

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

**Summary** Framework for the assessment, screening and vaccination of healthcare worker, students and other personnel to minimise the risk of transmission of diseases.

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

### POLICY STATEMENT

All NSW Health organisations must establish systems to ensure that all health care workers are appropriately assessed, screened and vaccinated to minimise the risk of transmission of vaccine-preventable diseases.

These diseases include diphtheria, tetanus and pertussis, hepatitis B, measles, mumps, rubella, varicella, tuberculosis and influenza.

### SUMMARY OF POLICY REQUIREMENTS

All new recruits, other clinical personnel, volunteers, agency staff and students must be assessed as compliant (or temporary compliant) before they commence employment or attend clinical placements in NSW Health facilities.

Each NSW Health agency must ensure that resources and appropriately trained assessors are provided to conduct assessments of compliance.

Workers who have been granted temporary compliance must complete an undertaking/declaration form and comply with the requirements within 6 months.

Compliance must include the provision of the *Tuberculosis (TB) Assessment Tool* for assessment by the NSW Health agency. Compliance with the policy is at the individual's own cost (except for TB clinical review where required).

Workers employed in existing positions must be informed of the requirements of the policy directive and any assessments, screening and vaccinations required to meet compliance must be provided as required at no cost to the worker.

Ongoing compliance includes a dTpa booster every 10 years.

All job advertisements must advise potential applicants of the requirements of the policy directive and new and existing position descriptions must include the designated risk category of the position.

All students must be advised of the requirements of the policy prior to and at enrolment/commencement of the course.

Compliance details must be recorded in VaxLink or ClinConnect (students and facilitators).

### REVISION HISTORY

Version	Approved by	Amendment notes
May-2020 (PD2020_017)	Acting Executive Director, Health Protection	Minor amendment to section 2.6 to remove the requirement that students are assessed for TB compliance within 4 months of their first clinical placement
May-2020 (PD2020_016)	Deputy Secretary, Population and Public Health	Mandatory influenza vaccination requirements for workers in Multi-Purpose Services and State Government residential aged care facilities

		Enhanced TB control measures introduced including more comprehensive TB assessment and tighter rules around the granting of temporary TB compliance Updated monitoring and performance indicators Inclusion of additional documents that can be used to demonstrate compliance
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.

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## **1 BACKGROUND**

### **1.1 About this document**

Transmission of vaccine preventable diseases (VPDs) and tuberculosis (TB) in health care 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.

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.

### **1.2 Key definitions**

#### **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 assessor**

A person designated by the health agency as having the appropriate skills to competently assess a worker's compliancy status. This may be 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. A My Health Learning module is available in HETI.

#### **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 Appendix 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 Appendix 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.

### **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 and are therefore considered a persistent hepatitis B non-responder).

Compliance must be recorded in either the VaxLink (workers and volunteers) or ClinConnect database (students and clinical facilitators). 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 Appendix 4 *Checklist: Evidence required from Category A Applicants* and Section 3 *TB Assessment and Screening*.

The trained assessor must be satisfied that the evidence is from a legitimate source i.e. provided on appropriate letter head, from a recognised source such as the Australian Immunisation Register, or on a *NSW Health Vaccination Record Card for Health Care*

*Workers and Students* that has been dated and stamped by a doctor/Authorised Nurse Immuniser

### **Exposure prone procedure (EPP)**

Clinical practices where there is a risk of injury to the health care worker (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 and who is employed by the Education Provider. 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.

### **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).



### **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.

### **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. Refer to *The Australian Immunisation Handbook*.

### **New recruit**

A person who is applying for a position in a NSW Health agency on a permanent, temporary or casual basis. 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**

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

### **Number of incumbents in positions**

The total number of people who are assigned to positions within a location. In order to reflect Stafflink/VaxLink calculations this will include individuals multiple times if they are employed in multiple assignments i.e. they will be counted for each position they are assigned against. One FTE may have multiple individuals assigned to it.

