRA Registration</u>	<input checked="" type="checkbox"/>

- **Criminal record checks for facilitators expire three years from the date of issue.**
- **Submit the Australian Immunisation Record or AIR downloaded from MEDICARE.**

**Review this information prior to submitting any immunisation documentation for review:**

**Acceptable evidence of protection against specified infectious diseases if a vaccination card is submitted:**

- Each record of Vaccination/TB Assessment/Serology recorded on the '**Vaccination Record Card for Healthcare Workers/Students**' must be dated, signed AND have a practice stamp affixed to every entry to validate the entry as legitimate.
- Any supporting documentation and/or medical records must be supplied in English or officially translated into English.
- Each vaccination should be recorded on the immunisation card with batch numbers (if available) at the time of administration - Batch numbers for dTpa are required to determine that the correct vaccination has been administered.
- Serology results can be obtained as part of baseline evidence. Hepatitis B and Rubella serology results should only be recorded on the vaccination card as a 'numerical value' and **NOT** described in terms such as 'positive', 'negative', 'immune' or 'detected' and if obtained, Rubella serology results must be submitted at the time of assessment.
- Remember the '**Vaccination Record Card for Healthcare Workers/Students**' is a legal document and must be completed correctly; missing or incomplete documentation may require a subsequent visit to your GP, to rectify any identified issues. Therefore, **use this document as a checklist** prior to submitting any documentation for review, to prevent multiple return visits to the GP.

Disease	Type of Vaccination	Document Serology as Evidence	Evidence and Validation as a legitimate entry
<b>Diphtheria, Tetanus, Pertussis (whooping cough) dTpa</b>	One <b>adult</b> dose of Diphtheria, Tetanus <u>and</u> Pertussis administered in the last ten years. <b>Not ADT or DT</b>	<b>Serological testing is <u>not acceptable</u> for this disease.</b>	Date <input checked="" type="checkbox"/> Adult dose <input checked="" type="checkbox"/> Batch number <b>REQUIRED</b> <input checked="" type="checkbox"/> Signature and practice stamp to validate entry as legitimate <input checked="" type="checkbox"/>
<b>Hepatitis B</b>	History of age-appropriate course of Hepatitis B vaccination <b>or</b> Hep B declaration has been completed. This <b>MUST</b> be recorded on the vaccination card.	<b>AND</b> Serology greater than or equal to 10mIU/ml to demonstrate immunity – <u>serology must be recorded as a numerical value</u>	Date <input checked="" type="checkbox"/> Batch number of vaccination <u>if available</u> <input checked="" type="checkbox"/> Signature and practice stamp to validate entry as legitimate <input checked="" type="checkbox"/> History of childhood Hep. B Vaccinations recorded <b>OR</b> Appendix 9 completed which <b>must</b> be recorded on vaccination card <input checked="" type="checkbox"/>
<b>Measles, Mumps, Rubella</b>	All doses of MMR vaccine at <b>MUST</b> be recorded - this will determine the number of boosters required based on any serology results obtained.	<b>OR</b> Positive IgG for measles and mumps with rubella recorded as a numerical value.  <b>Serology report for rubella must be submitted (Only if serology has been obtained).</b>	Date <input checked="" type="checkbox"/> 2 doses <input checked="" type="checkbox"/> <b>OR</b> Positive Serology demonstrating immunity <input checked="" type="checkbox"/> Batch number of vaccination <u>if available</u> <input checked="" type="checkbox"/> Signature and practice stamp to validate entry as legitimate <input checked="" type="checkbox"/> If obtained, serology report for Rubella submitted <input checked="" type="checkbox"/>
<b>Varicella</b>	2 doses of Varicella vaccine at least one month apart – 1 dose prior to age 14 <b>OR</b> 2 doses after 14 Yrs. <b>OR</b> AIR Record of Natural Immunity to Varicella	<b>OR</b> Positive IgG for Varicella  <b>A verbal history of Chicken Pox is not acceptable as evidence of immunity to varicella.</b>	Date <input checked="" type="checkbox"/> 1 dose before 14 years of age recorded <b>OR</b> 2 doses after the age of 14 recorded <b>OR</b> Positive serology <input checked="" type="checkbox"/> <b>OR</b> AIR Record of Natural Immunity to Varicella Batch number of vaccination <u>if available</u> <input checked="" type="checkbox"/> Signature and practice stamp to validate entry as legitimate <input checked="" type="checkbox"/>
<b>Tuberculosis (TB) TST screening</b>	Undertaking / Declaration Form <b>has been fully completed</b> Tuberculosis (TB) Assessment Tool <b>has been fully completed noting all countries visited and the length of time spent in each of those countries</b>		
	<b>TB Assessment:</b> Has a BCG previously been administered? YES or NO (if previously administered this must be noted on the vaccination card) <b>If TB testing is required:</b> Tuberculin skin test (TST) Mantoux <b>OR</b> Quantiferon Gold Blood Test is to be completed and result recorded <b>Yes OR No</b> . Results must be recorded on the vaccination card with signature, date and practice stamp to validate the entry as legitimate. This includes any subsequent tests such as a CXR.		

- **Ensure that prior to submission you have checked your vaccination card against the checklist above.**
- **Missing or incomplete documentation will not be processed and you will be required to rectify identified issues.**