

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

**Summary** This Policy Directive provides a framework for the assessment, screening and vaccination of health care workers, other clinical personnel and students to minimise the risk of transmission of vaccine preventable diseases.

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**Distributed to** Divisions of General Practice, Government Medical Officers, Health Associations Unions, Ministry of Health, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Health System, Tertiary Education Institutes

**Audience** All clinical staff

### Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

## OCCUPATIONAL ASSESSMENT, SCREENING AND VACCINATION AGAINST SPECIFIED INFECTIOUS DISEASES

### PURPOSE

The purpose of this policy is to provide a framework for the assessment, screening and vaccination of health care workers, other clinical personnel and students to minimise the incidence of vaccine preventable diseases. Under work, health and safety legislation, NSW Health has a duty of care and a responsibility to control and minimise risks related to the transmission of specified infectious diseases.

### MANDATORY REQUIREMENTS

#### LHDs must:

- Ensure that all the requirements of this policy are met;
- Report on compliance with the policy as specified in Section 14 *Monitoring and Reporting*;
- Support the progression and implementation of a state-wide HRIS as required.

#### NSW Health will:

- Provide support and advice to Local Health Districts (LHDs) and education providers regarding the implementation of this policy;
- Facilitate the implementation of a state-wide human resources information system (HRIS) in all LHDs;
- Monitor LHD compliance with the policy and provide support as required, and;
- Continue to supply free vaccines for workers employed in existing positions.

### IMPLEMENTATION

Compliance with implementation of this policy is mandatory in all LHDs. Specific recommendations are provided for workers with a medical contraindication to vaccination. Advice is also included regarding the termination of workers who refuse to comply with the policy requirements. Priority must be given to the assessment, screening and vaccination of workers employed in existing Category A High Risk positions as specified in Section 14 *Monitoring and Reporting* and must be completed within six months from the release of this policy directive.

## REVISION HISTORY

Version	Approved by	Amendment notes
March 2018 (PD2018_009)	Deputy Secretary, Population and Public Health	Category A High Risk included as a new category Mandatory influenza vaccination of workers employed in Category A High Risk positions Recommendations for termination of staff who refuse to comply Hepatitis B vaccination statutory declaration Monitoring and reporting performance indicators
January 2011 (PD2011_005)	Deputy Secretary, Population and Public Health	Initial document.

## ATTACHMENTS

1. Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases: Procedures

**Occupational Assessment, Screening and Vaccination  
Against Specified Infectious Diseases**



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## TABLE OF CONTENTS

<b>TABLE OF CONTENTS</b> .....	<b>ii</b>
<b>1 BACKGROUND</b> .....	<b>4</b>
1.1 About this document .....	4
1.2 Key definitions.....	4
1.3 Legal and Legislative Framework.....	11
<b>2 RESPONSIBILITIES UNDER THIS POLICY DIRECTIVE</b> .....	<b>11</b>
2.1 NSW Health Agencies .....	11
2.2 Existing workers.....	13
2.3 New Recruits and Other Clinical Personnel .....	14
2.4 Volunteers.....	15
2.5 Students.....	15
2.6 Laboratory and post mortem personnel .....	18
2.7 Education Providers (EPs) .....	18
2.8 Recruitment Agencies.....	19
<b>3 TB ASSESSMENT AND SCREENING</b> .....	<b>19</b>
3.1 TB Assessment.....	19
3.2 TB Screening .....	19
3.3 Routine Recurrent TB Screening .....	20
3.4 TB Clinical Review .....	20
3.5 Tests for TB Infection.....	21
3.6 TB Assessment, Screening and Clinical Review Outcomes .....	21
<b>4 ANNUAL INFLUENZA VACCINATION PROGRAM</b> .....	<b>22</b>
<b>5 MEDICAL CONTRAINDICATIONS AND VACCINE NON-RESPONDERS</b> .....	<b>22</b>
<b>6 AGE APPROPRIATE HEPATITIS B VACCINATION SCHEDULE</b> .....	<b>24</b>
<b>7 VACCINATION RECORD CARD FOR HEALTH CARE WORKERS AND STUDENTS</b> .....	<b>25</b>
<b>8 SEROLOGICAL TESTING</b> .....	<b>26</b>
<b>9 RISK MANAGEMENT</b> .....	<b>26</b>
9.1 Reassignment of Unprotected/Unscreened Existing Workers.....	27
9.2 Chief Executive Discretion.....	28
<b>10 COSTS</b> .....	<b>28</b>
<b>11 NON-PARTICIPATING WORKERS AND VACCINE REFUSERS</b> .....	<b>29</b>
<b>12 TERMINATION OF EMPLOYMENT OF VACCINE REFUSERS</b> .....	<b>30</b>
<b>13 RECORD MANAGEMENT</b> .....	<b>30</b>

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13.1 Documentation and Privacy Considerations .....	31
<b>14 MONITORING AND REPORTING .....</b>	<b>31</b>
<b>15 TRANSITIONAL ASSESSMENT REQUIREMENTS .....</b>	<b>32</b>
<b>16 RELATED POLICIES AND LEGISLATION.....</b>	<b>32</b>
<b>17 LIST OF ATTACHMENTS.....</b>	<b>33</b>
<b>Attachment 1 Risk Categorisation Guidelines .....</b>	<b>35</b>
<b>Attachment 2 Risk Management Framework (RMF) under CE Discretionary Power .....</b>	<b>36</b>
<b>Attachment 3 Non-Participation Form.....</b>	<b>37</b>
<b>Attachment 4 Checklist: Evidence required from Category A Applicants .....</b>	<b>38</b>
<b>Attachment 5 Specified Infectious Diseases: Risks and Consequences of Exposure .....</b>	<b>39</b>
<b>Attachment 6 Undertaking/Declaration Form.....</b>	<b>40</b>
<b>Attachment 7 Tuberculosis (TB) Assessment Tool.....</b>	<b>41</b>
<b>Attachment 8 Algorithm for TB Assessment, Screening and Review.....</b>	<b>42</b>
<b>Attachment 9 Hepatitis B Statutory Declaration .....</b>	<b>43</b>

## 1 BACKGROUND

### 1.1 About this document

Transmission of vaccine preventable diseases (VPDs) and tuberculosis (TB) in healthcare settings has the potential to cause serious illness and avoidable deaths in workers, patients and other users of NSW Health agencies as well as others in the community. Under s17 of the *Work Health and Safety Act 2011*, a duty is imposed which requires risks to be eliminated and if it is not reasonable to do so, risks should be minimised through controls. NSW Health therefore has a duty of care and a responsibility under work health and safety legislation to control and minimise risks. This policy directive provides a framework for the assessment, screening and vaccination of health care workers, other clinical personnel and students to minimise the risk of transmission of these diseases.

The key changes in this updated policy include:

- The introduction of a Category A High Risk position;
- A mandatory annual influenza vaccination of workers employed in Category A High Risk positions, including a requirement for all unprotected workers to wear a surgical/procedural mask during the influenza season;
- Recommendations on the termination of workers who refuse to comply with the policy requirements;
- A Hepatitis B statutory declaration, and;
- Monitoring and performance indicators.

Each Local Health District (LHD) must determine the governance arrangements relating to implementation of this policy directive.

### 1.2 Key definitions

**Agency** – see Locum.

**Assessment** – the evaluation of a person's prior exposure/level of protection against the infectious diseases covered by the policy directive by appropriately trained clinical personnel.

**Appropriately trained assessors** – a doctor, paramedic, registered nurse (RN) or enrolled nurse (EN) who has training on this policy directive in the interpretation of immunological test results, vaccination schedules, TB assessment and/or TB screening. ENs and RNs who have been assessed as having the required experience and knowledge in immunisation may perform assessments and refer difficult/uncertain results/assessments to an Authorised Nurse Immuniser (ANI) or doctor for advice. ENs must work under the supervision (direct or indirect) of an RN/Authorised Nurse Immuniser who has agreed to supervise the EN. The level

of supervision will depend on the EN's level of competence to perform the required tasks and as determined by the employer.

**Australian Immunisation Register (AIR)** – a system that records the information about vaccinations given to persons of all ages. The AIR was previously known as the Australian Childhood Immunisation Register (ACIR) which was established in 1996 and held the information about vaccinations given to children from birth up to seven years of age. The ACIR transitioned to the AIR in September 2016 and records information about vaccinations given at any age.

**Authorised Nurse Immuniser (ANI)** – a registered nurse/midwife who has completed the specified specialist post-graduate training to provide immunisation services without direct medical authorisation.

**Category** – the classification given to a position depending on the requirements of the role and as specified in Attachment 1 *Risk Categorisation Guidelines*.

The following categories are to be applied:

- **Category A** – direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these or contact that would allow acquisition and/or transmission of a specified infectious disease by respiratory means.
- **Category A High-risk** – Category A workers who are employed in high risk clinical areas as defined in Attachment 1 *Risk Categorisation Guidelines*.
- **Category B** – no direct physical contact with patients/ clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these and no greater risk of acquisition and/or transmission of a specified infectious disease than for the general community. Category B positions are not required to undergo assessment, screening and vaccination.

**Certificate of Compliance** – a certificate and card issued by a health service, certifying that a person has been assessed as fully compliant with the requirements of this policy directive. Refer to Section 15 *Transitional Assessment Requirements*.

**ClinConnect** – a web-based resource designed to manage clinical placements for health care students who will undertake clinical placements in NSW Health facilities.

**Clinical Observership** – clinical placements for international medical students (the placements are also known as 'electives') and for international medical graduates who are becoming familiar with medical practice in Australia and/or preparing for examinations in Australia.

**Contact** – direct close interaction with patients/clients on an ongoing or short term basis.

**Compliant** – the status applied to those people who demonstrate that they are protected against the specified infectious diseases and have had TB exposure assessed, as required by this policy. It also includes workers who have completed the requirements of this policy, however they remain unprotected against hepatitis B (refer to hepatitis B non-responder). Compliance must be recorded in the human resources information system (HRIS) or ClinConnect database (students only). Refer to Section 13 *Record Management*. Non-compliant workers are unprotected and classed as susceptible to infection, and/or pose a risk of transmitting one or more of the specified infectious diseases.

