

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

**Document Number** PD2011\_005

**Publication date** 21-Jan-2011

**Functional Sub group** Clinical/ Patient Services - Infectious diseases  
Population Health - Infection Control  
Personnel/Workforce - Occupational Health & Safety

**Summary** Transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in staff, patients and other users of the health system as well as others in the community. This policy directive provides a framework for immunisation and screening of health care workers, other clinical personnel and students to minimise the risk of transmission of these diseases.

**Replaces Doc. No.** Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases [PD2007\_006]

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**Applies to** Local Health Networks, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Public Hospitals

**Audience** All staff

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

**Review date** 21-Jan-2016

**Policy Manual** Patient Matters

**File No.** 09/5704

**Status** Active

**Director-General**

This Policy Directive may be varied, withdrawn or replaced at any time.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 directive is to assist Health Services to:

- meet their occupational health and safety (OHS) obligations and their duty of care to staff, clients, students and other users of health services
- provide safe and efficient health services
- reduce the incidence and risk of transmission of vaccine preventable diseases and Tuberculosis (TB)
- identify, assess and manage risk within a risk control framework and relevant OHS and human resources policies
- advise staff and other individuals of their rights and responsibilities in relation to these OHS and duty of care requirements, and
- define the roles and responsibilities of relevant organisations that work in partnership with the NSW Health system

### **MANDATORY REQUIREMENTS**

All health facilities within the NSW public health system are required to implement this policy directive. It is also recommended that licensed private health care facilities have regard to this policy directive.

Facilities must establish systems to ensure that staff, new recruits, other clinical personnel, including locums, and health care students are assessed, screened and vaccinated against the infectious diseases specified in this policy directive.

New recruits, other clinical personnel and health care students will not be accepted for appointment or clinical placement unless they comply with the requirements of this policy directive.

### **IMPLEMENTATION**

Sections 2.1 to 2.4 in the attached procedures describe the requirements for existing staff, new recruits, other clinical personnel and health care students and the procedures to be followed by health facilities, locum recruitment agencies, educational institutions and other third party organisations in fulfilling the requirements of this policy directive.

### **REVISION HISTORY**

<b>Version</b>	<b>Approved by</b>	<b>Amendment notes</b>
January 2011 (PD2011_005)	Chief Health Officer & Deputy Director-General Population Health Deputy Director-General Health System Support	Revision of policy on occupational assessment, screening and vaccination against specified infectious diseases. Replaces PD2007_006 and all letters of advice issued to the sector on this policy.
February 2007 (PD2007_006)	Director-General	New Policy that replaced Occupational Screening and Vaccination Against Infectious Diseases [PD2005_338] and Tuberculosis Screening & Protection - Health Care Worker [PD2005_209]

### **ATTACHMENTS**

1. Occupational assessment, screening and vaccination against specified infectious diseases: Procedures.

**Occupational assessment, screening and vaccination  
against specified infectious diseases**

**NSW HEALTH**  
PROCEDURES

**Issue date:** January 2011

PD2011\_005

## CONTENTS

<b>1. BACKGROUND</b>	
1.1. ABOUT THIS DOCUMENT .....	1
1.2. KEY DEFINITIONS .....	1
1.3. LEGAL AND LEGISLATIVE FRAMEWORK .....	3
<b>2. REQUIREMENTS UNDER THIS POLICY DIRECTIVE</b>	
2.1. EXISTING STAFF .....	4
2.2. NEW RECRUITS.....	5
2.3. OTHER CLINICAL PERSONNEL INCLUDING LOCUMS.....	5
2.4. STUDENTS.....	6
<b>3. ASSESSMENT, SCREENING AND VACCINATION</b>	
3.1. RISK CATEGORISATION.....	7
3.2. ASSESSMENT.....	7
3.3. VACCINATION AND TB SCREENING.....	8
3.4. APPOINTMENT/PLACEMENT PRIOR TO FULL COMPLIANCE WITH THE REQUIREMENTS .....	9
3.5. COMPLIANCE WITH ALL THE REQUIREMENTS IN RELATION TO CATEGORY A.....	10
3.6. PERSONS WITH MEDICAL CONTRAINDICATIONS AND VACCINE NON-RESPONDERS.....	11
3.7. REASSIGNMENT OF UNPROTECTED/UNSCREENED EXISTING STAFF .....	12
3.8. WHERE THERE IS A GENUINE AND SERIOUS RISK TO SERVICE DELIVERY .....	13
3.9. EXISTING STAFF – NON-PARTICIPATION .....	14
3.10. DOCUMENTATION AND PRIVACY CONSIDERATIONS.....	15
3.11. MONITORING AND REPORTING.....	15
3.12. RELATED POLICIES AND LEGISLATION .....	15
<b>4. INFORMATION SHEETS</b>	
INFORMATION SHEET 1. – RISK CATEGORISATION GUIDELINES.....	18
INFORMATION SHEET 2. – CHECKLIST: EVIDENCE REQUIRED FROM CATEGORY A APPLICANTS .....	19
INFORMATION SHEET 3. – RISKS, CONSEQUENCES OF EXPOSURE AND PROTECTIVE MEASURES.....	20
INFORMATION SHEET 4. – IMPORTANT REQUIREMENTS FOR STUDENTS.....	22
<b>5. ESSENTIAL FORMS</b>	
FORM 1. – NEW RECRUIT UNDERTAKING/DECLARATION .....	23
FORM 2. – TUBERCULOSIS (TB) ASSESSMENT TOOL.....	24
FORM 3. – STUDENT UNDERTAKING/DECLARATION .....	25

## 1. BACKGROUND

### 1.1. About this document

Transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in staff, patients and other users of the health system as well as others in the community. NSW Health has a duty of care and a responsibility under occupational health and safety legislation to control (minimise) this risk. This policy directive therefore provides a framework for immunisation and screening of health care workers, other clinical personnel and students to minimise the risk of transmission of these diseases.