### **Other clinical personnel**

Persons who are not permanently, temporarily or casually employed by NSW Health agencies (see 'New recruits' and 'Position') but are contracted or sub-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).

### **Risk categorisation**

The process of classifying a position according to the risk of transmission of the specified infectious diseases to the clients. Positions are to be categorised by the NSW Health Agency and must be categorised as either Category A, Category A High Risk or Category B. Refer to Appendix 1 *Risk Categorisation Guidelines* for detailed information.

## **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.

## **Tuberculosis (TB)**

Infection or illness primarily caused by *Mycobacterium tuberculosis* (*M. 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:

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx>

### *TB infection*

The presence of *M. tuberculosis* infection without the signs or symptoms associated with TB disease. Also referred to as latent TB infection (LTBI).

### *TB assessment*

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*

The administration and interpretation of tests to exclude 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*

A review by a TB Service (Chest Clinic) clinician to exclude TB disease in a person who has a positive TB screening test, and/or symptoms associated with TB disease. A chest X-ray (CXR) is required before or at the time of TB review.

### *TB compliance*

When the student or worker has completed the TB Assessment and if required, completed TB Screening and/or TB clinical review. Where TB clinical review is required, TB compliance is determined by the TB Service (Chest Clinic).

### *TB service clinician*

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)*

A skin test that measures cell mediated immune responsiveness to tuberculin purified protein derivative to identify people likely to be infected with *M. tuberculosis*.

**Unprotected**

The person is not compliant with the requirements of this policy directive and is therefore 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 Appendix 4 *Checklists: Evidence Required from Category A Applicants*.

**Vaccination Record**

Includes an Immunisation History Statement from the Australian Immunisation Register (AIR), a childhood blue book or a letter from a doctor (on practice letterhead).

**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 <https://translating.homeaffairs.gov.au/en>, or using a local translation service.

**Vaccine non-responder**

A person who has been fully vaccinated against hepatitis B according to Appendix 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).

**VaxLink**

A state-wide database within StaffLink that enables Health Agencies to record vaccination and pathology information and compliancy status for all workers.

**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**

- *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)*

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. All NSW Health agencies have a duty of care and a responsibility under work health and safety legislation to control and minimise risks.

## **2 RESPONSIBILITIES**

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 Appendix 1 *Risk Categorisation Guidelines* (Category B position specifications are also detailed in Appendix 1).

Compliance status and evidence must be recorded in VaxLink or ClinConnect (students).

### **2.1 NSW Health agencies**

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

- Category A
- Category A High Risk
- Category B

All job advertisements must advise potential applicants of the requirements of the policy directive and 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. A training module is available in My Health Learning to educate trained assessors.

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 (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 Appendix 4 *Checklist: Evidence required for Category A Applicants*). Compliant existing workers who apply for a new position of the same category do not require reassessment or screening.

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*.

Compliance assessments must only be performed by appropriately trained assessors.

Vaccination details and pathology results must be entered into the relevant VaxLink screens and the results of the compliancy assessment entered into the compliancy information screen.

Workers employed in existing positions that transfer/apply for a higher risk categorised position e.g. Category A positions that transfer to/apply for a new Category A High Risk position (as specified in Appendix 1 *Risk Categorisation Guidelines*) must be made aware of the mandatory annual influenza vaccination requirement.

Non-compliant workers employed in existing positions who are applying for a higher risk categorised position must be reassessed by the recruiting NSW Health agency 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 NSW Health agency.

Existing compliant workers who are due for a dTpa booster must be vaccinated before the due date of this booster. 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 recorded in VaxLink so that the next NSW Health agency has access to this information prior to commencement of the rotation.

Students who have been assessed with the requirements of the policy directive must have their record in ClinConnect updated. Students who have commenced, but not yet completed, their hepatitis B vaccinations 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. Those who do not meet this requirement must be managed in accordance with Section 11 *non-participating workers and vaccine refusers*.

Each worker's compliance status must be entered into VaxLink or ClinConnect (students and facilitators) as appropriate.

