

Student Orientation Checklist

Queensland Health requires you to review the '[Student orientation requirement](#)' section on the clinical placement website prior to your placement. Please ensure that you have read and understood the requirements before completing the checklist below.

Please tick the below boxes to indicate the areas you have read and understood. **By ticking these boxes you are agreeing to comply with the policies and requirements of each essential placement requirement.**

- | | | | | | | | | | | | |
|---|--|--|------------------------------|--|------------------------------|---|-------|---|--|---|--|
| Blue card and criminal history checks | <input type="checkbox"/> Blue card
<input type="checkbox"/> General criminal history check
<input type="checkbox"/> Aged care criminal history check
<input type="checkbox"/> Corrective services criminal history check | | | | | | | | | | |
| Code of Conduct | <input type="checkbox"/> To whom does the code apply?
<input type="checkbox"/> The four (4) ethics principles | | | | | | | | | | |
| Cultural diversity | <input type="checkbox"/> Organisational cultural competency framework
<input type="checkbox"/> Aboriginal and Torres Strait Islander Cultural Framework 2010 - 2033 | | | | | | | | | | |
| Vaccination | <table border="0"> <tr> <td><input type="checkbox"/> Measles, mumps, rubella (MMR) or evidence of non-susceptibility
Requirement: At least one dose prior to placement</td> <td>Dose 1 date:
Dose 2 date:</td> </tr> <tr> <td><input type="checkbox"/> Varicella (chicken pox)) or evidence of non-susceptibility
Requirement: At least one dose prior to placement</td> <td>Dose 1 date:
Dose 2 date:</td> </tr> <tr> <td><input type="checkbox"/> Pertussis (dTpa) (whooping cough) or evidence of non-susceptibility
Requirement: One adult dose within the last ten years prior to placement</td> <td>Date:</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis B or evidence of non-susceptibility
Requirement: At least two doses prior to placement</td> <td>Dose 1 date:
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Dose 3 date:</td> </tr> <tr> <td><input type="checkbox"/> Other recommended vaccinations</td> <td></td> </tr> </table> | <input type="checkbox"/> Measles, mumps, rubella (MMR) or evidence of non-susceptibility
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Dose 2 date:
Dose 3 date: | | | | | | | | | | |
| <input type="checkbox"/> Other recommended vaccinations | | | | | | | | | | | |
| Occupational health and safety | <input type="checkbox"/> Mandatory iLearn online modules – prior to placement
<input type="checkbox"/> Work Health and Safety Induction
<input type="checkbox"/> First-Response Evacuation Instructions
<input type="checkbox"/> Occupational Violence Prevention Fundamentals
<input type="checkbox"/> Prevention and Management of Musculoskeletal Disorders (MSD)
<input type="checkbox"/> Mandatory OHS requirements – At placement
<input type="checkbox"/> Local site induction | | | | | | | | | | |
| Privacy, confidentiality and documentation | <input type="checkbox"/> Privacy
<input type="checkbox"/> Confidentiality
<input type="checkbox"/> Documentation | | | | | | | | | | |

I, _____ (***Please enter your full name***) certify that I have read and understood the preceding topics on the Queensland Health Clinical Placement website in preparation of my placement.

Signature: _____

Date:

Infected health care worker - student responsibilities

I declare and agree that I **have** read and understand the [Guideline 'Management of Human Immunodeficiency Virus \(HIV\), Hepatitis B Virus, and Hepatitis C Virus Infected Healthcare Workers'](#) and acknowledge that this standard also applies to students on placement in Queensland Hospital and Health Service facilities.

I **declare** that I **understand** my disclosure responsibilities under the *Responsibilities of the HBV/HCV/HIV infected healthcare workers*¹.

I acknowledge and understand that health care workers (including students and supervisors) who are hepatitis C antibody and PCR positive, hepatitis HBV DNA positive, or HIV antibody positive must not perform exposure prone procedures as defined in the Guideline.

I **agree** to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am placed, in respect of Queensland Health vaccination and infection control of health care workers.

I **understand** that this orientation is one of the requirements of eligibility for a placement at a Queensland Hospital and Health Service facility.

Name:

Course:

Signature: _____

Date

¹ Disclosing a HIV/HBV/HCV positive status will not preclude a student from being considered for a placement. However, the student will not be permitted to participate in any exposure prone procedure while on placement. The student should consult their education provider to determine whether completing their placement/program notwithstanding those restrictions will still enable them to achieve required learning outcome and qualification in their course of study. Queensland Health will keep confidential the students declarations save if required by law to disclose.