### 1.2. Key definitions

**Assessment** – is the full evaluation of a person’s level of protection against the infectious diseases covered by the policy directive by appropriately trained clinical personnel.

**Appropriately trained clinical personnel** – means a person who has had medical, nursing or specialist training in the interpretation of immunological test results, vaccination schedules and TB assessment and screening.

**Certificate of Compliance** – a certificate and laminated card issued by a health service, certifying that an individual has been assessed as fully compliant with the requirements of this policy directive.

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

**Employer** – any person authorised to exercise the functions of employer of staff in organisations or facilities within the public health system.

**Existing staff** – refers to **staff** (see definition) who are employed by health facilities at the date of commencement of this policy directive.

**Exposure prone procedures (EPPs)** – refers to procedures where there is potential for contact between the skin of the health care worker and sharp surgical instruments, needles or pieces of bone/tooth in body cavities or in poorly visualised or confined body sites including the mouth.

**Health facility** – refers to a defined service location such as a hospital, community health centre or other location where health services are provided.

#### 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 is usually found in chronic HBV carriers 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.

**Immunocompromised clients** – are persons in whom the immune system's ability to fight infectious disease is reduced or totally absent due to a primary immunodeficiency syndrome, human immunodeficiency virus (HIV), chemotherapy, some forms of cancer such as leukaemia, and persons on immune suppressing treatment following an organ transplant.

**Locums/agency staff** – locum staff performing work in a Category A position are considered as **other clinical personnel** (see below).

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

**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 that must be complied with.

**Other clinical personnel** – denotes persons who are not permanently, temporarily or casually employed by health facilities (see **Staff**) but are contracted to work, such as Honorary/Visiting Medical or Dental Officers and agency/locum staff.

**Protected** – means that the person can provide evidence of vaccination, prior infection, or other evidence of immunity.

**Public health system** – is constituted by:

- All the Local Health Networks
- All the statutory health corporations
- All the affiliated health organisations in respect of their recognised establishments and their recognised services
- Ambulance and health support services.

**Risk categorisation** – refers to the process of assessing a person or position according to the risk of transmission of the specified infectious diseases. Persons are categorised as either Category A or Category B:

- **Category A** – denotes 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 B** – denotes 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.

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

**Specified infectious diseases** – comprises:

- Diphtheria
- Measles
- Hepatitis B
- Pertussis
- Mumps
- Varicella
- Tetanus
- Rubella
- Tuberculosis
- Influenza (recommended)

**Staff** – refers to persons who are employed by health facilities on a permanent, temporary or casual\* basis and includes volunteers. (\*Persons provided by an employment/locum agency on a casual basis are considered as “other clinical personnel” – see Section 2.3.)

**Student** – refers to a person enrolled at a university, TAFE or other educational institution. Secondary school students, including those undertaking TAFE-delivered vocational education and training for schools (TVET), are excluded from this definition.

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

- **TB disease** – TB bacteria become active if the body’s immune system can’t stop them from growing. When TB bacteria are active or multiplying, this is called TB disease.
- **Countries with a high incidence of TB** – countries with an incidence equal to or greater than 60 cases per 100,000 population. A list of high incidence countries is located on the NSW Health website at the following address: <http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>
- **IGRA, interferon gamma release immunoassay** – an in-vitro tuberculosis screening technique that uses whole blood to identify people infected with TB.
- **Latent tuberculosis infection (LTBI)** – is the presence of TB infection without disease.
- **TB assessment** – is the full evaluation of a person by appropriately trained personnel, in relation to their risk of TB infection and/or disease.
- **TB screening** – means tuberculin skin testing (TST). If it has already been conducted, a positive IGRA may be accepted in lieu of TST.
- **Tuberculin skin test** (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 TB.

**Unprotected** – means that the person cannot provide the evidence of immunity as required by this policy directive and is classed as susceptible to one or more of the specified infectious diseases.

**Vaccine non-responders** – means persons who have been fully vaccinated according to *Information Sheet 2 Checklist: Evidence Required from Category A Applicants*, but who have evidence of inadequate immunity.

### 1.3. Legal and legislative framework

Health Services have a duty of care to their patients and obligations under the Occupational Health and Safety Act 2000 (NSW), the Public Health Act 1991 (NSW) and their associated regulations.

## 2. Requirements under this policy directive

Health services must establish systems to ensure that staff, new recruits, students and other clinical personnel are assessed, screened and vaccinated against the infectious diseases specified in this policy directive.

The following sections describe the requirements for individuals and the procedures to be followed by agencies, educational institutions and health facilities in fulfilling the requirements of this policy directive.