NSW Health agencies that use an alternative system to VaxLink must ensure that they have developed processes at their own cost to transfer all required compliance evidence to VaxLink at an interval of at least monthly.

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**

Existing workers must comply with the requirements of this policy, or submit a *Non-participation Form* (Appendix 3, 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.

Existing compliant workers who are due for a dTpa booster must be vaccinated before the due date of this booster. Those who do not meet this requirement must be managed in accordance with Section 11 *non-participating workers and vaccine refusers*.

Existing compliant workers are responsible for informing their employer/educational provider and submitting a new Tuberculosis Assessment Tool (Appendix 7) if they have travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB or have had known TB exposure since their last TB assessment.

## **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/Category A High Risk 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



- Provide evidence of protection as specified in key definitions and include all compliance requirements for this policy based on Appendix 4.
- Complete and submit to the health facility Appendix 6 Undertaking/ Declaration Form and Appendix 7 *Tuberculosis (TB) Assessment Tool* which are essential components of compliance with this policy directive
- If a Vaccination Record Card for Health Care Workers and Students is used, the new recruit or clinical personnel must attend their local doctor or immunisation provider for assessment of their compliance with this policy (based on Appendix 4). The doctor/nurse immuniser is responsible for completing the vaccination record card (not the new recruit/other clinical personnel is not to complete the vaccination, serology or TB assessment records). The doctor/nurse must sign and apply the practice stamp to the vaccination record card. Batch numbers should be recorded where available.
- Submit required evidence of protection 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* Appendix 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 NSW Health agency) as specified Section 12 *Termination of Employment*, and;
- submitted the *Tuberculosis (TB) Assessment Tool* form (Appendix 7) and have been assessed by the NSW Health agency as requiring TB clinical review, they may only commence work if they have no symptoms suggestive of TB disease, have had a chest X-ray reporting no evidence of active TB disease and have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB Service (Chest Clinic) should be accepted as evidence of booking.

New recruits applying for a Category A or Category A High Risk position who have a medical contraindication which means they cannot demonstrate dTpa, MMR or varicella vaccination or proof of immunity must not be employed in a Category A/Category A High Risk clinical area as specified in Appendix 1 *Risk Categorisation Guidelines*.

Workers with a medical contraindication to hepatitis B vaccine may be employed in Category A/Category A 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
- be provided with information regarding management in the event of body substance exposure
- provide a signed declaration as specified in part 4 of Appendix 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
- adhere to the testing requirements of PD2019\_026 *Management of health care workers with a blood borne virus and those doing exposure prone procedures* (if undertaking exposure prone procedures).

## **2.4 Laboratory and post-mortem personnel**

In addition to the requirements specified above, new and existing workers employed in laboratory positions must comply with this policy directive. They may also have additional vaccination requirements as determined by the scope of their laboratory practice.

Laboratories must have documented local protocols 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*.

## **2.5 Volunteers**

Volunteer positions must be assessed and categorised in accordance with Appendix 1 *Risk Categorisation Guidelines*. If volunteer positions are categorised as Category A or Category A High Risk, they 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 also complete and submit to the health facility Appendix 6 *Undertaking/ Declaration Form* and Appendix 7 *Tuberculosis (TB) Assessment Tool* which are essential components of compliance with this policy directive.

Volunteers must submit updated documentation to the health service for further assessment where 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* Appendix 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 NSW Health agency) with the health agency, and;

- submitted the *Tuberculosis (TB) Assessment Tool* form (Appendix 7) and have been assessed by the NSW Health agency as requiring TB clinical review, they may only commence duties if they have no symptoms suggestive of TB disease, have had a chest X-ray reporting no evidence of active TB disease and have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB Service (Chest Clinic) should be accepted as evidence of booking.

Volunteers who do not consent to participate in assessment, screening and vaccination must not commence duties in a NSW Health facility.

## **2.6 Students**

All students who undertake clinical placements within NSW Health facilities are considered Category A or Category A High Risk 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.