**dTpa** – diphtheria-tetanus-acellular pertussis vaccine formulated for adolescents and adults.

**Employer** – a person or organisation that employs people and is authorised to exercise the functions of employer of persons employed in NSW Health organisations or facilities.

**Evidence of protection** – includes:

- a record of vaccination, and/or;
- serological confirmation of protection, and/or;
- other evidence

All evidence of protection must be provided as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and Section 3 *TB Assessment and Screening*.

All evidence of protection must be documented, sighted, dated and stamped by a doctor/Authorised Nurse Immuniser on a NSW Health Vaccination Record Card for Health Care Workers and Students, Attachment 6 *Undertaking/Declaration Form* and Attachment 7 *Tuberculosis (TB) Assessment Tool*.

**Existing position** – a NSW Health agency position in which a person is currently permanently, temporarily or casually employed and includes volunteers.

**Exposure prone procedure (EPP)** – clinical practices where there is a risk of injury to the HCW resulting in exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

**Facilitator** – a clinician who mentors and visits students during their clinical placement. Facilitators are classified as **other clinical personnel**.

**Facility** – a defined service location such as a hospital, community health centre or other location where health care services are provided.

**Human Resources Information System (HRIS)** – a state-wide database that facilitates the assessment, screening, vaccination and record requirements of this policy directive.

## Hepatitis B

- **Anti-HBc** (or HBcAb) – an antibody to the hepatitis B core antigen, produced during and after an acute hepatitis B virus (HBV) infection. It can be found in people with chronic hepatitis B infection as well as those who have cleared the virus, and usually persists for life.
- **Anti-HBs** (or HBsAb) – an antibody to the surface antigen of the hepatitis B virus. It is indicative of immunity to the hepatitis B virus as a result of either prior infection or having received vaccination against the hepatitis B virus.
- **HBsAg** – A protein on the surface of hepatitis B virus is the hepatitis B surface antigen (HBsAg). HBsAg can be detected in high levels in serum during acute or chronic hepatitis B virus infection. The presence of HBsAg indicates that a person has an ongoing infection.
- **Hepatitis B surface antigen positive (HBsAg+)** – the detection of HBsAg in a serology result indicates that a person has current hepatitis B infection.
- **Non-responder** – people who do not develop hepatitis B antibodies following hepatitis B vaccination as specified in the current edition of *The Australian Immunisation Handbook* and do not have markers of infection (i.e. HBcAb or HBsAg).
- **Hepatitis B vaccine** – hepatitis B vaccine protects against hepatitis B disease and is given at birth, 6 weeks, 4 months and 6 months of age. Refer to the current edition of *The Australian Immunisation Handbook* for detailed information.

**Influenza vaccine** – a vaccine containing influenza virus strains to protect against influenza virus as recommended annually by the National Health and Medical Research Council.

**Influenza season** – From 1 June to 30 September, inclusive, unless another period is determined by the Chief Health Officer based on seasonal influenza epidemiology or the appearance of a novel influenza strain.

**Locums/agency workers** – persons performing work in Category A positions are considered as **other clinical personnel** (see below).

**Measles, mumps and rubella (MMR) vaccine** – a combined live virus vaccine containing measles, mumps and rubella viruses.

**Medical contraindication to vaccination** – a condition that precludes a person from receiving a vaccine as it may increase the chance of a serious adverse event. A medical contraindication may be permanent, for example, anaphylaxis to vaccine component(s) or time-limited/temporary, for example, pregnancy.

**Must** – indicates a mandatory action.

**National Health and Medical Research Council (NHMRC)** – Australia’s leading expert body promoting the development and maintenance of public and individual health standards, including immunisation requirements.

**New recruit** – a person who is applying for a position in a NSW Health agency on a permanent, temporary or casual basis. New recruits must demonstrate their compliance with this policy directive before commencing their employment. This also includes persons that have been employed in an existing position within a NSW Health agency and are applying for a new position within the same NSW Health agency. Visiting Medical Officers on an existing contract are classified as new recruits when their contracts are renewed.

**Non-compliant worker** – worker who has failed to provide the required evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants*.

**Other clinical personnel** – persons who are not permanently, temporarily or casually employed by NSW Health agencies (see ‘**New recruits**’ and ‘**Position**’) but are contracted to work in NSW Health agencies. Includes Honorary/Visiting Medical or Dental Officers, agency workers, locums and student facilitators.

**Position** – a NSW Health agency role in which a person is currently permanently, temporarily or casually employed (existing position) and includes volunteers. Persons provided by an employment/locum agency on a casual basis are considered “other clinical personnel” (see definition above).

**NSW Health Agencies** – are constituted by:

- Local Health Districts
- Statutory health corporations
- St Vincent’s Hospital and other affiliated health organisations
- Ambulance
- HealthShare

- NSW Health Pathology
- Sydney Children's Hospital Network
- Justice Health and Forensic Mental Health Network

**Risk categorisation** – the process of classifying a position according to the risk of transmission of the specified infectious diseases to the clients. Positions are categorised as either Category A, Category A High Risk or Category B. Refer to Attachment 1 *Risk Categorisation Guidelines* for detailed information.

**Screening** – see tuberculosis.

**Should** – indicates a recommended action to be followed unless there are sound reasons for taking a different course of action.

**Specialist assessment** – a clinical assessment and review of the person or their medical record by a specialist medical practitioner to substantiate a claim of medical contraindication to vaccination and/or to develop an individual management plan.

**Specified infectious diseases** – comprises:

- Diphtheria
- Measles
- Hepatitis B
- Pertussis
- Mumps
- Varicella
- Tetanus
- Rubella
- Tuberculosis
- Influenza (Category A High Risk positions only, refer to Attachment 1 *Risk Categorisation Guidelines*)

**Student** – a person enrolled at a university, TAFE, secondary school or other education provider. All students who undertake clinical placements within NSW Health facilities are considered Category A and must be compliant with the requirements of this policy directive prior to their first clinical placement.

**Tuberculosis (TB)** – infection or illness primarily caused by *Mycobacterium tuberculosis*.

- **TB disease** – illness caused by tuberculosis infection.
- **Countries with a high incidence of TB** – countries with an incidence equal to or greater than 40 cases per 100,000 population (note this was previously defined as greater than 60 cases per 100,000). A list of high incidence countries is located on the NSW Health website at: <http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>
- **Interferon Gamma Release Immunoassay (IGRA)** – an in-vitro tuberculosis screening technique that uses whole blood to identify people infected with *Mycobacterium tuberculosis* infection. It is not a test for immunity.
- **TB infection** – is the presence of *Mycobacterium tuberculosis* infection without disease. Also referred to as latent TB infection (LTBI).

- **TB Assessment** – for the purposes of this policy directive, is the assessment of a person’s need for TB screening and or TB clinical review, based on the information provided by the worker or student in the *Tuberculosis Assessment Tool*.
- **TB Screening** – for the purposes of this policy directive, is the administration and interpretation of a test used to detect TB infection. Tests used for the detection of infection include the tuberculin skin test (TST) and the interferon gamma release immunoassay (IGRA).
- **TB Clinical Review** – is a review by a TB Service (Chest Clinic) clinician to exclude TB disease in a person who has a positive TB screening test or symptoms of TB disease.
- **TB Compliance** – is granted when the student or worker has completed the TB Assessment and if required, completed TB Screening and/or TB clinical review. Where TB screening and/or clinical review is required, TB compliance is determined by the TB Service (Chest Clinic).
- **TB Service Clinician** – is a specialised registered nurse, nurse practitioner or medical officer who has expertise in the management of TB and works within a designated NSW TB Service.
- **Tuberculin skin test (TST)** – (also known as Mantoux test) is a diagnostic tool used to identify people infected with TB. TST is not a test for immunity but rather a measure of cell mediated immune responsiveness and possible infection with *Mycobacterium tuberculosis*.

**Unprotected** – the person is not compliant with the requirements of this policy directive and is classed as susceptible to infection, and/or poses a risk of transmitting one or more of the specified infectious diseases. This also includes workers who are medically contraindicated or hepatitis B non-responders. Refer to Attachment 4 *Checklists: Evidence Required from Category A Applicants*.

**Vaccine** – a substance used to stimulate the production of antibodies and provide immunity against one or several diseases, prepared from the causative agent of a disease, its products, or a synthetic substitute, treated to act as an antigen without inducing the disease.

**Vaccination Record Card** – a card ordered from the Better Health Centre (refer to Section 7 *Vaccination Record Card for Health Care Workers and Students*) to be given to a doctor or nurse immuniser to record vaccination and serology results. Should a worker present a vaccination record in a foreign language, it may be translated using the vaccine translation website at [http://www.immunize.org/vis/vis\\_english.asp](http://www.immunize.org/vis/vis_english.asp) or using a local translation service.

**Vaccine non-responder** – a person who has been fully vaccinated according to Attachment 4 *Checklist: Evidence Required from Category A Applicants* but who has evidence of inadequate immunity.

**Varicella Zoster Virus (VZV)** – VZV is a virus within the herpes virus family. Primary infection with VZV causes varicella (chickenpox). Following primary infection, VZV establishes latency in the dorsal root ganglia. Reactivation of the latent virus manifests as herpes zoster (shingles).

**Volunteer** – a person who works for a NSW Health agency without being paid.

**Worker** – any person employed by a NSW Health agency either on a permanent, temporary, voluntary, casual or contract basis.

### 1.3 Legal and Legislative Framework

NSW Health agencies have a duty of care to their patients and obligations under the Work Health and Safety Act 2011 (NSW), the Public Health Act 2010 (NSW) and their associated regulations.

## 2 RESPONSIBILITIES UNDER THIS POLICY DIRECTIVE

Assessment, screening and vaccination requirements and responsibilities under this policy directive are provided in detail. NSW Health agencies must establish systems to ensure that workers employed in Category A existing positions, new recruits, students, volunteers and other clinical personnel are assessed, screened and vaccinated against the infectious diseases specified in this policy directive according to the category of their position as specified in Attachment 1 *Risk Categorisation Guidelines* (Category B position specifications are also detailed in Attachment 1).