### 2.1. Existing Staff

#### Existing staff must:

1. Comply with the requirements of this policy.
- or**
2. Submit a written declination (*Section 3.9 Existing staff – non participation*) stating:
    - a. That they do not consent to the assessment, screening and vaccination requirements of this policy directive;
    - b. That they are aware of the potential risks to themselves and/or others; and
    - c. That they are aware that their employer will be required to manage them as unprotected or unscreened as described in *Section 3.7 Reassignment of Unprotected/Unscreened Staff*.

#### The health facility must:

1. Inform existing staff of the requirements of the policy directive
2. Categorise the risk of personnel acquiring and/or transmitting the specified infectious diseases (Category A or Category B)
3. Obtain individual consent to the assessment and, where appropriate, screening and vaccination processes
4. Assess the individual's evidence of protection and (where appropriate) screen for tuberculosis (TB)
5. Vaccinate existing staff and volunteers at no cost to the individual
6. Issue a Certificate of Compliance if the individual complies fully with the requirements of the policy directive
7. Manage exceptional circumstances, where they arise, such as persons with medical contraindications or vaccine non-responders
8. Manage unprotected existing staff who decline to participate in the assessment, screening and vaccination process

#### Relevant sections of this policy directive:

Sections - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10 and 3.12  
Information Sheets - 1, 2 and 3  
Forms - 2



## 2.2. New recruits

### New recruits must:

1. 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**
2. Submit a *Form 1: New Recruit Undertaking/Declaration* and *Form 2: TB Assessment Tool* to the health facility.

### The health facility must:

1. Ensure that all job advertisements advise potential applicants of the requirements of the policy directive and that all position descriptions include the designated risk category of the position.
2. Assess the individual's evidence of protection and whether TB screening is required.
3. Issue a Certificate of Compliance if the individual complies fully with the requirements of the policy directive.
4. Manage exceptional circumstances, where they arise, such as persons with medical contraindications or vaccine non-responders.
5. Ensure that new recruits are not accepted for appointment if they do not comply with the requirements of this policy directive.

### Relevant sections of this policy directive:

Sections - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.10 and 3.12  
Information Sheets - 1, 2 and 3  
Forms - 1 and 2

## 2.3. Other Clinical Personnel including Locums

### Other clinical personnel as defined in this policy directive, including locums must:

1. 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**
2. Submit a *Form 1: New Recruit Undertaking/Declaration* and *Form 2: TB Assessment Tool* to the health facility.

### The locum recruitment agency must:

1. Inform all locum clinical personnel of the requirements of the policy directive.
2. Ensure that all locum clinical personnel have completed each section of *Form 1* and *Form 2* and have evidence of protection against the specified diseases.
3. Ensure that locum clinical personnel are not referred to a health facility if they do not comply with the requirements of this policy directive.

### The health facility must:

1. Assess the individual's evidence of protection and whether TB screening is required.
2. Issue a Certificate of Compliance if the individual complies fully with the requirements of the policy directive. (Cost recovery may be undertaken, see *section 3.5*)

### Relevant sections of this policy directive:

Sections - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.10 and 3.12  
Information Sheets - 1, 2 and 3  
Forms - 1 and 2

## 2.4. Students

### Students must:

1. 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 attending placement in a health facility;  
**and**
2. Submit a *Form 2: TB Assessment Tool* and *Form 3: Student Undertaking/Declaration* to their educational institution as soon as possible after enrolment.

### The educational institution must:

1. Inform all students of the requirements of the policy directive.
2. Ensure that all students have completed and returned to the educational institution a *Form 2* and *Form 3*.
3. Forward a completed *Form 2* and *Form 3* for each student to the health facility.
4. Ensure that students are not referred to a health facility for placement if they have not returned a completed *Form 2* and *Form 3*.

### The health facility must:

1. Assess the student's evidence of protection and whether TB screening is required.
2. Issue a Certificate of Compliance if the student complies fully with the requirements of the policy directive.

### Relevant sections of this policy directive:

Sections - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.10 and 3.12

Information Sheets - 1, 2, 3 and 4

Forms - 2 and 3

### 3. Assessment, screening and vaccination

#### 3.1. Risk Categorisation

Health services must assess the risk category of all persons as either **Category A** or **Category B**, according to their risk of acquisition and/or transmission of the specified infectious diseases, as defined in *Information Sheet 1 - Risk Categorisation Guidelines*. All job advertisements for category A positions and all information kits for applicants must include reference to this policy directive, specifically *Information Sheet 1 - Risk Categorisation Guidelines*. All position descriptions must include the designated risk category of that position.

All students who undertake clinical placements within NSW Health facilities are considered to be Category A and must be compliant with the requirements of this policy directive. This includes all students enrolled in a health related course of study at a university, TAFE or other educational institution.

Secondary school students, including those undertaking TAFE-delivered vocational education and training for schools (TVET), are encouraged to be vaccinated in line with the requirements of this policy directive, but will not be required to comply with the policy, unless their placement involves contact with the high risk client groups or placement in a high risk clinical area as listed in *Table 3.1.1* below. Note: if a student is paid during a placement, then he/she is to be considered under "staff".