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 Appendix 4).
- make available their evidence of compliance (refer to Appendix 4 and the *Undertaking/Declaration Form* (Appendix 6) for assessment by the NSW Health agency on enrolment or during their first 12 months of study.
- complete and make available the *Tuberculosis (TB) Assessment Tool* (Appendix 7) for assessment by the NSW Health agency;
- submit updated documentation to the health service for further assessment as requested and as outlined in this policy directive.

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.

If a vaccination record card for healthcare workers and students is used, a doctor, nurse immuniser or pharmacist vaccinator (for authorised vaccines only) is responsible for completing it. The doctor/nurse must sign each individual entry and apply the practice stamp (or document name, role and practice name / location) to the vaccination record card. Batch numbers are to be recorded where available.

Students must only attend a clinical placement if they are assessed as being compliant or temporary compliant. ClinConnect will cancel their placement 7 days before commencement if they are not compliant, or if their full compliance or temporary compliance will expire before the start date of the placement.

Student's whose temporary compliance expires during their placement must show evidence of meeting the full compliance requirements of this Policy before their

temporary compliance expires. If the student cannot be assessed as fully compliant upon temporary compliance expiry, then the student is to be removed from the placement.

Secondary school students, including those undertaking TAFE-delivered vocational education and training (TVET) for schools, must be compliant with the requirements of this Policy. Students who are under 18 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:

- 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). 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* (Appendix 6), and;
- submitted the *Tuberculosis (TB) Assessment Tool* form (Appendix 7) and have been assessed by the NSW Health agency as requiring TB clinical review, they may only commence duties if they have no symptoms suggestive of TB disease, have had a chest X-ray reporting no evidence of active TB disease and have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB Service (Chest Clinic) should be accepted as evidence of booking.

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.

Students who attend their first clinical placement in the later years of their course (i.e. not during their first year) must be assessed in the 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.

Annual influenza vaccine is strongly recommended for all students (at their own cost) and is a requirement for students attending placement in a Category A High Risk area. Students attending placements in Category A High Risk positions must receive the current southern hemisphere influenza vaccine.

Students who transfer from overseas or interstate to a NSW education provider beyond their first year of study are to be assessed (as compliant or temporarily compliant) in the first year that they are a student in NSW.

The decision to allow students who have not been assessed in their first year who are studying with an interstate or overseas education provider and request to attend a clinical placement in NSW should be determined on a case by case basis. They must be assessed before attending a placement in a NSW agency.

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:

- 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). 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* (Appendix 6), and;
- submitted the *Tuberculosis (TB) Assessment Tool* (Appendix 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. A letter or email of the appointment details from a NSW TB Service (Chest Clinic) should be accepted as evidence of booking.

Students/overseas students/medical graduates who perform exposure prone procedures must be aware of their status in relation to blood borne virus infection and be managed according to NSW Health Policy Directive *PD2019\_026 Management of healthcare workers with a blood borne virus and those doing exposure prone procedures* 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 are to minimise exposures and be advised about the need for hepatitis B immunoglobulin within 72 hours of parenteral or mucosal exposure to HBV. These students are to be considered compliant with the policy.

## **2.7 Education providers**

Education providers (EPs) are required to 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 are to 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 are to be provided.

EPs are required to ensure that all students have completed and returned all of the required documentation as specified in this policy directive including the

*Undertaking/Declaration Form* (Appendix 6) and the *Tuberculosis (TB) Assessment Tool* (Appendix 7) at enrolment or during their first year of study.

EPs are expected to ensure that only students who hold a current ClinConnect verification attend 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 or the placement will be cancelled.

Students enrolled in a combined degree are to be assessed prior to or during the first 12 months of the relevant clinical 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 are 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.

Students who transfer from overseas or interstate to a NSW education provider beyond their first year of study are to be assessed (as compliant or temporarily compliant) in the first year that they are a student in NSW.