The following requirements must be undertaken:

### 2.1 NSW Health Agencies

NSW Health agencies must assess the risk category of all positions according to their risk of acquisition and/or transmission of the specified infectious diseases (refer to the *Risk Categorisation Guidelines* in Attachment 1) as either:

1. **Category A**
2. **Category A High Risk**
3. **Category B**

- All job advertisements must advise potential applicants of the requirements of the policy directive and all position descriptions must include the designated risk category of the position.
- Each NSW Health agency must ensure that appropriately trained assessors are identified and their details made available to the relevant personnel so that all workers, other clinical personnel, volunteers and students are assessed, screened and vaccinated as required before they attend a NSW Health agency.

- Resources must be provided by NSW Health agencies to support and facilitate the assessment, screening and vaccination of existing workers.
- Individual consent to the assessment and, where appropriate, screening and vaccination processes must be obtained which may be written or verbal and a record of the type of consent provided must be retained (refer to Section 13 *Record Management*).
- All new recruits, other clinical personnel, volunteers and students must be assessed as compliant (or temporary compliant as specified in Sections 2.3-2.5 below) before they commence employment/attend clinical placements (refer to Attachment 4 *Checklist: Evidence required for Category A Applicants*).
- Workers employed in existing positions must be informed of the requirements of the policy directive and assessment, screening and vaccination must be provided as required at no cost to the worker.
- Priority must be given to the assessment, screening and vaccination of workers employed in existing Category A High Risk positions as specified in Section 14 *Monitoring and Reporting* and must be completed within six months from the release of this policy directive (or six months from the date of return to duty of workers who are on leave when the policy is released).
- Compliance assessments must only be performed by appropriately trained assessors.
- Compliant existing workers who apply for a new position of the same category do not require assessment or screening.
- Workers employed in existing Category A positions that transfer to/apply for a new Category A High Risk position (as specified in Attachment 1 *Risk Categorisation Guidelines*) must be made aware of the mandatory annual influenza vaccination program.
- Non-compliant workers employed in existing positions who are applying for a Category A position must be reassessed by the relevant LHD prior to appointment (refer to Section 2.3 *New Recruits and Other Clinical Personnel*). The cost of any additional vaccinations must be met by the LHD.
- All workers that are due for their 10-yearly dTpa booster and any other recommended vaccinations must be reassessed. Those who refuse to receive a 10-yearly dTpa booster and any other recommended vaccinations must be risk managed as specified in Section 9 *Risk Management*.
- Persons in rotational positions such as junior medical officers and other clinical trainees must be assessed by the initial employing NSW Health agency. The outcome of the assessment, screening and vaccination must be forwarded along with any documentation to the next facility prior to commencement of the rotation.
- Students who have been assessed as compliant with the requirements of the policy directive must have their record in ClinConnect updated (with the exception of students that have been granted temporary compliance due to extenuating circumstances). First year students who have commenced but not

yet completed their hepatitis B vaccinations or TB screening or clinical review before the first clinical placement, must meet the hepatitis B requirements and be assessed as fully compliant with the policy within six months from their initial compliance assessment date. Refer to Section 2.5 *Students* for detailed information.

- New recruits and other clinical personnel who have commenced but not yet completed their hepatitis B vaccinations or TB screening or clinical review, must meet the hepatitis B requirements and be assessed as fully compliant with the policy within six months from their commencement date of employment.
- Each worker's compliance status must be entered onto the HRIS (when available) or ClinConnect (students) as appropriate.
- Non-compliant workers employed in existing Category A positions who decline to participate in the assessment, screening and vaccination process must be risk-managed (refer to Section 9 Risk Management) and/or terminated (as appropriate).
- An annual influenza vaccination program must be implemented and made available for all workers and all Category A High Risk workers must receive the annual influenza vaccine as specified in Section 4 *Annual Influenza Vaccination Program*.

## 2.2 Existing workers

- Must comply with the requirements of this policy, or;
- Submit Attachment 3 *Non-participation Form* (refer also to Section 11 *Non-participating workers and vaccine refusers*) stating that:
  - they do not consent to the assessment, screening and vaccination requirements of this policy directive, and;
  - they are aware of the potential risks to themselves and/or others, and;
  - they are aware that their employer will be required to manage them as unprotected or unscreened as described in Section 9.1 *Reassignment of Unprotected/Unscreened Existing Workers*, and;
  - they are aware that their employment may be terminated or they may be risk managed if reassignment is not feasible (as specified in Section 12 *Termination of Employment*).
- Existing workers with a medical contraindication to vaccination must be assessed on a case by case basis as to the severity and longevity of their medical contraindication. They are to be risk-managed as per Section 9 *Risk Management* as required.

## 2.3 New Recruits and Other Clinical Personnel

New recruits and other clinical personnel who do not consent to participate in assessment, screening and vaccination must not be employed in any Category A position. New recruits and other clinical personnel must:

- Provide evidence of protection against the infectious diseases specified in this policy directive and comply with the requirements of this policy directive at their own cost, prior to appointment, and;
- Complete and submit to the health facility Attachment 6 *Undertaking/ Declaration Form* and Attachment 7 *Tuberculosis (TB) Assessment Tool* which are essential components of compliance with this policy directive.
- Attend their local doctor or immunisation provider for assessment of their compliance with this policy (based on Attachment 4). The doctor/nurse immuniser is responsible for completing the vaccination record card (not the new recruit/other clinical personnel). The doctor/nurse must sign and apply the practice stamp to the vaccination record card. Batch numbers should be recorded where available.
- Submit a completed *Vaccination Record Card for Health Care Workers and Students* (refer to Section 7 *Vaccination Record Card for Health Care Workers and Students*) and any updated documentation to the health service for further assessment as requested and as outlined in this policy directive.

New recruits, medical graduates attending a 'Clinical Observership' and other clinical personnel may be granted temporary compliance and commence employment provided they have:

- provided documentary evidence that they have received at least the first dose of hepatitis B vaccine, and;
- completed all other vaccination requirements, and;
- submitted a written undertaking to complete the hepatitis B vaccination course and provide a post-vaccination serology result within 6 months as appropriate (refer to the *Undertaking/Declaration Form* Attachment 6). Those who fail to provide the required evidence within 6 months will be terminated (unless there are extenuating circumstances to be considered by the LHD) as specified Section 12 *Termination of Employment*, and;
- submitted the *Tuberculosis (TB) Assessment Tool* form (Attachment 7) and have been assessed by the NSW Health agency as not requiring TB screening or if screening is required, they may only commence work if they have booked an appointment for TB screening and have no symptoms suggestive of TB disease.

New recruits applying for a Category A position who have a medical contraindication which means they cannot demonstrate dTpa, MMR or varicella vaccination requirements must not be employed in a high risk clinical area as specified in Attachment 1 *Risk Categorisation Guidelines*.

Workers with a medical contraindication to hepatitis B vaccine may be employed in high risk areas and/or have contact with high risk patients, however they must be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure, provide a signed declaration as specified in part 4 of Attachment 6 *Undertaking/Declaration Form*, follow PD2017\_010 *HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed* in the event of a potential exposure, and adhere to the testing requirements of PD2005\_162 *HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected* if undertaking exposure prone procedures.

## 2.4 Volunteers

- Must provide evidence of protection against the infectious diseases specified in this policy directive and comply with the requirements of this policy directive (at the cost to the agency), prior to appointment, and;
- Must complete and submit to the health facility Attachment 6 *Undertaking/Declaration Form* and Attachment 7 *Tuberculosis (TB) Assessment Tool* which are essential components of compliance with this policy directive.
- Submit updated documentation to the health service for further assessment as requested and as outlined in this policy directive.
- Volunteers may be granted temporary compliance and commence duties provided they have:
  - provided documentary evidence that they have received at least the first dose of hepatitis B vaccine, and;
  - completed all other vaccination requirements, and;
  - submitted a written undertaking to complete the hepatitis B vaccination course and provided a post-vaccination serology result within 6 months as appropriate (refer to the *Undertaking/Declaration Form* Attachment 6). Those who fail to provide the required evidence within 6 months must not continue to volunteer (unless there are extenuating circumstances to be considered by the LHD) with the health agency, and;
  - submitted the *Tuberculosis (TB) Assessment Tool* form (Attachment 7) and have been assessed by the NSW Health agency as not requiring TB screening, or if screening is required, they may only commence duties if they have booked an appointment for TB screening and have no symptoms suggestive of TB disease.
- Volunteers who do not consent to participate in assessment, screening and vaccination must not commence duties in a NSW Health facility.

## 2.5 Students

- All students who undertake clinical placements within NSW Health facilities are considered to be Category A and must be made aware by the education provider of the requirements of this policy directive prior to enrolment in their university, TAFE or other education provider.

- It is each student's responsibility to complete all compliance requirements and provide evidence of compliance as part of the ClinConnect verification process before commencing a clinical placement in a NSW Health Facility.
- A doctor or nurse immuniser is responsible for completing the Vaccination Record Card for Health Care Workers and Students. The doctor/nurse must sign and apply the practice stamp to the vaccination record card. Batch numbers should be recorded where available.
- Students must only attend a clinical placement if they have ClinConnect verification.
- Students who attend their first clinical placement in the later years of their course (i.e. not during their first year) must be assessed (except for the TB assessment) in their first year. This is to identify compliance issues early in a student's candidature as those who are non-compliant will not be able to attend their placement which may impact on their course completion.
- TB assessments (assessor's review of Attachment 7 *Tuberculosis (TB) Assessment Tool*) must be completed no more than four months before a student's first clinical placement to ensure a recent assessment has been undertaken.
- All students must:
  - comply with the requirements of this policy directive at their own cost;
  - attend their local doctor or immunisation provider prior to or during their first year of study for assessment of their compliance with this policy (based on Attachment 4).
  - Make available their completed Vaccination Record Card for Health Care Workers and Students (refer to Section 7 *Vaccination Record Card for Health Care Workers and Students*) and the *Undertaking/Declaration Form* (Attachment 6) for assessment by the LHD on enrolment or during their first year of study.
  - complete and make available the *Tuberculosis (TB) Assessment Tool* (Attachment 7) for assessment by the LHD no more than four months before attending their first clinical placement;
  - submit updated documentation to the health service for further assessment as requested and as outlined in this policy directive.
- Secondary school students, including those undertaking TAFE-delivered vocational education and training (TVET) for schools, must be compliant with the requirements of this policy directive. Students who are under 16 years of age must have their documentation co-signed by their parent/guardian.
- Only students in their first enrolment year of their course (who have a clinical placement early in their first year) are permitted to be granted temporary compliance (from the date of their initial assessment) and commence the clinical placement, provided they have:
  - a) provided documentary evidence that they have received at least the first dose of hepatitis B vaccine, and;