Table 3.1.1 High risk client groups/clinical areas	
<p><u>High risk client groups</u></p> <ul style="list-style-type: none"> <li>- Children less than 2 years of age including neonates and premature infants</li> <li>- Pregnant women</li> <li>- Immunocompromised clients</li> </ul>	<p><u>High risk clinical areas</u></p> <ul style="list-style-type: none"> <li>- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms</li> <li>- Neonatal Intensive Care Units and Special Care Units</li> <li>- Paediatric wards</li> <li>- Transplant and oncology wards</li> <li>- Intensive Care Units</li> <li>- Emergency Departments</li> <li>- Operating theatres, and recovery rooms treating restricted client groups</li> <li>- Ambulance service</li> <li>- Laboratories</li> </ul>

#### 3.2. Assessment

It is the responsibility of the health service to ensure that all existing staff who have been categorised as Category A, new recruits, other clinical personnel and students have been assessed to determine their level of protection against the specified infectious diseases according to *Information Sheet 2 Checklist: Evidence Required from Category A Applicants*. Health services must ensure that the documented evidence provided is assessed by appropriately qualified personnel.

Existing staff must be prioritised for assessment according to the level of risk in their work location. Highest priority for assessment must be assigned to staff working with the high risk client groups or working in the high risk clinical areas in *Table 3.1.1* above.

### 3.3. Vaccination and TB screening

*Information Sheet 2 – Checklist: Evidence Required from Category A Applicants* details the vaccinations required by Category A applicants (or other evidence of protection, where applicable). A *NSW Health Vaccination Record Card for Health Care Workers/Students* has been designed for recording of 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 or Fax: (02) 9887 5452.

Health services are responsible for meeting the full cost of assessment, screening and vaccination for existing staff and for hospital volunteers.

New recruits, other clinical personnel and students must undertake any necessary vaccinations and screening for TB at their own cost, prior to appointment or prior to the student's first clinical placement.

**New recruits, other clinical personnel and students who do not consent** to participate in assessment, screening and vaccination **cannot be employed** in a Category A position **or attend clinical placements** in NSW Health facilities.

TB screening is required if the person:

- a) is a new recruit, other clinical personnel or student who was born in a country with a high incidence\* of TB
- b) is a new recruit, other clinical personnel or student who has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB
- c) is an existing staff member who has resided or travelled for a cumulative time of 3 months or longer within the past 3 years in a country with a high incidence of TB.

\* see *Section 1.2 – Key Definitions*

*Form 2: Tuberculosis (TB) Screening Assessment Tool* assists the health service in identifying those new recruits, other clinical personnel or students who require TB screening.

The rationale for screening selected new recruits and students is (i) to establish TB infection status to facilitate appropriate treatment or monitoring for early detection of disease, and (ii) to establish a baseline TB infection status to assist with identification of infection should the person be exposed to TB in the future. Since the incidence of TB infection in Australian-born persons who have not lived overseas is very small, it is unlikely to be cost effective to screen these people and so it is assumed they have not been infected. Conversely, the incidence of TB in some overseas countries is high and screening of those who were born in, have lived or travelled for a cumulative time of three months or longer in these countries is more likely to be cost effective.

The rationale for screening existing staff and other clinical personnel who have lived or travelled for a cumulative time of three months or longer within the last three years in a country with a high incidence of TB is to identify those people who are more likely to be at risk of developing infectious TB, since people who have acquired infection in the last three years are more likely to develop TB disease than people who acquired infection in the distant past.

All health professionals performing TST should be appropriately trained to administer and interpret the test results in accordance with *NSW Health Policy Directive PD2009\_005 Tuberculin Skin Testing*.

In the event that a new recruit or student has had an interferon gamma release immunoassay (IGRA) test performed, screening with a TST will need to be performed if the result was equivocal or negative. If the IGRA or TST result was positive, the new recruit or student must have booked an appointment for a chest X-ray within three months of employment or enrolment and must be asymptomatic for TB disease at the time of commencement of work or clinical placement. The person should be informed about signs and symptoms of TB infection and advised to seek urgent review if symptoms of TB disease develop.

Any current staff, new recruit or student found to have symptoms suggestive of TB disease (regardless of their TB screening or TST status) must be referred immediately for exclusion of active TB. Any person identified as having probable latent TB infection (LTBI) through the demonstration of a positive TST or IGRA must be referred for a TB assessment.

### **3.4. Appointment/Placement prior to full compliance with the requirements (Hepatitis B Vaccination and TB screening)**

It is recognised that it may not be practical for some new recruits to complete the hepatitis B or (if required) TB requirements of this policy directive prior to their appointment. It is also recognised that some students whose clinical placements commence very early in the first year may not be able to comply fully with the hepatitis B or TB requirements prior to their first clinical placement.

As recommended in the *National Health and Medical Research Council Australian Immunisation Handbook (current edition)*, a full adult course of hepatitis B vaccine consists of 3 doses, with an interval of 1-2 months between the first and second doses and an interval of 2-5 months between the second and third dose. This means that the minimum time to complete a course of hepatitis B vaccine is three months.

Where a new recruit or student has commenced a course of hepatitis B vaccine, but not yet completed the full course, the individual may only commence work or commence the first clinical placement if they have:

- a. completed all other vaccination requirements, and
- b. provided documented evidence that they have received at least the first dose of hepatitis B vaccine and submitted a written undertaking to complete the hepatitis B vaccine course and provide a post-vaccination serology result within 6 months (*Form 1: New Recruit Undertaking/Declaration* or *Form 3: Student Undertaking/Declaration* as appropriate).

Health services must ensure that persons undertaking clinical duties or clinical placements prior to receiving a full course of hepatitis B vaccine are advised about the risks, preventative measures and appropriate procedures if exposed to blood or body fluids at work.