The decision to allow students who have not been assessed in their first year who are studying with an interstate or overseas education provider and request to attend a clinical placement in NSW should be determined on a case by case basis. They must be assessed before attending a placement in a NSW agency.

## **2.8 Recruitment agencies**

Recruitment agencies are required to ensure all workers are informed of the requirements of the policy directive and ensure that all workers have completed the *Undertaking/Declaration Form* (Appendix 6) and *Tuberculosis (TB) Assessment Tool* (Appendix 7) and have evidence of protection against the specified diseases.

NSW Health agencies are required to ensure that recruitment agencies only refer workers that comply with the requirements of this Policy to a NSW Health agency.

## **3 TB ASSESSMENT AND SCREENING**

Refer to *Appendix 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* (Appendix 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, volunteers and students are responsible for informing their employer/educational provider and submitting a new *Tuberculosis Assessment Tool* (Appendix 7) if they have travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB or have had known TB exposure since their last TB assessment and was not screened as a contact. 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. identify active TB or TB infection in health care workers to facilitate preventive treatment and/or monitoring, and;
- ii. establish a baseline TB infection status to assist with assessment should the person be exposed to TB in the future.

TB screening is required if the person:

- 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.
- 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.
- 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.
- 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.
- 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 and was not screened as a contact.

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 have not travelled to high-TB-incidence countries. For the purposes of this policy directive it is assumed that such workers have not been infected with TB.

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

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



### **3.3 Routine recurrent TB screening**

Routine recurrent TB screening is not recommended for all health care workers. However, recurrent screening and review, generally undertaken on an annual basis, may be considered for workers with negative pre-employment TB screening, who are 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 NSW Health agency TB service.

A TB clinical review, including chest x-ray, is indicated in workers, students and other clinical personnel in these settings that develop a positive TST test or positive IGRA. Where a worker has previously has a positive TB screening test, annual chest X-ray and clinical surveillance for active TB should be undertaken.

### **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;
- 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:

- answered yes to any question within part A of the *Tuberculosis Assessment Tool*, or;
- 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, students and volunteers 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.

A laboratory report indicating a negative IGRA result can be signed off as compliant by an appropriately trained assessor. If the result is positive the worker will need to be referred to a TB Service (Chest Clinic) for a chest x-ray and clinical review.

All new recruits, students and volunteers who have a positive TST or IGRA need to be referred for a chest x-ray and clinical review at a TB Service (Chest Clinic). This review is required to assess an individual's risk of progressing from TB infection to disease, to provide education on disease progression, and consider the use of preventive therapy for each individual.

Recurrent TB screening is to use the same test for TB infection used at baseline screening.

All new recruits and students are required to meet the cost of initial TB screening (TST or IGRA test). Those that have a positive TST or IGRA should be referred for a chest x-ray and clinical review at a TB Service (Chest Clinic).

A positive TST or IGRA indicates that follow up is required for active or latent TB, and as per the *Principles for the Management of Tuberculosis in New South Wales* (PD2014\_050), all investigations for cases, or suspected cases, of TB (active or latent) carried out through admitted patient and non-admitted patient services (including ambulatory care services) in NSW public hospitals and health facilities must be provided free of charge to the patient. This includes chest x-ray and clinical review following a positive TST or IGRA undertaken to fulfill the requirements of this policy directive.