- b) completed all other vaccination requirements, and;
  - c) submitted a written undertaking to complete the hepatitis B vaccination course and provide a post-vaccination serology result within 6 months (as appropriate). Those who do not provide evidence of compliance within 6 months must not attend any NSW Health facility until they are compliant. Refer to the *Undertaking/Declaration Form* (Attachment 6), and;
  - d) submitted the *Tuberculosis (TB) Assessment Tool* (Attachment 7) and have been assessed by the NSW Health agency as not requiring TB screening or if screening is required, they may only commence their placement if they have booked an appointment for TB screening and have no symptoms suggestive of TB disease.
- First year students may only be granted temporary compliance (as specified above) once unless there are extenuating circumstances (as determined by the assessor) that warrant a one-off further extension.
  - Annual influenza vaccine is strongly recommended for all students (at their own cost).
  - Overseas students attending a clinical placement must demonstrate compliance with this policy directive. In certain circumstances they may not be able to complete the hepatitis B requirements of this policy directive prior to their placement. They may only commence their clinical placement if they have:
    - a) provided documentary evidence that they have received at least the first dose of hepatitis B vaccine, and;
    - b) completed all other vaccination requirements, and;
    - c) submitted a written undertaking to complete the hepatitis B vaccination course and provide a post-vaccination serology result within 6 months (as appropriate). Those who do not provide evidence of compliance within 6 months must not attend any NSW Health facility until they are compliant. Refer to *Undertaking/Declaration Form* (Attachment 6), and;
    - d) submitted the *Tuberculosis (TB) Assessment Tool* (Attachment 7) and have been assessed by the NSW Health agency as not requiring TB screening or if screening is required, they may only commence their placement if they have booked an appointment for TB screening and have no symptoms suggestive of TB disease.

Students/overseas students/medical graduates who perform or assist with exposure prone procedures must be screened for evidence of hepatitis B disease and managed according to NSW Health Policy Directive PD2005\_162 HIV, Hepatitis B or Hepatitis C – health care workers infected as appropriate.

Students that provide a hepatitis B serology result (following completion of an age-appropriate vaccination course) indicating inadequate protection (Anti-HBs <10mIU/mL) must be managed as specified in the current edition of *The Australian Immunisation Handbook*. They should be granted temporary compliance from the date of their initial compliance check (following their first vaccination course and subsequent serology) and extended until they

undergo further vaccine doses and serology. *Persistent* hepatitis B non-responders should be informed that they are considered unprotected against hepatitis B and should minimise exposures and be advised about the need for hepatitis B immunoglobulin within 72 hours of parenteral or mucosal exposure to HBV. These students should be considered compliant with the policy.

## 2.6 Laboratory and post mortem personnel

- In addition to the requirements specified above, workers employed in laboratory positions who must comply with this policy directive, may also have additional vaccination requirements as determined by the scope of their laboratory practice.
- Laboratories must have a policy and procedure in place to assess the risks and provide appropriate vaccination programs to at risk personnel as additional vaccines may be required as specified in the current online edition of *The Australian Immunisation Handbook*.
- Workers involved in post-mortem examinations and workers employed in laboratories who routinely handle cultures of *Mycobacterium tuberculosis* from clinical samples must undergo TST screening at induction of employment (advice should be sought from the TB Service in the case of a worker who has a contraindication to TST). Also see Section 3.4 Routine Recurrent TB Screening.

## 2.7 Education Providers (EPs)

- EPs must ensure that all students and student facilitators are informed of the requirements of the policy directive prior to and at enrolment/commencement of employment.
- Students must be informed of the process to have their documentation assessed as compliant with this policy directive, for example, where they are required to forward their documentation and contact details for queries must be provided.
- EPs must ensure that all students have completed and returned all of the required documentation as specified in this policy directive including the *Undertaking/Declaration Form* (Attachment 6) at enrolment or during their first year of study and the *Tuberculosis (TB) Assessment Tool* (Attachment 7) no more than four months prior to their first clinical placement.
- Ensure that only students who hold a current ClinConnect verification are referred to a health facility for a clinical placement.
- All students must be assessed as temporary or fully compliant no later than 7 days prior to commencement of their clinical placement.
- Students enrolled in a combined degree should be assessed prior to or during the first year of the relevant degree. For example, students undertaking a Master of Arts/Master of Nursing degree and who commence the Master of Nursing in year four of their candidature should be assessed at the end of year three or in year four as this is the first year of the relevant degree that requires clinical placements.

## 2.8 Recruitment Agencies

Recruitment agencies must:

- Inform all workers of the requirements of the policy directive
- Ensure that all workers have completed the *Undertaking/Declaration Form* (Attachment 6) and *Tuberculosis (TB) Assessment Tool* (Attachment 7) and have evidence of protection against the specified diseases.
- Refer only workers that comply with the requirements of this policy directive to a NSW Health agency for assessment.

## 3 TB ASSESSMENT AND SCREENING

Refer to Attachment 8 *Algorithm for TB Assessment, Screening and Review*.

### 3.1 TB Assessment

All new recruits, other clinical personnel, volunteers and students must undergo a TB assessment, by completing and submitting the *Tuberculosis (TB) Assessment Tool* (Attachment 7). This is then reviewed by the health service to identify those persons and students who require TB screening and/or TB clinical review before TB compliance can be granted.

The rationale for TB Assessment is to:

- i. identify and treat TB disease in health care workers to prevent transmission to others, and;
- ii. identify students and health care workers with risk factors for TB infection to facilitate their referral for TB Screening.

All employed persons and students are responsible for informing their employer/educational provider and submitting a new *Tuberculosis Assessment Tool* (Attachment 7) if they have travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB since their last TB assessment. Workers who develop symptoms of TB disease must be referred immediately for medical assessment.

### 3.2 TB Screening

The rationale for TB Screening selected persons and students is to:

- i. establish a baseline TB infection status to assist with assessment should the person be exposed to TB in the future, and;
- ii. identify TB infection in health care workers to facilitate preventive treatment and/or monitoring.

TB screening is required if the person:

- a) is a new recruit, other clinical personnel, volunteer or student who was born in a

country with a high incidence<sup>1</sup> of TB.

- b) is a new recruit, other clinical personnel, volunteer or student who has resided or travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB.
- c) is an existing worker, volunteer or student, who may have been previously assessed as compliant for TB, but who has travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB since their last TB assessment.
- d) is an existing worker who has no documented evidence of TB Screening if they were born in or have travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB.
- e) is a worker employed in an existing position, new recruit, other clinical personnel, volunteer or student who has had contact (of a nature that could result in transmission of infection) with a person known to have infectious TB disease since their last TB assessment.

The rationale for screening only selected workers and students is due to the low likelihood of TB infection in persons who were not born in or travelled to high-TB-incidence countries. For the purposes of this policy directive it is assumed that such workers have not been infected.

Conversely, screening of those who were born in or travelled to a high-TB-incidence country for a cumulative time of three months or longer is more likely to detect TB infection. This will assist in the interpretation of future TB screening and provide an opportunity for preventive treatment to be offered.

### **3.3 Routine Recurrent TB Screening**

Routine recurrent TB screening is not recommended for all health care workers. However, recurrent screening, generally undertaken on an annual basis, may be considered for workers with negative pre-employment TB screening, working in certain settings where there may be increased risk of exposure to TB. Settings where there may be increased risk of exposure to TB include: mycobacterial laboratories, chest clinics, mortuaries, and bronchoscopy suites. Any decision to implement routine recurrent screening of persons within a specific setting should be based on a risk assessment by the health service with guidance from the local TB Advisory Committee and/or LHD TB service.

A TB clinical review, including chest x-ray, is indicated in workers that develop a positive TST test.

### **3.4 TB Clinical Review**

The rationale for TB clinical review is to:

- i. confirm or exclude TB disease in persons with compatible symptoms, and/or;

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<sup>1</sup> See Section 1.2 *Key Definitions*

- ii. review positive TB Screening results and initiate treatment or monitoring of TB infection as appropriate.

TB clinical review is to be undertaken only within designated TB Services (Chest Clinics) by clinicians experienced in the management of TB.

TB clinical review is required if the person:

- a) answered yes to any question within part A of the Tuberculosis Assessment Tool, or;
- b) has undertaken TB Screening and has a positive test for TB infection.

### **3.5 Tests for TB Infection**

- TB screening includes a test for TB infection.
- Workers and students who require a test for TB infection can have a tuberculin skin test (TST) or interferon gamma release immunoassay (IGRA).
- In NSW, the administration and interpretation of TSTs is restricted to specially accredited nurses or clinicians practicing in collaboration with a designated NSW TB Service.
- Recurrent TB screening should use the same test for TB infection used at baseline screening. TST is the preferred test in the context of routine recurrent screening, due to the high proportion of conversions and reversions seen with serial IGRA testing.

### **3.6 TB Assessment, Screening and Clinical Review Outcomes**

**Workers employed in existing positions, new recruits, other clinical personnel, volunteers and students:**

- Will be granted TB compliance where the TB assessment indicates that TB screening or clinical review is not required.
- Will be referred immediately to the local TB Service for TB clinical review where the Tuberculosis Assessment Tool form indicates symptoms which may be consistent with TB disease.
- Who have been assessed by the NSW Health agency as requiring TB screening may only commence work or the first clinical placement if they have booked an appointment for TB screening and have no symptoms suggestive of TB disease.
- Who have been found to have no evidence of TB infection, will be granted TB compliance.
- Who have evidence of TB infection, should be referred to the local TB Service for TB clinical review to exclude TB disease and/or for consideration of preventive treatment. TB clinical review includes an assessment by a TB Service clinician which must consider TB symptoms, medical history, risk factors for TB exposure, past TB screening and chest x-ray results. Where the TB Service clinician determines that a current chest x-ray is required, the chest x-ray must be no more than three months prior to TB screening. If no evidence of TB disease is found, the TB Service will

provide counselling regarding: TB infection; risks and benefits of preventive treatment; the signs and symptoms of TB disease; and, importance of seeking prompt medical review if symptoms of TB disease develop. Once TB disease has been excluded and TB infection counselling provided, TB compliance should be granted. TB compliance may be revoked in the event of non-adherence to the recommendations of the TB Service regarding chest x-ray and clinical surveillance.