Where a new recruit or a student has submitted a *Form 2: Tuberculosis (TB) Screening Assessment Tool* and has been assessed by the health service as requiring TB screening, then he/she may only commence work or the first clinical placement if he/she has booked an appointment for TB screening and has no symptoms suggestive of active TB.

It is a condition of employment that new recruits complete the full course of hepatitis B vaccine according to the recommended schedule described above and provide a post vaccination serology result, and that they attend for TB screening (if required). Failure to complete these obligations within the appropriate timeframes will affect the new recruit's employment status. In the case of students, failure to complete these requirements will result in suspension from attending further clinical placements in NSW Health facilities and may jeopardise the student's course of study.

### **3.5. Compliance with all the requirements in relation to performance of activities classified as Category A**

When an individual provides evidence that he/she complies with all of the requirements of the policy directive, the health service will issue a Certificate of Compliance. The Certificate is provided as an integrated A4 page with a wallet-sized, laminated "pop-out" card. Both the certificate and the card (henceforth referred to as 'the Certificate') are uniquely numbered and printed with the individual's details. Health services may order stocks of the Certificate by contacting the Immunisation Unit at the NSW Department of Health on (02) 9391 9210.

The issuing of the Certificate will facilitate the management of individuals who are required to work in a number of different locations across health services, and/or over a number of different occasions, for example students on placements or staff on rotation. By reducing the need for reassessment of vaccination records at each new location, there will ultimately be a reduced burden on all parties. The Certificate is a summary document and does not replace the need to keep vaccination records (for example the *NSW Health Vaccination Record Card for Health Care Workers/Students* and/or other documentation.)

Staff, other clinical personnel, students and volunteers are required to make the Certificate available for inspection, if requested by the health service. Students and agency staff must present the Certificate at the commencement of each new clinical placement or agency placement and have the Certificate available for inspection at other times if requested.

Health services should note that:

- In the case of rotational positions, such as junior medical officers and other clinical trainees, it is the responsibility of the health facility performing the delegated employer function (the "parent" facility) to perform the necessary assessments.

- In the case of students on clinical placement, the health service that assesses the student as fully complying with the requirements of the policy directive will issue the certificate. Ideally, this would be at the time of the first clinical placement, but may be a later time if a student has not completed hepatitis B vaccinations or assessment of TB status before the first clinical placement.

All persons must present for re-assessment if they transfer within NSW Health from a position of lower risk to a position classified as having a higher risk, for example from a Category B position to a Category A position, or to a position where the person will be working in restricted clinical areas/with restricted client groups as defined in *Table 3.1.1 High risk client groups/clinical areas*.

At the discretion of their Chief Executives, Health Services may undertake cost recovery for providing assessment, screening and issuing of a Certificate to locums/agency personnel.

### **3.6. Persons with medical contraindications and vaccine non-responders**

All persons who are unable to be vaccinated due to temporary or permanent medical contraindications are required to provide evidence of their circumstances (for example, a letter from their general practitioner or treating specialist), and may be required to undergo a further medical assessment by an appropriate medical specialist. In the case of new recruits, other clinical personnel and students, the medical assessment, if required, will be at the person's own cost. All information and documentation concerning the person's medical contraindication will be treated confidentially. If a further medical assessment is required, the person will not be allowed to undertake any clinical placements or commence duties until they have undergone the medical assessment.

Persons with medical contraindications should be risk managed in accordance with the risk management frameworks in *Table 3.7.1* below. Persons with temporary medical contraindications must be reviewed after the conclusion of the contraindication or another appropriate period of time, to determine appropriate management strategies.

All persons who are fully vaccinated according to the appropriate schedule, but who have evidence of inadequate immunity (vaccine non-responders) are required to provide documented evidence of their circumstances (for example, vaccination records and post vaccination serology). Hepatitis B vaccine non-responders must be managed in accordance with the recommendations concerning "Non-responders to primary vaccination" in the *National Health and Medical Research Council Australian Immunisation Handbook (current edition)*.

The health service must ensure that detailed information is provided regarding the risk of infection from the infectious disease(s) against which the individual is not protected, the consequences of infection and management in the event of exposure. The individual must provide a declaration (*Part 5 of Form 1: New Recruit Undertaking/Declaration* or *Form 3: Student Undertaking/Declaration*, as appropriate) stating that he/she understands and accepts this information and agrees to comply with the protective risk measures that the health service requires.

### 3.7. Reassignment of Unprotected/Unscreened Existing Staff

Health services must ensure that existing staff 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 areas or with client groups (<sup>1</sup>see note below) where they may be at risk or pose a risk of infection to at-risk groups, as described in *Table 3.1.1 High risk client groups/clinical areas*. Such staff must be reassigned to areas of lower risk (<sup>2</sup>see note below). Reassignment of these staff should be undertaken within appropriate personnel/industrial relations framework(s).

The Health Service must ensure that the staff member:

- 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.

<sup>1</sup>Note: The occasional treatment of high risk client groups in a general clinical area does not mean that an unprotected/unscreened staff member would be excluded from working in these general clinical areas, but the risk management framework described in *Table 3.7.1* below, should be followed.

<sup>2</sup>Note: Appropriate areas of lower risk may depend on the disease(s) against which the individual is not protected.



