



COVID-19 PREPARATION PLACEMENT DECLARATION

In response to the current COVID-19 pandemic, ALL STAFF AND STUDENTS attending clinical placement venues are required to submit evidence that they meet requirements that comply with WHO recommendations as adopted by State and Territory governments:

Name		Date	
Placement venue		Location/Ward/ Department	
DECLARATION		CONFIRMATION	
<p>Have you travelled interstate or overseas in the last 14 days? If you have returned from overseas or interstate in the last 14 days you may not be able to commence placement, contact the CNHS office and discuss this with the placement team cnhs.placements@flinders.edu.au</p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Date returned:</p>	
<p>Have you knowingly been in contact with anyone diagnosed with COVID-19? If yes, please discuss your circumstances with the Placement Education Coordinator I acknowledge that should I come into contact with a positive case of COVID -19 outside of my placement, I will inform the CNHS placement unit (cnhs.placements@flinders.edu.au) and NOT return to placement until further consultation.</p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>Do you currently have any of the following symptoms? Fever; Cough; Fatigue; Shortness of breath; Sore throat I acknowledge that at any time during my placement, if I develop any of the above symptoms, or become unwell I will immediately notify my supervisor and leave the placement environment. I will then contact my Facilitator/Educator and notify the placement unit cnhs.placements@flinders.edu.au. Should these symptoms continue for more than 12 hours I will undertake a COVID-19 test and isolate till negative result confirmed. If unwell more than 24 hours I will seek medical advice and obtain a medical certificate prior to returning to placement. If I am tested for COVID-19 I agree I will notify the placement setting, Facilitator/Educator and placement team cnhs.placements@flinders.edu.au along with the outcome of the results.</p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>I am aware that my temperature may be taken at the commencement of each shift during my placement and consent to this. I understand that if I am febrile I will need to leave the placement and notify my Facilitator/Educator and the placement unit (cnhs.placements@flinders.edu.au) immediately.</p>		<p>Yes <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>STUDENTS: I understand that some aged care and health service providers have COVID-19 containment measures that mean that students are unable to work in an alternative health facility for the period of the placement.</p>		<p>Yes <input type="checkbox"/></p>	
<p>STUDENTS: If my place of work during the period of the placement is a health setting, I will notify the WIL Team by email, cnhs.placements@flinders.edu.au, for further information and instruction about my placement.</p>		<p>Yes <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>I have completed the Australian Government COVID-19 Infection Control Training and can provide the completion certificates on request</p>		<p>Yes <input type="checkbox"/></p>	
<p>I _____ (name) declare the above is true and correct</p> <p>Signature: _____ Date: _____</p>			