## **4 ANNUAL INFLUENZA VACCINATION PROGRAM**

- In addition to complying with the requirements for Category A positions, all workers in a Category A High Risk position (as defined in Attachment 1 *Risk Categorisation Guidelines*) must also provide evidence of annual influenza vaccination by 1 June each year.
- Annual influenza vaccination is provided free for all workers employed in Category A, Category A High Risk and Category B positions. While highly recommended for all health care workers, under this policy it is mandatory for those in Category A High Risk positions.
- Each NSW Health agency/facility must ensure that the vaccination program is widely publicised and available.
- NSW Health agencies/facilities must provide detailed information on the influenza vaccine (including side effects) and make arrangements to conduct the vaccination clinics for workers employed in existing positions (includes current 'other clinical personnel' and volunteers). The vaccine must be made available for workers on a rotating roster and administered during work hours, for example, during a range of shifts of the week.
- Workers employed in Category A - High Risk positions that are unable to receive influenza vaccine due to a medical contraindication must provide evidence from their doctor or treating specialist. During the influenza season (as defined in Key Definitions), these workers must wear a surgical/procedural mask while providing patient care in high risk clinical areas (as specified in Attachment 1) or be deployed to a non-high risk clinical area (see Section 9 *Risk Management*).
- Workers employed in Category A - High Risk positions who refuse annual influenza vaccination (other than those with a recognised medical contraindication to influenza vaccine) must, during the influenza season (as defined in Key Definitions), wear a surgical/procedural mask while providing patient care in high risk clinical areas (as specified in Attachment 1 *Risk Categorisation Guidelines*), or be deployed to a non-high risk clinical area (see Section 9 *Risk Management*).

## **5 MEDICAL CONTRAINDICATIONS AND VACCINE NON-RESPONDERS**

- Workers, volunteers and other clinical personnel who are unable to be vaccinated due to a temporary or permanent medical condition such as

anaphylaxis or other long term medical condition, are required to provide evidence of their circumstances (determined by the LHD assessor) and their compliance (for example, a letter from their doctor).

- Should the LHD require further specialist advice for workers employed in existing positions and/or volunteers, they should be referred to a specialist at the cost to the LHD and risk managed as appropriate (refer to Section 9 *Risk Management*).
- Should the LHD require a further medical assessment for new recruits and other clinical personnel, they must be risk managed (as specified in Section 9 *Risk Management* until they have undergone the medical assessment (at their own cost).
- New recruits applying for a Category A position who have a medical contraindication to vaccination must not be employed in a high risk clinical area and/or manage high risk clients as specified in Attachment 1 *Risk Categorisation Guidelines* except for workers with a medical contraindication to hepatitis B vaccine who may be employed in high risk areas and/or have contact with high risk patients.
- All information and documentation concerning the medical contraindication will be treated confidentially.
- Workers already employed in an existing Category A position who have a medical contraindication to vaccination, should be risk managed in accordance with the Risk Management Framework (RMF) as specified in Section 9 *Risk Management*.
- Workers with temporary medical contraindications employed in an existing Category A position in a non-high risk clinical area must be reviewed after the conclusion of the contraindication or another appropriate period of time, to determine appropriate management strategies.
- All workers who are fully vaccinated according to the appropriate schedule, but who have no evidence of adequate hepatitis B immunity as indicated by their serology (vaccine non-responders) are required to provide documented evidence of their circumstances. A verbal history or statutory declaration must not be accepted.
- Hepatitis B vaccine non-responders must be managed in accordance with the recommendations concerning “*Non-responders to primary vaccination*” in the current edition of *The Australian Immunisation Handbook*. They should be granted temporary compliance from the date of their initial compliance check (following primary course completion and subsequent serology) until they undergo further vaccine doses and serology as appropriate.
- Persistent hepatitis B non-responders must include in their evidence of protection documentation that they:
  - are unprotected for hepatitis B;
  - will minimise exposure to blood and body fluids;
  - understand the management in the event of exposure includes hepatitis

B immunoglobulin with 72 hours of parenteral or mucosal exposure to HBV, and;

- will comply with the hepatitis B risk management requirements in Attachment 2 *Risk Management Framework (RMF) under CE Discretionary Power*.
- Persistent hepatitis B non-responders (as specified in the current edition of *The Australian Immunisation Handbook*) should be considered compliant with the policy.
- The NSW Health agency must ensure that detailed information is provided regarding the risk of infection from the infectious disease(s) against which the worker is not protected, the consequences of infection, and management in the event of exposure. This information should be recorded on the worker's personal health record or in the HRIS (when available).
- The worker must provide a declaration as detailed in the *Undertaking/Declaration Form* (Attachment 6), as appropriate, stating that he/she understands and accepts this information and agrees to comply with the protective risk measures that the NSW Health agency requires.
- Refer also to Section 10 *Costs*.

## 6 AGE APPROPRIATE HEPATITIS B VACCINATION SCHEDULE

Evidence of a 'history' of hepatitis B vaccination may be a record of vaccination or a verbal history. Where a record of vaccination is not available and cannot be reasonably obtained, a verbal history of hepatitis B vaccination must be accompanied by a *Hepatitis B Statutory Declaration* (Attachment 9) and the appropriately trained assessor must be satisfied that an 'age appropriate' complete vaccination history has been provided. The statutory declaration should include details on where and when the vaccination course was administered, the vaccination schedule and why a vaccination record cannot be provided. The assessor must use their clinical judgement to determine whether the hepatitis B vaccination history and serology demonstrate compliance and long term protection. The National Health and Medical Research Council recommend the following 'age appropriate' hepatitis B vaccination schedules:

### Adult hepatitis B vaccination schedule

A full adult ( $\geq 20$  years of age) course of hepatitis B vaccine consists of 3 doses as follows:

- a minimum interval of 1 month between the 1<sup>st</sup> and 2<sup>nd</sup> dose, and;
- a minimum interval of 2 months between the 2<sup>nd</sup> and 3<sup>rd</sup> dose, and
- a minimum interval of 4 months (or 16 weeks) between the 1<sup>st</sup> and 3<sup>rd</sup> dose

That is, either a 0, 1 and 4 month or a 0, 2 and 4 month interval schedule is an acceptable 3-dose schedule for adults.

A hepatitis B vaccination record of doses administered before July 2013 at 0, 1 and 3 months should also be accepted as the recommended vaccination schedule at this time.

Note that while the minimum intervals are stated, longer intervals between vaccine doses are acceptable.

An accelerated hepatitis B vaccination schedule must not be accepted.

### Adolescent hepatitis B vaccination schedule

The NH&MRC recommends that an adolescent age-appropriate (11-15 years) hepatitis B vaccination course consists of two doses of adult hepatitis B vaccine administered 4 to 6 months apart and is acceptable evidence of an age-appropriate vaccination history.

### Childhood hepatitis B vaccination schedule

A childhood hepatitis B vaccination schedule (using paediatric vaccine) for persons vaccinated <20 years of age consists of:

- a minimum interval of 1 month between the 1<sup>st</sup> and 2<sup>nd</sup> dose, and;
- a minimum interval of 2 months between the 2<sup>nd</sup> and 3<sup>rd</sup> dose, and
- a minimum interval of 4 months (or 16 weeks) between the 1<sup>st</sup> and 3<sup>rd</sup> dose

A 3-dose schedule provided at minimum intervals at either 0, 1, 4 months or 0, 2, 4 months is acceptable. For example, those who have received a 3-dose schedule of hepatitis B vaccine (often given overseas) at birth, 1–2 months of age and ≥6 months of age are considered fully vaccinated. Refer to the current edition of *The Australian Immunisation Handbook* for assessment of completion of a primary course of hepatitis B vaccine given in infancy.

## 7 VACCINATION RECORD CARD FOR HEALTH CARE WORKERS AND STUDENTS

- A *NSW Health Vaccination Record Card for Health Care Workers/Students* has been designed for doctors/nurse immunisers to record vaccinations and other requirements under this policy directive and is available from the NSW Health Better Health Centre Publications Warehouse on:
  - Telephone: (02) 9887 5450
  - Email: BHC [bhc@nscchahs.health.nsw.gov.au](mailto:bhc@nscchahs.health.nsw.gov.au)
  - Fax: (02) 9887 5452

**Note:** a photocopy or facsimile of the vaccination record card must not be provided as it will not be accepted.

## 8 SEROLOGICAL TESTING

Serological testing is *only* required as follows:

- Evidence of hepatitis B immunity (anti-HBs) following vaccination at least 4-8 weeks following completion of the vaccination course and provided as a numerical value. Workers with hepatitis B markers of infection (i.e. HBcAb or HBsAg) are regarded as compliant with the policy requirements for hepatitis B.
- Pre-vaccination serology should be performed where there is an uncertain history of completion of an MMR vaccination course or disease for those born during or after 1966.
- Where there is a negative/uncertain history of completion of prior VZV vaccination course, pre-vaccination serology should be performed. Testing to check for seroconversion after varicella vaccination is not recommended. Commercially available laboratory tests are not usually sufficiently sensitive to detect antibody levels following vaccination, which may be up to 10-fold lower than levels induced by natural infection. Protection (commensurate with the number of vaccine doses received) should be assumed if a worker has documented evidence of receipt of age-appropriate dose(s) of a varicella-containing vaccine. If serological tests to investigate existing immunity to varicella are performed, interpretation of the results may be enhanced by discussion with the laboratory that performed the test, ensuring the relevant clinical information is provided.
- Serology **MUST NOT** be performed to detect pertussis immunity.
- Serology is **NOT REQUIRED** following completion of a documented MMR or VZV vaccination course.
- Should a worker present an age-appropriate MMR vaccination record and serological result(s) indicating immunity to all three diseases, the vaccination record should be accepted as compliance with the policy requirements.
- Should a worker present with a vaccination record of complete vaccination against MMR and a serology result post-vaccination indicating negative/equivocal/borderline immunity to one or more of the diseases, they must be advised to receive a booster MMR vaccine and no further serology is required.
- Should a worker present with no history of MMR vaccination along with a serology result indicating negative/equivocal/borderline immunity to one or more of the diseases, they must receive two doses of MMR vaccine at least four weeks apart and no further serology is required.