### 3.8. Where there is a Genuine and Serious Risk to Service Delivery

In certain circumstances, it may be argued that a genuine and serious risk to service delivery would result from reassignment of an unprotected/unscreened staff member or from failure to appoint an unprotected/unscreened person to a frontline clinical position. Such situations would normally be limited to circumstances where:

- the person is highly specialised, a sole practitioner (eg 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 person would pose a genuine and serious risk to service delivery; and/or
- it would be difficult to replace the position, and/or would result in a significant period of time without the service.

In these circumstances, the Chief Executive has the discretionary power to vary the requirements of this policy directive, on a case-by-case basis. Any variation must only be undertaken in exceptional circumstances, and must only proceed with the written approval of the Chief Executive and within an individual risk management plan, as described in *Table 3.7.1*, to protect the staff member and clients.

<b>Table 3.7.1 Risk management framework</b>	
<b>Measles Mumps Rubella Varicella Pertussis</b>	<ul style="list-style-type: none"> <li>- If the facility has a suspected case of any of these diseases, unprotected staff working under the written approval of the Chief Executive must be excluded from working in the high risk clinical areas listed in <i>Table 3.1.1</i> for 14 days after the case was isolated or no longer infectious.</li> <li>- An unprotected staff member must also be excluded from working in the high risk clinical area for 14 days after he/she has returned from overseas.</li> <li>- Public Health Unit advice must be sought if the unprotected staff member has been in contact with a case of any of these diseases.</li> <li>- The unprotected staff member must be excluded until assessed by a medical practitioner to be non-infectious if he/she:               <ul style="list-style-type: none"> <li>- develops a fever</li> <li>- develops a new unexplained rash</li> <li>- develops a coughing illness.</li> </ul> </li> </ul>
<b>TB (where screening is indicated)</b>	<ul style="list-style-type: none"> <li>- An individual risk assessment needs to be undertaken to determine the appropriate risk management framework</li> </ul>
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>- Staff performing Exposure Prone Procedures (EPPs) must first comply with the requirements of NSW Health Policy Directive <i>PD2005_162 HIV, Hepatitis B or Hepatitis C – health care workers infected</i>.</li> <li>- Subject to complying with these requirements, an unprotected staff member 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>Form 1</i> or <i>Form 3</i> as appropriate) indicating 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>PD2005_311 HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed</i> and the recommendations of the <i>Australian Immunisation Handbook</i> (current edition) regarding post-exposure prophylaxis for hepatitis B.</li> </ul> </li> </ul>

### 3.9. Existing staff – Non-participation in staff assessment, screening and vaccination

**NB. This form is to be used for EXISTING STAFF ONLY.**

Existing staff are required to 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) 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)
  - 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 that non-participation will require my employer to manage me as unprotected or unscreened, as described in *Section 3.7 Reassignment of Unprotected/Unscreened Staff*.

Name \_\_\_\_\_  
Phone or Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Health Service/Facility \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office use only*  
Assessor's Name \_\_\_\_\_  
Assessor's Position \_\_\_\_\_  
and Contact details (Phone or Email) \_\_\_\_\_  
Health Service/Facility \_\_\_\_\_  
Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have discussed with the staff member the potential risks his/her non-participation may pose and the management of unprotected/unscreened staff in accordance with this policy directive.

### 3.10. Documentation and Privacy Considerations

Health services have a responsibility to maintain appropriate documentation of occupational assessment screening and vaccination against infectious diseases and must retain a secure, confidential record of any documentation relating to a person's assessment, screening or vaccination under this policy directive. Such records are considered to be personnel records, rather than clinical or personal health records, and should therefore be managed in accordance with the appropriate retention and disposal authorities.

Under this policy directive, an educational institution 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 institution's policies on records and privacy.

### 3.11. Monitoring and Reporting

Health services must establish a system to report aggregate data to the Director-General, NSW Department of Health, by 30 June each year. The report is to include:

- the number of Category A positions in the Health Service;
- the percentage of Category A staff who have been assessed against the requirements of this policy directive;
- the number of persons being risk-managed at the discretion of the Chief Executive and a brief description of the reason (for example, genuine risk to service delivery).

### 3.12. Related policies and legislation

PD2005\_406 Consent to Medical Treatment - Patient Information

PD2005\_186 Employment Health Assessment Policy and Guidelines

PD2005\_162 HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected (under review)

PD2005\_311 HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed

PD2007\_036 Infection Control Policy

PD2009\_051 Locum Medical Officers – Employment and Management (under review)

PD2006\_014 Notification of Infectious Diseases under the Public Health Act 1991

PD2008\_021 Occupational Exposures to Blood-Borne Pathogens: NSW Health Notification Requirements to WorkCover

PD2005\_593 Privacy Manual (Version 2) - NSW Health

PD2006\_059 Recruitment and Selection Policy and Business Process – NSW Health Service

PD2008\_045 Recruitment of Nurses and Midwives - Framework

PD2009\_005 Tuberculin Skin Testing

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

PD2005\_409 Workplace Health and Safety: Policy and Better Practice Guide - NSW Health

*Standards and conditions for the provision of locum medical officers to the NSW health services*

<http://www.health.nsw.gov.au/aboutus/business/locums/index.asp>

*NSW Health Student placement agreement for entry into a health occupation*

[http://www0.health.nsw.gov.au/resources/workforce/student\\_placement\\_agreeme\\_doc.asp](http://www0.health.nsw.gov.au/resources/workforce/student_placement_agreeme_doc.asp)

*Guidelines for the Management of Nursing Work Experience for School Students: A Guide for Health Services*

[http://www.health.nsw.gov.au/pubs/2001/nursing\\_guidelines.html](http://www.health.nsw.gov.au/pubs/2001/nursing_guidelines.html)

National Health and Medical Research Council's (NHMRC) *Australian Immunisation Handbook* (current edition).