### **3.6 Outcomes from the TB assessment, screening and clinical review processes**

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

- will be referred immediately to the local TB Service for TB clinical review where answers in Part A of the Tuberculosis Assessment Tool indicate symptoms which need to be assessed to rule out TB disease.
- who answer 'yes' to any question in Part B of the *Tuberculosis Assessment Tool*, e.g. previous TB screening, diagnosed with TB (active or latent) in the past or immunosuppression due to a medical condition or medication, will have an individualised management plan developed in collaboration with the local TB service to facilitate commencement of employment/clinical placement.
- will be granted TB compliance where the TB assessment indicates that TB screening is not required – i.e. answers 'no' to all questions in parts A, B and C of the Tuberculosis Assessment Tool.
- will be required to undergo TB screening if answered 'yes' to any question in Part C of the Tuberculosis Assessment Tool
- will be granted TB compliance where TB screening demonstrates no evidence of TB infection.
- who have evidence of TB infection (a positive TB screening test), are referred to the local TB Service for TB clinical review to exclude TB disease and/or for consideration of preventive treatment.
- who have been assessed by the NSW Health agency as requiring TB clinical review may only commence work or the first clinical placement if they have no symptoms suggestive of TB disease, have had a chest X-ray reporting no evidence of TB disease and have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB Service (Chest Clinic) is to be accepted as evidence of booking. If the above conditions are met, in the interim period until TB clinical review, temporary TB compliance can be granted to allow for commencement of employment or clinical placement.

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 can be granted.

TB compliance may be revoked in the event of non-adherence to the recommendations of the TB Service regarding preventive therapy, chest x-ray and clinical surveillance.

## **4 ANNUAL INFLUENZA VACCINATION PROGRAM**

In addition to complying with the requirements for Category A positions, all workers, students and other clinical personnel in a Category A High Risk position (as defined in Appendix 1 *Risk Categorisation Guidelines*) must also provide evidence of having received the current southern hemisphere 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. Students must obtain the influenza vaccination at their own cost.

All influenza vaccinations administered through the NSW Health program must be entered into VaxLink (or ClinConnect for students and facilitators).

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, students and other clinical personnel 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 Appendix 1) or be deployed to a non-high-risk clinical area (see Section 9 *Risk Management*).

Workers, students and other clinical personnel employed in Category A High Risk positions who refuse annual influenza vaccination (other than those with a recognised medical contraindication to influenza vaccine. Also refer to Section 4.1 for workers in aged care facilities) 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 Appendix 1 *Risk Categorisation Guidelines*), or be deployed to a non-high



risk clinical area (see Section 9 *Risk Management*). This must be documented in VaxLink.

Workers who are unable or refuse to be vaccinated (who are not re-deployed to a lower risk area) must wear a level 2 fluid resistant mask that has either ear loops or ties. It must be applied in accordance with the manufacturer's instructions and workers should ensure that it covers their mouth, nose and chin. Masks are for single use and should be discarded once removed. Masks should never be stored in pockets or be left hanging around the worker's neck.

The mask must be worn when providing clinical care, or when within one metre of a patient. The mask is to be discarded and a new mask used if it becomes soiled or wet.

#### **4.1 Legal requirements for influenza vaccination prior to entry into residential aged care facilities**

Where there is a legal requirement (for example, under a public health order issued under the Public Health Act 2010) for a person to receive an up-to-date vaccine against influenza prior to entry to a residential aged care facility, workers employed in a NSW Health "residential aged care facility"<sup>2</sup>, must be vaccinated with the current southern hemisphere vaccine provided that the vaccine is available to the worker. The requirement also applies to NSW Health staff who visits any government or non-government residential aged care facilities as part of their duties. Examples include, but are not limited to, patient transport services, community nursing, and palliative care teams.

If the worker has a recognised medical contraindication as per *The Australian Immunisation Handbook* the vaccine will not be considered "available to the worker. In such a case, the worker must provide a medical certificate and wear a surgical/procedural mask while providing patient care in the facility or be re-deployed while the legal requirement is in force. If a staff member is required to attend a residential aged care facility in an emergency, it will be reasonable for the staff member to attend the facility even if the worker has not been vaccinated.