## 9 RISK MANAGEMENT

- All positions must be assessed according to the level of risk, work location and client group.

- Highest priority for assessment, screening and vaccination must be assigned to workers employed in Category A High Risk positions (refer to Attachment 1 *Risk Categorisation Guidelines*).
- Where there is a perceived risk to service delivery in the health service, unprotected workers employed in Category A positions may be managed under Chief Executive (CE) discretionary power as detailed in Attachment 2 *Risk Management Framework (RMF)*.

### 9.1 Reassignment of Unprotected/Unscreened Existing Workers

- NSW Health agencies must ensure that existing workers (at the time this policy is issued) employed in all Category A positions who are not fully protected against the specified infectious diseases in this policy directive, or who have not been screened for TB (where indicated), do not work in high risk areas as specified in Attachment 1 where they may be at risk or pose a risk of infection to at-risk groups. Such workers must be reassigned to areas of non-high risk<sup>2</sup>. Reassignment of these workers should be undertaken within appropriate personnel/industrial relations framework(s).
- Risk management for persons who are unprotected for hepatitis B is dependent on their role and whether they perform invasive procedures (i.e. not the clinical area where they are employed or client group they have contact with).
- Where reassignment to a non-high risk clinical area is not feasible, refer to Section 9.2 *Chief Executive Discretion* and Attachment 2 *Risk Management Framework (RMF) under CE Discretion*.
- Where reassignment is not feasible and all other alternatives have been exhausted for existing workers who refuse to comply with the requirements of this policy directive, refer to Section 11 *Non-participating workers and vaccine refusers* and Section 12 *Termination of Employment*.
- The Health Service must ensure that the worker:
  - understands the requirements of this policy directive and the risks to patients, self and others arising from his/her unprotected/unscreened status
  - has an opportunity to clarify any outstanding issues
  - has an opportunity to reconsider any decision he/she may have made regarding assessment, screening and vaccination
  - has an opportunity to be engaged actively in the process of determining his/her future work options, including short term and longer term options, including termination.

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<sup>2</sup> Appropriate areas of non-high risk may depend on the disease(s) against which the worker is not protected. Refer to Attachment 1.

## 9.2 Chief Executive Discretion

The Chief Executive (CE) has the discretionary power to vary the requirements of this policy directive, on a case-by-case basis such as a genuine and serious risk to service delivery that could result from the reassignment of an unprotected/unscreened worker or failure to appoint an unprotected/unscreened worker to a frontline clinical position. The CE will manage a worker with medical contraindications under a risk management plan (as described in Attachment 2 *Risk Management Framework (RMF) under CE discretionary Power*).

The following situations are limited to workers who refuse vaccination (who cannot be reassigned to a non-high risk area)

- the worker is highly specialised, a sole practitioner (e.g. in some rural/remote areas), or there is a current workforce shortage in the person's clinical area, and/or;
- failure to retain or appoint the worker would pose a genuine and serious risk to service delivery, and/or;
- it would be difficult to replace the worker, and/or would result in a significant period of time without the service.

Any variation to these circumstances must only be undertaken in exceptional circumstances, and must only proceed with the written approval of the CE and within an individual risk management plan, as described in Attachment 2 *Risk Management Framework (RMF) under CE Discretionary Power* to protect the employed worker and clients.

Workers working under CE discretion who are unprotected against a disease must be excluded from working in the affected clinical areas where there has been a confirmed case of that disease (refer to Attachment 2 *Risk Management Framework (RMF) under CE Discretionary Power*). For example, a rubella case on a ward would result in exclusion of any worker from that ward who is unprotected against rubella. The local public health unit will provide advice on a case by case basis regarding the exclusion of staff in such instances.

## 10 COSTS

- Consistent with the previous policy directive, NSW Health agencies are responsible for meeting the full cost of assessment, screening and vaccination for workers (including volunteers) employed in existing positions (at the time this policy is issued).
- New recruits (except those employed in an existing position who are successfully appointed to a new position within the LHD), other clinical personnel and students (excluding volunteers) must undertake any necessary serological testing, vaccinations and TB screening at their own cost, prior to appointment or prior to the student commencing their first clinical placement in a NSW Health facility.
- New recruits (except those employed in an existing position who are successfully appointed to a new position within the LHD), other clinical

personnel and students must pay the costs associated with additional medical assessments (for example, vaccine non-responders or medical contraindications to vaccination), except for persons referred to TB services for investigation or management of TB infection or disease.

- New recruits (except those employed in an existing position who are successfully appointed to a new position within the LHD), other clinical personnel and students who have been granted temporary compliance must pay for the costs of screening and vaccinations that are required to complete their compliance after they have commenced employment/clinical placement.
- The LHD is responsible for meeting the costs of 10-yearly dTpa boosters for workers.

## 11 NON-PARTICIPATING WORKERS AND VACCINE REFUSERS

- New recruits, other clinical personnel, volunteers and students who do not consent to participate in assessment, screening and vaccination must not be employed/commence duties in a Category A or Category A High Risk position or attend clinical placements in a NSW Health facility.
- An undertaking to participate (Attachment 6) is an essential part of compliance with the policy directive.
- Existing workers in Category A positions that do not comply with the requirements of this policy directive must submit Attachment 3 *Non-Participation Form* stating that they:
  - do not consent to the assessment, screening and vaccination requirements of this policy directive;
  - are aware of the potential risks to themselves and/or others, and;
  - are aware that their employer will:
    - offer them counselling regarding the risk of remaining unprotected against the specified infectious diseases and disease transmission to and from clients;
    - reassign them to an area of low risk under a risk management plan unless they are considered appropriate to be managed under CE discretion;
    - consider managing them under CE discretion as unprotected or unscreened as described in Section 9.1 *Reassignment of Unprotected/Unscreened Existing Workers*; or
    - terminate their employment if risk management or reassignment is not feasible as specified in Section 12 *Termination of Employment*.
- Existing compliant workers who are due for a dTpa booster must be vaccinated within one month of the due date of this booster.

## 12 TERMINATION OF EMPLOYMENT OF VACCINE REFUSERS

Where all other alternatives for re-deployment have been exhausted and the risk of transmission cannot be acceptably managed, the NSW Health agency reserves the right to terminate workers employed in any existing Category A and Category A High Risk positions who refuse to comply with the policy's assessment, screening and vaccination requirements.

Workers with a medical contraindication to vaccination should not be terminated on the basis of their medical contraindication. They should be risk managed as specified in Attachment 2 *Risk Management Framework (RMF) under CE Discretion*.

## 13 RECORD MANAGEMENT

- All vaccinations (including annual influenza vaccinations) administered to workers employed in existing positions and volunteers should be reported to the Australian Immunisation Register (AIR). Each worker's Medicare number will be required to report to the AIR<sup>3</sup>.
- The NSW Health agency should identify key personnel to be responsible for recording the assessment, screening and vaccination results of each worker in the AIR, HRIS or ClinConnect (record compliance status only for students) as appropriate. Workers should be provided with an option to not have their screening/diagnostic results entered in their personnel file and/or the AIR and HRIS.
- Records should be entered from when the HRIS is available in the LHD. There is no requirement for LHDs to retrospectively enter records that have been received prior to the introduction of the HRIS.
- Should a compliant worker transfer to a position in another NSW Health agency, the HRIS record must be transferred to the relevant NSW Health agency. This will reduce the need for reassessment at the new location unless it is required as specified in Section 2.1 *NSW Health Agencies*.
- Vaccination records (for example the *NSW Health Vaccination Record Card for Health Care Workers/ Students*) and/or other documentation such as serology results must be retained by workers for inspection if requested.

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<sup>3</sup> An application form to register as a vaccination provider and report vaccinations to the AIR is available from the Australian Government Department of Human Services website. Completed application forms must be forwarded for approval to the Manager, Immunisation Unit, Health Protection NSW, at [vaccreports@doh.health.nsw.gov.au](mailto:vaccreports@doh.health.nsw.gov.au)

### **13.1 Documentation and Privacy Considerations**

- NSW Health agencies have a responsibility to maintain appropriate documentation (e.g. a summary of evidence sighted) that a worker has provided as evidence of their compliance with occupational assessment screening and vaccination against infectious diseases and must retain a secure, confidential personnel record relating to compliance assessment, screening, vaccination and risk management under this policy directive. Only the designated assessment and screening staff should have access to this information.
- Sensitive medical information provided by the worker must be treated as a confidential personal health record.
- Compliance assessments, screening and vaccination documentation in Health Care Records can be managed in accordance with the appropriate retention and disposal authorities for non-admitted patient services.
- Compliance assessments, vaccination, screening and risk management documentation in personal records should be managed in accordance with the appropriate retention and disposal authorities for personnel records.
- Under this policy directive, an education provider may collect information (including documents) on a student's compliance with the requirements of the policy directive and may pass that information on to a health facility where the student intends to undertake clinical placement. Collection, storage, use and transfer of such information will be undertaken in a confidential manner in accordance with that education provider's policies on records and privacy.
- Each LHD is responsible for ensuring that all workers who attend a NSW Health facility, including agency, pool and contractual workers are assessed in advance and a record of that assessment retained. Agency/contractual positions in high risk clinical areas must be assessed as Category A High Risk.
- Health services are responsible for maintaining copies of all compliance documentation for seven years (including supporting information) for students they have assessed.

## **14 MONITORING AND REPORTING**

- Following the commencement of the HRIS in each NSW Health agency, aggregate data must be reported by the Chief Executive to the Secretary, NSW Ministry of Health, by 31 July each year for the previous 12 months from 1 July to 30 June. The report is to include:
  - number of Category A and Category A High Risk workers in existing positions in the NSW Health agency
  - percentage of Category A and Category A High Risk workers in existing positions who have been assessed against the requirements of the policy

- percentage of persons in existing Category A positions who are compliant with the policy
- percentage of persons in existing Category A positions being risk managed at the discretion of the CE under a risk management framework.
- Priority must be given to assessment of workers employed in existing Category A High Risk positions (refer to Attachment 1 *Risk Categorisation Guidelines*). They must be compliant with the requirements of this policy within six months of its release.