Commonwealth of Australia (2004) *Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting (ICG)*

Occupational Health and Safety Act 2000 (NSW)

Occupational Health and Safety Regulation 2001 (NSW)

Workplace Injury Management and Workers Compensation Act 1998 (NSW)

Public Health Act 1991 (NSW)

Infection Control Standards contained in:

- Medical Practice Regulation 2008;
- Nurses and Midwives Regulation 2008;
- Physiotherapists Regulation 2008;
- Dental Practice Regulation 2004;
- Dental Technicians Registration Regulation 2008, and
- Podiatrists Regulation 2005.

## INFORMATION SHEETS & ESSENTIAL FORMS

	<b>Title</b>	<b>Audience</b>
<i>Information Sheet 1</i>	<i>Risk categorisation guidelines</i>	✓ <i>All persons</i>
<i>Information Sheet 2</i>	<i>Checklist: Evidence required from Category A applicants</i>	✓ <i>All persons</i>
<i>Information Sheet 3</i>	<i>Specified infectious diseases – risks, consequences of exposure and protective measures</i>	✓ <i>All persons</i>
<i>Information Sheet 4</i>	<i>Important requirements for students undertaking placements within NSW Health facilities</i>	✓ <i>Students</i>
<i>Form 1</i>	<i>New recruit undertaking/ declaration</i>	✓ <i>New Recruits</i> ✓ <i>Other clinical personnel including locums</i>
<i>Form 2</i>	<i>Tuberculosis (TB) assessment tool</i>	✓ <i>All persons</i>
<i>Form 3</i>	<i>Student undertaking/ declaration</i>	✓ <i>Students</i>

## INFORMATION SHEET 1. – Risk categorisation guidelines

### Category A

#### Protection against the specified infectious diseases is required

**Direct physical contact** with:

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

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

Includes persons:

- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.

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

High risk client groups

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

High risk clinical areas

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

**All health care students are Category A.**

### Category B

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

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

## INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

### Evidence required to demonstrate protection against the specified infectious diseases

- Acceptable evidence of protection against specified infectious diseases includes:
  - a written record of vaccination signed by the medical practitioner, and/or
  - serological confirmation of protection, and/or
  - other evidence, as specified in the table below.
  - NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)
- TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**  
<http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>.
- In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<i>Diphtheria, tetanus, pertussis (whooping cough)</i>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). <b>Not ADT.</b>	<b>Serology will not be accepted</b>	<b>Not applicable</b>
<i>Hepatitis B</i>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. <b>Not “accelerated” course.</b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<i>Measles, mumps, rubella (MMR)</i>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<i>Varicella (chickenpox)</i>	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<i>Tuberculosis (TB)</i>	<b>Not applicable</b>	<b>Not applicable</b>	<input type="checkbox"/> Tuberculin skin test (TST)
<i>See note 2 above for list of persons requiring TST screening</i>		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
<i>Influenza</i>	<b>Annual influenza vaccination is not a requirement, but is strongly recommended</b>		

### INFORMATION SHEET 3. – Specified infectious diseases: risks, consequences of exposure and protective measures

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/factsheets/infectious/index.asp>

The *Australian Immunisation Handbook (current edition)* is available online at: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

<b>Hepatitis B (HBV)</b>	Blood-borne viral disease. Can lead to a range of diseases including 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/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/hepb.html">http://www.health.nsw.gov.au/factsheets/guideline/hepb.html</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. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html">http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html</a> .
<b>Tetanus</b>	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html">http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html</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, in children, may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/pertussis.html">http://www.health.nsw.gov.au/factsheets/guideline/pertussis.html</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 1 <sup>st</sup> dose and children over 4 years of age who have not had a 2 <sup>nd</sup> dose. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/measles.html">http://www.health.nsw.gov.au/factsheets/guideline/measles.html</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 serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/mumps.html">http://www.health.nsw.gov.au/factsheets/guideline/mumps.html</a> .
<b>Rubella (German Measles)</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. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/rubella.html">http://www.health.nsw.gov.au/factsheets/guideline/rubella.html</a> .
<b>Varicella (Chicken pox)</b>	Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal 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. Management in the event of exposure: see <a href="http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home">http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home</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. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html">http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html</a> .
<b>Seasonal influenza (Flu)</b>	Viral infection, with the virus regularly changing. 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. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/influenza.html">http://www.health.nsw.gov.au/factsheets/guideline/influenza.html</a> .

## INFORMATION SHEET 4. – Important requirements for students in relation to assessment, screening and vaccination

Dear Student

Transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in patients, staff, students and other users of the health system as well as others in the community. NSW Health's policy directive on *Occupational assessment, screening and vaccination against specified infectious diseases* requires all facilities in the NSW public health system to ensure that existing staff, new recruits, students and other clinical personnel are assessed, screened and vaccinated against the infectious diseases specified in the policy directive.

A number of information sheets and forms have been developed to help you to understand and comply with the requirements of this policy. These sheets are provided as a guide. Further information is available in the full policy.

