Undertaking/Declaration Form

Occupational Assessment, Screening And Vaccination Against Specified Infectious Diseases

Pre-Employment

What is the purpose of this form

This form must be completed when applying for a Category A or Category A-EPP position, prior to commencing employment with ACTAS. The undertaking/ declaration form ensures all applicants are aware of, and comply with the ACTAS Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (OASVASID) Standard Operating Procedure (SOP). Appendix A Evidence of Protection (within the SOP) provides a summary of these requirements.

Who is required to complete this form

All individuals applying for a position with ACTAS under a Category A or Category A-EPP, who endeavor to provide services as part of ACTAS.

Instructions

1. Please download and save form prior to filling. Refer below to Appendix 1 - How to fill & sign PDF fillable forms.
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 this form.

Next Steps

To comply with pre-employment requirements and the OASVASID SOP, please complete the following:

1. All **Category A** and **Category A E-PP** members are required to:
    a. attend an authorised Australian immunisation provider for assessment, screening and vaccination, or be willing to udertake a risk management plan as per the ACTAS OASVASID if not vaccinated. The following points must be addressed;
    b. complete the Tuberculosis (TB) Assessment Tool (only used during your assessment/ screening phase. Not required to be submitted to ACTAS recruitment) and;
    c. provide evidence of protection by submitting a completed ACTAS 'Vaccination Record Certificate Of Compliance' form; as specified in Appendix A Evidence of Protection of the ACTAS OASVASID SOP and;
    d. ensure all ***current*** and ***historical*** vaccinations are recorded into your individual Australian Immunisation Register (AIR), including documented ***immunity status*** for Measles/Mumps/Rubella (MMR), Varicella and Hepatitis B.

2. **During the recruitment application phase:**

    Return the below completed forms to JACSACTASRecruitment@act.gov.au

    Completed: ACTAS Undertaking /Declaration Form

    Completed: ACTAS Vaccination Record Certificate Of Compliance Form

    Copy of: Australian Immunisation Record Statement (refer to Vaccination Compliance FAQ's for further information)

Undertaking /Declaration Form

I, Enter Full Name declare that (tick the applicable options):

1 I agree to abide by the requirements of the ACTAS OASVASID SOP including Appendix A - Evidence of Protection.

2 Please select which option(s) below best reflects your personal circumstances regarding assessment, screening and vaccination against specified infectious diseases.

☐ I have attended an authorised Australian immunisation provider for assessment, screening and vaccination against specified infectious diseases; **AND**

All of my current and historical vaccinations have been recorded in my individual Australian Immunisation Register (AIR), including documented **immunity status** for; Measles/Mumps/ Rubella (MMR), Varicella and Hepatitis B.

☐ I am a persistent Hepatitis B non-responder as assessed by an authorised Australian immunisation provider. I have provided documentation from an authorised practitioner to support this. (attach documentation to this form).

i. I am aware of and understand the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by ACTAS Infection Prevention and Control.

Permanent ☐ I am aware of a permanent/ temporary medical contraindication(s) that may prevent me from fully completing these requirements and have provided documentation from an authorised practitioner to support this. (attach documentation to this form).

Temporary ☐

i. I am aware of and understand the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by ACTAS Infection Prevention and Control.

ii. If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.

Not Vaccinated ☐ I am not vaccinated due to personal reasons: I agree and understand that I am required to undertake a risk management plan as per the ACTAS OASVASID SOP and I understand the risks of infection.

3 If I have received the minimum number of doses and I am granted temporary compliance,

a. I will complete the outstanding vaccination/s and associated requirements within the time frames required by the ACTAS OASVASID SOP and agree to comply with the protective measures required by the service; **OR**

b. I understand that if I am unwilling or unable to complete the outstanding vaccination/s and associated requirements within the appropriate timeframe(s), I must undertake a risk management plan.

I, Enter Full Name

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

Date of birth Phone No. Select Enter Ph Number *Category Select Category

*Appendix 1 - What category am I?

Email Enter Email Address

Signature SIGN HERE Date

APPENDIX 1: Fill and Sign PDF Fillable Forms & What Category am I?

How do I fill and sign PDF fillable forms on my computer?