## **15 TRANSITIONAL ASSESSMENT REQUIREMENTS**

From the release of this policy and until the HRIS is implemented in each LHD, the following transitional assessment requirements must be implemented:

- A *Certificate of Compliance* must be completed and provided to each new recruit, volunteer and other clinical personnel. Details regarding the date of the last dTpa vaccination and hepatitis B vaccination and anti-HBs level must be recorded on the certificate. The certificate of compliance card should be made available for inspection, if requested by the health service.
- A *Certificate of Compliance* that has previously been completed by an LHD must be accepted for workers who are employed across a number of LHDs or who transfer to a new position in another LHD. However, information must be requested from the worker regarding the date of their last dTpa vaccination and hepatitis B vaccination history and serology and recorded on the *Certificate of Compliance* (if it has not previously been recorded). The need to submit a new *Tuberculosis (TB) Assessment Tool* (Attachment 7) should also be reviewed (if the employee has spent more than 3 months in a high burden country since their last TB assessment).
- A record must be maintained on the details of workers who have a medical contraindication and those who are vaccine non-responders (as specified in Section 5 *Medical Contraindications and Vaccine Non-responders*).

Compliance reporting to the Secretary, NSW Health as detailed in Section 14 *Monitoring and Reporting* may be delayed until the HRIS has been established.

## **16 RELATED POLICIES AND LEGISLATION**

### **Policy Directives**

PD2005\_162 HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected

PD2005\_406 Consent to Medical Treatment - Patient Information

PD2007\_075 Lookback Policy

PD2009\_005 Tuberculin Skin Testing

PD2013\_022 Locum Medical officers- Employment and Management

PD2013\_050 Workplace Health and Safety: Better Practice Procedures PD2015\_011  
Immunisation Services – Authority for Registered Nurses and Midwives

PD2015\_026 Recruitment and Selection of Staff to the NSW Health Service

PD2015\_036 Privacy Management Plan

PD2015\_034 Medical Officers – Employment Arrangements in the NSW Health Service

PD2016\_057 Clinical Placements in NSW Health Policy

PD2017\_010 HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers  
Potentially Exposed

PD2017\_013 Infection Prevention and Control Policy

### **Guidelines**

GL2005\_020 Work Experience Programs in NSW Public Health System (Guidelines for  
Provision of)

GL2013\_011 Work Health and Safety – Other Workers Engagement

GL2016\_028 Guidelines for Clinical Placements in NSW Health

Australian National Guidelines for the Management of Health Care Workers known to be  
Infected with Blood-Borne Viruses  
<http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-bloodborne.htm>

NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare  
(2010 Guidelines) <https://www.nhmrc.gov.au/guidelines-publications/cd33>

### **Legislation**

Public Health Act 2010 (NSW)

Work Health and Safety Act 2011 (NSW)

Work Health and Safety Regulation 2011 (NSW)

Workplace Injury Management and Workers Compensation Act 1998 (NSW)

### **Other Resources**

Infection Control Standards contained in the Australian Health Practitioner Regulation  
Agency (AHPRA) - detailed for each regulatory board

National Health and Medical Research Council (NHMRC) *The Australian Immunisation  
Handbook* (current edition)

NSW Health Standards and conditions for the provision of locum medical officers to  
Public Health Organisations in the NSW public health system May 2012

## **17 LIST OF ATTACHMENTS**

- 
1. Risk Categorisation Guidelines
  2. Risk Management Framework (RMF) under CE Discretionary Power
  3. Non-participation Form
  4. Checklist: Evidence required for all Category A applicants
  5. Specified Infectious Diseases- Risks Consequences of Exposure and Protective Measures
  6. Undertaking/Declaration Form
  7. Tuberculosis (TB) Assessment Tool
  8. Algorithm for TB Assessment, Screening and Review
  9. Hepatitis B Statutory Declaration

## Attachment 1 Risk Categorisation Guidelines

### **CATEGORY A**

All positions must be categorised as Category A that involve either:

1. **Direct physical contact** with:

- a) patients/clients
- b) deceased persons, body parts
- c) blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)

OR

2. **Contact** that would allow the acquisition or transmission of diseases that are spread by **respiratory means**:

- a) Workers with frequent/prolonged face-to-face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- b) 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, e.g. persons employed in food services who deliver meals and maintenance workers.

### **CATEGORY A - HIGH RISK**

In addition to the requirements for workers employed in in Category A positions, workers employed in positions in the following high risk clinical areas must also receive annual influenza vaccine (refer to Section 4 *Annual Influenza Vaccination Program*)

#### **High risk clinical areas**

1. Antenatal, perinatal and post-natal areas including labour wards and recovery rooms and antenatal outreach programs
2. Neonatal intensive care units; special care units; any home visiting health service provided to neonates
3. Paediatric intensive care units
4. Transplant and oncology wards
5. Intensive care units

### **CATEGORY B**

1. Does not work with the high risk client groups or in the high risk clinical areas listed above.
2. No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
3. Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens.
4. Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
5. Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria, etc)

## Attachment 2 Risk Management Framework (RMF) under CE Discretionary Power

Refer to the NSW Health Control Guidelines for more detailed information at <http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/default.aspx>

<p><b>MEASLES</b></p> <ul style="list-style-type: none"> <li>An unprotected worker must be excluded from working in the high risk clinical area (as specified in Attachment 1) for 14 days after he/she has returned from overseas.</li> <li>The unprotected worker must also be excluded from all clinical duties until assessed by a medical practitioner to be non-infectious if he/she, develops a fever, new unexplained rash or coughing illness</li> <li>Public health unit advice must be sought if the unprotected worker has been in contact with a measles case</li> <li>Following contact with a measles case, an unprotected worker must be offered MMR vaccine within 72 hours of exposure or normal human immunoglobulin (NHIG) within 144 hours (6 days). Those who refuse/are unable to be vaccinated must be excluded from clinical duties for 18 days after the last exposure to the infectious case</li> </ul>	<p><b>HEPATITIS B</b></p> <ul style="list-style-type: none"> <li>Workers performing exposure prone procedures (EPPs) must first comply with the requirements of NSW Health Policy Directive PD2005_162 HIV, Hepatitis B or Hepatitis C – health care workers infected.</li> <li>Subject to complying with these requirements, an unprotected worker working under the written approval of the Chief Executive may only perform EPPs if he/she:             <ul style="list-style-type: none"> <li>is provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure;</li> <li>provides a signed declaration <i>Undertaking/Declaration Form</i> (Attachment 6), as appropriate, indicating:                 <ul style="list-style-type: none"> <li>receipt and understanding of the above information; and</li> <li>is managed, in the event of exposure, in accordance with NSW Health Policy Directive <i>PD2007_010 HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed</i> and the recommendations of the current edition of <i>The Australian Immunisation Handbook</i> regarding post-exposure prophylaxis for hepatitis B</li> </ul> </li> </ul> </li> </ul>
<p><b>MUMPS</b></p> <ul style="list-style-type: none"> <li>A worker who develops mumps must be excluded from all clinical duties for 9 days following the onset of swelling or until fully recovered, whichever is sooner.</li> </ul>	<p><b>PERTUSSIS</b></p> <ul style="list-style-type: none"> <li>Following exposure to a pertussis case, an unprotected worker must be excluded from all clinical duties until they have completed a 5 day course of an appropriate antibiotic.</li> <li>In situations during an outbreak at a facility where asymptomatic unprotected workers have been recommended and refused antibiotics, they must be excluded from all clinical duties for 14 days following exposure to a pertussis case.</li> </ul>
<p><b>RUBELLA</b></p> <ul style="list-style-type: none"> <li>An unprotected worker must be excluded from all clinical duties for 21 days following exposure to a rubella case, or at least 4 days after the onset of a rash if illness develops.</li> </ul>	<p><b>INFLUENZA</b></p> <ul style="list-style-type: none"> <li>An unprotected worker employed in a Category A High Risk position must wear a surgical/procedural mask while providing patient care in high risk clinical areas (as specified in Attachment 1 <i>Risk Categorisation Guidelines</i>) during the influenza season (see Key Definitions. Usually from 1 June to 30 September), or be deployed to a non-high risk clinical area.</li> </ul> <p><b>TUBERCULOSIS</b> (<i>where screening is indicated</i>) An individual risk assessment needs to be undertaken to determine the appropriate risk management framework</p>

For guidance on the management of health workers with symptomatic illness, refer to the Infection Prevention and Control Policy (PD2017\_013) available at [http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017\\_013](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_013).

## Attachment 3 Non-Participation Form

This form is to be used for workers employed in an existing Category A position at the release of this revised policy. Workers employed in existing positions must be assessed as compliant against the policy or acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this policy directive.

### ***Non-Participation in Assessment, Screening and Vaccination***

1. I have read and understood the policy directive regarding assessment, screening and vaccination and the infectious diseases covered by the policy directive.
2. I decline to participate in: (tick box for specific disease(s)/vaccination as applicable)
  - Assessment and/or vaccination for diphtheria / tetanus / pertussis (dTpa)
  - Assessment and/or vaccination for hepatitis B
  - Assessment and/or vaccination for measles/ mumps/ rubella (MMR)
  - Assessment and/or vaccination for varicella (chicken pox)
  - Vaccination for influenza (Category A-High Risk only)
  - Assessment and/or screening for tuberculosis
3. I am aware of the potential risks to myself and/or others that my non-participation in assessment, screening and/or vaccination may pose.
4. I am aware that non-participation will require my employer to either manage me as unprotected or unscreened, as described in *Section 9.1 Reassignment of Unprotected/Unscreened Workers* or terminate my employment if reassignment to a non-high risk position is not feasible as specified in *Section 12 Termination of Employment*.

### ***Refusal to submit documentation / attend appointment***

This worker has failed to attend an appointment for assessment, screening and vaccination despite multiple requests and will be referred to the CE for possible termination

### ***Refusal to sign***

In circumstances where the worker refuses to sign this form, it should be noted on the form and the worker should be advised that their employment will be terminated.