- |                      |   |
|----------------------|---|
| Information Sheet 1. | Risk Categorisation Guidelines  |
| Information Sheet 2. | Checklist: Evidence Required from Category A Applicants                                 |
| Information Sheet 3. | Specified Infectious Diseases – Risks, Consequences of Exposure and Protective Measures |
| Form 2.              | Tuberculosis (TB) Screening Assessment Tool   |
| Form 3.              | Student Undertaking/Declaration   |

You are advised to take these Information Sheets with you, along with your *Health Care Worker/Student Vaccination Record Card\**, when you consult your local doctor for vaccination(s). You are also advised to undertake all vaccinations and screening (if required) as soon as possible, as fulfilling some of these requirements may take several months to complete. (\*Copies available from the Better Health Centre Publications Warehouse on Telephone: (02) 9887 5450 or Fax: (02) 9887 5452.)

**All students must complete each part of *Form 2: Tuberculosis (TB) Screening Assessment Tool* and *Form 3: Student Undertaking/Declaration Form* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment.** (Parent/guardian to sign if student is under 18 years of age.) Students will not be permitted to attend clinical placement if they have not submitted *Form 2* and *Form 3*. Your educational institution will forward a copy of these forms to the health service for assessment.

Failure to complete the requirements of the policy directive within the specified timeframes will result in suspension from attending clinical placements in the NSW Health system and may jeopardise your course of study.

Further information can be obtained from <http://www.health.nsw.gov.au/immunisation/Pages/oasv.aspx>).

If you have any queries about the above requirements, you should, in the first instance, speak to your course coordinator.

## FORM 1. – New Recruit Undertaking/Declaration

- All new recruits must **complete each part of this *New Recruit Undertaking/Declaration Form*** and the ***Tuberculosis (TB) Screening Assessment Tool*** and return these forms to the employing health facility as soon as possible. The health service will assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.
- New recruits will not be permitted to commence duties if they have not submitted a *New Recruit Undertaking/ Declaration Form* and a *Form 2: Tuberculosis Assessment Tool*.
- Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in serious consequences and may affect the new recruit's employment status.

**Part 1**  I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

**Part 2**  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

**OR**

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.

**Part 3** I have evidence of protection for:

<input type="checkbox"/> pertussis	<input type="checkbox"/> diphtheria	<input type="checkbox"/> tetanus	<input type="checkbox"/>
<input type="checkbox"/> varicella	<input type="checkbox"/> measles	<input type="checkbox"/> mumps	<input type="checkbox"/> rubella

**Part 4**  I have evidence of protection for hepatitis B

**OR**

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 *Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of appointment/commencement of duties.

**Part 5**  I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer *Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures*) and agree to comply with the protective measures required by the health service.

**I declare that the information I have provided is correct**

Name \_\_\_\_\_

Phone or Email \_\_\_\_\_

Health Service/Facility \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORM 2. – Tuberculosis (TB) assessment tool**

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>.
- The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- **New recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit’s employment status
- **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

**Clinical History**

Cough for longer than 2 weeks                      Yes     No

**Please provide information below if you have any of the following symptoms:**

Haemoptysis (coughing blood)                      Yes     No

Fevers / Chills / Temperatures                      Yes     No

Night Sweats    Yes     No

Fatigue / Weakness                                      Yes     No

Anorexia (loss of appetite)                              Yes     No

Unexplained Weight Loss                              Yes     No

**Assessment of risk of TB infection**

**Were you born outside Australia?**

Yes     No

If yes, where were you born?

.....

**Have you lived or travelled overseas?**

Yes     No

Country	Amount of time lived/ travelled in country
---------	---

.....

.....

.....

**Have you ever had:**

**Contact with a person known to have TB?**

If yes, provide details below                      Yes     No

**Have you ever had:**

**TB Screening**

Yes     No

If yes, provide details below and attach documentation

If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

**I declare that the information I have provided is correct**

**Name** \_\_\_\_\_

**Phone or Email** \_\_\_\_\_

**Student ID (or date of birth)** \_\_\_\_\_

**Educational institution (student)** \_\_\_\_\_

**Health Service/Facility (new recruit)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### FORM 3. – Student Undertaking/Declaration

**All students** must complete each part of this *Form 3: Student Undertaking/Declaration Form* and the *Form 2: Tuberculosis (TB) Screening Assessment Tool* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment. (Parent/guardian to sign if student is under 18 years of age.)

Students will not be permitted to attend clinical placements if they have not submitted *Form 3: Student Undertaking/Declaration Form* and *Form 2: Tuberculosis Assessment Tool*.

Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements and may jeopardise the student's course of study.

**The educational institution will:**

- ensure that all students whom they refer to a health service for clinical placement have submitted these forms, and
- forward the original or a copy of these forms to the health service for assessment.

**The health service will:**

- assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

**Part 1**  I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

**Part 2**  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.

**OR**

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.

**Part 3** I have evidence of protection for:  pertussis  diphtheria  tetanus  
 varicella  measles  mumps  rubella

**Part 4**  I have evidence of protection for hepatitis B.

**OR**

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 *Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of commencement of enrolment.

**Part 5**  I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer *Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures*) and agree to comply with the protective measures required by the health service.

**I declare that the information I have provided is correct**

Name \_\_\_\_\_

Phone or Email \_\_\_\_\_

Date of Birth or Student ID \_\_\_\_\_

Educational institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_