1. **Make sure Adobe Acrobat Reader software is installed on your personal computer/device**
   If Acrobat Reader isn't already installed, you can **download PDF reader**. Alternatively, you can use Adobe Fill & Sign app available on App Store for iPhone or iPad and Google Play
   NOTE: You can not download PDF reader on ACT Government devices without permission.

2. **Download the form**
   Save the form as a PDF file, either on your computer's desktop or in a folder. This is important as certain web browsers won't save your information after editing.

3. **Clicking on a hyperlink within the form**
   Right click the hyperlink and choose 'open link in new window' to avoid losing already filled information.

4. **Open the form**
   You might need to right-click your mouse or track-pad and choose 'Open with > Adobe Acrobat Reader'. Once open, consider enlarging the page to assist navigating through the field options.

5. **Type your details into the form**
   The form is an 'editable' PDF, which means you can click on any of the fields highlighted in grey to start filling in the form.

6. **Sign the form**
   Once you have completed the form, you will need to sign it electronically with the "Fill & Sign" function. Click the "Sign" icon on the top menu bar and select "Add Signature" then "Draw" to draw your signature. Once you're happy with your signature, click "Apply" to add it to the signature sections (grey boxes) of the document. Select close once you have added your signature. If you make a mistake, click on signature and choose delete. Alternatively, use the eraser option to remove and then start again.

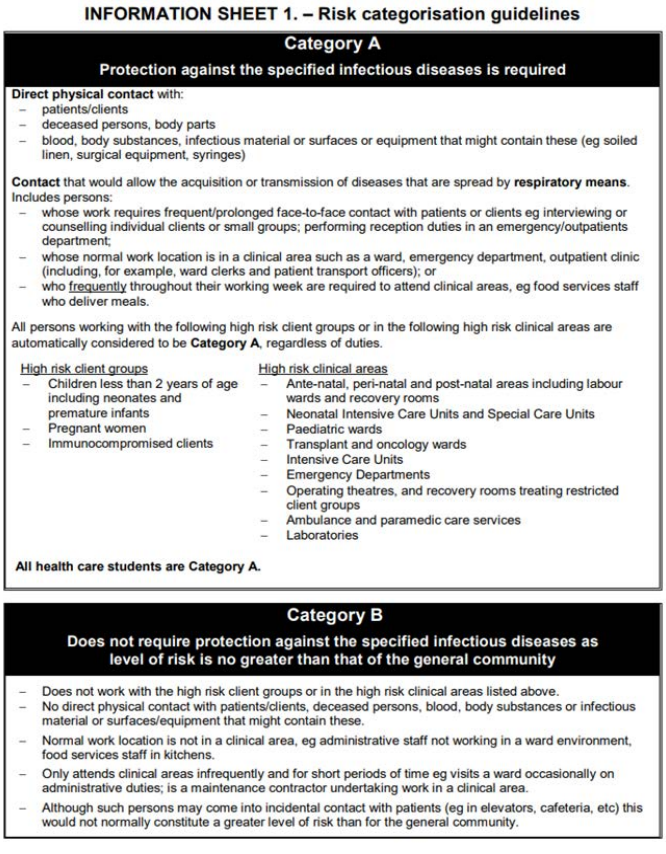
7. **Save your form**
   Once you have completed all sections of the form, save the PDF file. This will ensure all your information is retained.

What Category am I?

ACTAS Category A position/roles:

- Intensive Care Paramedic (ICP)
- ICP/Extended Care Paramedic (ECP)
- Ambulance Paramedic (AP)
- AP2/ECP
- Graduate Paramedic Intern
- Patient Transport Officer
- Communications Centre
- Operational Support

Category A-EPP: The Flight Intensive Care Paramedic position is sub-classified as Category A-EPP. This is due to their scope of practice including finger thoracostomy.



INFORMATION SHEET 1. – Risk categorisation guidelines

Category A

Protection against the specified infectious diseases is required

Direct physical contact with:
- patients/clients
- deceased persons, body parts
- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)

Contact that would allow the acquisition or transmission of diseases that are spread by **respiratory means**. Includes persons:
- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal 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
- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be **Category A**, regardless of duties.

High risk client groups
- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

High risk clinical areas
- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories

All health care students are Category A.

Category B

Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community

- Does not work with the high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.
- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.