**Name:**

**Phone or Email:**

**Date of Birth:**

**Health Service/Facility:**

**Clinical area/ward:**

**Signature:**

### **OFFICE USE ONLY**

***I have discussed with this worker the potential risks that non-participation may pose and the management of unprotected/unscreened workers in accordance with this policy.***

**Assessor's Name:**

**Assessor's Position:**

**Contact details: Phone:**

**Email:**

**Health Agency/Facility:**

**Signature:**

## Attachment 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements

Diseases	Vaccination Evidence	Serology Evidence	Other acceptable evidence	COMMENTS
				<i>Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health Vaccination Record Card for Health Care Workers and Students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An AIR transcript is also acceptable evidence of vaccination</i>
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A Serology will <u>not</u> be accepted	NIL	<ul style="list-style-type: none"> <li>dTpa booster is required 10-yearly</li> <li>DO NOT use ADT vaccine</li> </ul>
Hepatitis B	History of age-appropriate hepatitis B vaccination course	<b>AND</b> Anti-HBs $\geq$ 10mIU/mL	<b>OR</b> Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> <li>A verbal history and a completed <i>Hepatitis B Statutory Declaration</i> (Attachment 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained.</li> <li>Positive HBcAb and/or HBsAg result indicate compliance with this policy</li> <li>A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures</li> </ul>
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	<b>OR</b> Positive IgG for measles, mumps and rubella	<b>OR</b> Birth date before 1966	<ul style="list-style-type: none"> <li>Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy.</li> <li>Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.</li> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq</math> 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.</li> </ul>
Varicella	2 doses of varicella vaccine at least one month apart.	<b>OR</b> Positive IgG for varicella	N/A	<ul style="list-style-type: none"> <li>Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age</li> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq</math> 14 years)</li> </ul>
Influenza	One dose of current seasonal influenza vaccine by June 1 each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> <li>Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.</li> <li>Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Attachment 1 <i>Risk Categorisation Guidelines</i> (see Section 4)</li> </ul>
Tuberculosis	N/A	Refer to Section 3.8	Refer to Section 3.8	<ul style="list-style-type: none"> <li>Refer to Section 1.2 <i>Key Definitions</i></li> <li>Refer to Section 3 <i>TB Assessment and Screening</i></li> </ul>

## Attachment 5 Specified Infectious Diseases: Risks and Consequences of Exposure

<b>Hepatitis B Virus (HBV)</b>	Blood-borne viral disease. Infection can lead to chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needle-stick, or unprotected sex. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx</a>
<b>Diphtheria</b>	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx</a>
<b>Tetanus</b>	Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx</a>
<b>Pertussis (Whooping cough)</b>	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx</a>
<b>Measles</b>	Highly infectious viral disease, spread by respiratory droplets. Infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven’t had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a first dose and children over 18 months of age who have not had a second dose. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx</a>
<b>Mumps</b>	Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have complications, e.g. swelling of testes or ovaries; encephalitis or meningitis may occur rarely. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx</a>
<b>Rubella</b>	Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. Infection in pregnancy can cause birth defects or miscarriage. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx</a>
<b>Varicella (chickenpox)</b>	Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. In pregnancy, can cause fetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx</a>
<b>Influenza (flu)</b>	Viral infection, caused by A or B strains. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Small children are at high risk of infection unless vaccinated. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx</a>
<b>Tuberculosis (TB)</b>	A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx</a>

## Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and submitted Attachment 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration	✓
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, <b>OR</b>	a
	b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	b
3	I have provided evidence of protection for hepatitis B as follows:	a
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs $\geq 10$ mIU/mL <b>OR</b>	b
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is $< 10$ mIU/mL (non-responder to hepatitis B vaccination) <b>OR</b>	c
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ <b>OR</b>	d
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the <i>Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process.	
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i> ) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.	
<b>Declaration: I _____ declare that the information provided is correct</b>		
Full name:	Worker cost centre (if available):	
D.O.B:	Worker/Student ID (if available):	
Email:	NSW Health agency /Education provider:	
Signature:	Date:	

## Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 *Undertaking/ Declaration Form*. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The NSW Health agency will assess this form and decide whether TB screening or clinical review is required.

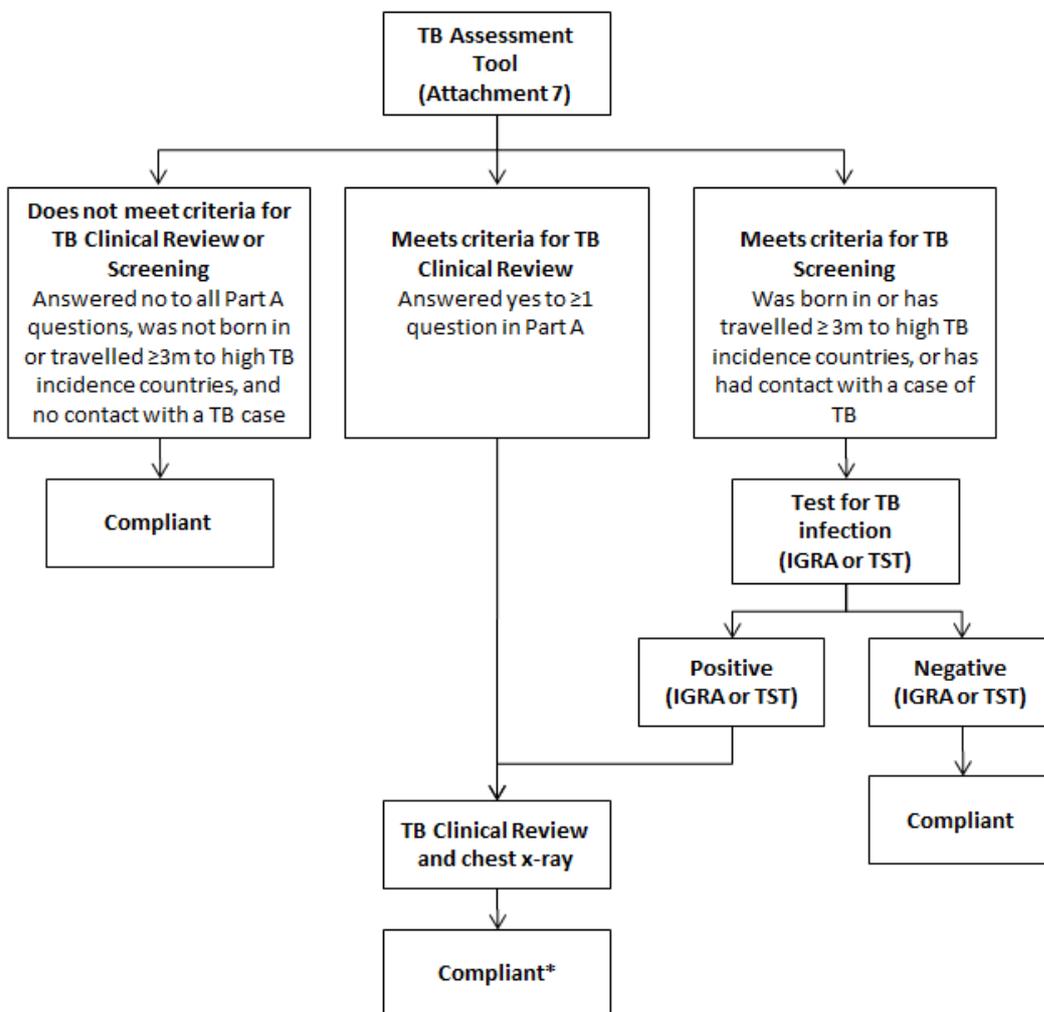
**New recruits, other clinical personnel and volunteers** will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

The education provider must forward a copy of this form to the health service for assessment.

**Existing Category A staff, clinical personnel, volunteers and students** who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

Part A		
1. Do you currently have a cough that has lasted longer than 2 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If yes, have you had any episode of haemoptysis (coughing up blood)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you had unexplained fever, chills or night sweats in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you had any unexplained weight loss in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.</i>		
Part B		
1. What is your country of birth?		
2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Country</i>	<i>Duration of stay</i>	<i>Approximate dates/ year</i>
_____	_____	_____
_____	_____	_____
<i>(attach a separate page if necessary)</i>		
3. Have you ever had contact with a person known to have TB? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, detail the nature of the contact (attach separate page if necessary):		
4. Have you ever been tested for TB before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form</i>		
<b>Worker/Student Declaration: I declare that the information provided on this form is correct</b>		
<b>Full name:</b> _____	<b>Worker cost centre (if applicable):</b>	
<b>Date of birth:</b> / /	<b>Student ID (if applicable):</b>	
<b>Phone:</b> _____	<b>NSW Health agency /Education provider:</b>	
<b>Email:</b>		
<b>Signature:</b>	<b>Date:</b>	

## Attachment 8 Algorithm for TB Assessment, Screening and Review



*\*TB compliance may be revoked in the event of non-adherence to the recommendations of the TB Service regarding preventive treatment and or chest x-ray surveillance.*

## Attachment 9 Hepatitis B Statutory Declaration

To be used where a hepatitis B vaccination record is not available

### Statutory Declaration

*Commonwealth Declaration Act 1959*

I, ....., do solemnly and sincerely declare that  
*[print name of declarant]*

I have received an age-appropriate course of hepatitis B vaccine consisting of  (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was.....

I do not have the record of vaccination because: .....  
.....  
.....

and I understand the risks of making a false declaration.

I make this solemn declaration\* conscientiously believing the same to be true, and by virtue of the provisions of the Commonwealth Declaration Act 1959.

Declared at: ..... on .....  
*[place]* *[date]*

.....  
*[signature of declarant]*

in the presence of an authorised witness, who states:

I, ....., a .....  
*[print name of authorised witness]* *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: I have known the person for at least 12 months OR \*I have confirmed the person's identity using an identification document and the document I relied on was

.....  
.....

*[describe identification document relied on]*

.....  
*[signature of authorised witness\*\*]* *[date]*

\*This statutory declaration is made under the Commonwealth Declaration Act 1959

\*\*An authorised witness must be an appropriately trained assessor