Workers employed in a NSW Health "residential aged care facility", or those who routinely work in such facilities, who refuse to be vaccinated must not work in the facility while the legal requirement is in force. Provisions for Chief Executive discretion as specified in section 9.2 *Chief Executive Discretion* and in Appendix 2: *Risk Management Framework (RMF) under CE Discretion* do not apply. Workers should be managed in accordance with section 11 *Non-Participating Workers and Vaccine Refusers* and section 12 *Termination of Employment of Vaccine Refusers*

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<sup>2</sup> A residential aged care facility means a facility at which the following services are provided to a person in relation to whom a residential care subsidy or flexible care subsidy is payable under the Aged Care Act 1997 of the Commonwealth  
(a) accommodation,  
(b) personal care or nursing care

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

Workers, volunteers and other clinical personnel who are unable to be vaccinated (does not apply to the influenza vaccine) 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 NSW Health agency assessor) and their compliance (for example, a letter from their doctor).

Should the NSW Health agency 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 NSW Health agency and risk managed as appropriate (refer to Section 9 *Risk Management*).

Should the NSW Health agency require a further medical assessment for new recruits and other clinical personnel, they must undergo the required 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 Category A/Category A High Risk clinical areas (unless Chief Executive discretion has been granted) as specified in the *Risk Categorisation Guidelines* (Appendix 1), except for workers with a medical contraindication to hepatitis B vaccine. Workers with a medical contraindication to hepatitis B vaccine may be employed in high risk areas and/or have contact with high risk patients.

All information and documentation concerning the medical contraindication is to be treated confidentially and managed in line with the Health Privacy Information Principles.

Workers already employed in an existing Category A position who have a medical contraindication to vaccination are to 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 following 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 vaccinations and serology. 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 are to 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 Appendix 2 *Risk Management Framework (RMF) under CE Discretionary Power*.

Persistent hepatitis B non-responders (as specified in the online edition of *The Australian Immunisation Handbook*) are to be considered compliant with the policy and do not require a CE exemption, but must be managed in accordance with the *Risk Management Framework (RMF) under CE Discretionary Power (Appendix 2)*.

The NSW Health agency must ensure that detailed information is provided to employees 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 in VaxLink.

The worker must provide a declaration as detailed in the *Undertaking/Declaration Form* (Appendix 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 Vaccination Declaration* (Appendix 9) and the appropriately trained assessor must be satisfied that an 'age appropriate' complete vaccination history has been provided. The vaccination declaration should include details 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:

### **6.1 Hepatitis B vaccination schedules**

#### **6.1.1 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 as stated in the online *Australian Immunisation Handbook*

An accelerated hepatitis B vaccination schedule must not be accepted.

### **6.1.2 Adolescent hepatitis B vaccination schedule**

The National Health and Medical Research Council 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.

### **6.1.3 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 online *Australian Immunisation Handbook* for assessment of completion of a primary course of hepatitis B vaccine given in infancy.

## **7 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.
- Where there is an uncertain history of completion of a two-dose course of MMR vaccination for those born during or after 1966, the worker may have serology performed or complete a two-dose course of vaccination.
- Where there is a negative/uncertain history of completion of prior VZV vaccination course, the worker may have pre-vaccination serology performed or complete a two-dose course of vaccination. The online *Australian Immunisation Handbook* does not recommend testing to check for seroconversion *after* a documented appropriate course of varicella vaccination. 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) is to be assumed if a worker has documented evidence of receipt of age-appropriate dose(s) of a varicella-containing vaccine (includes workers aged 50 years and over who have received a dose of Zostavax). 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.

An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella. A verbal statement of previous disease must not be accepted.

Serology **MUST NOT** be performed to detect pertussis immunity.

Serology is **NOT REQUIRED** following completion of a documented MMR or VZV vaccination course.

Where a worker presents 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.

Where a worker presents with a vaccination record of complete vaccination against MMR and a serology result post-vaccination indicating negative/equivocal/borderline/low positive immunity to one or more of the diseases, they must receive a booster MMR vaccine and no further serology is required.

Serology in those born prior to 1966 is not required or recommended, however, if a worker with a birth date before 1966 has a negative/equivocal/borderline/low positive serology for measles, mumps or rubella, they must receive two doses of MMR vaccine. No further serology is required.

Rubella serology results are provided as a numerical value and include the immunity status indicated on the laboratory report. Numeric levels reported from different laboratories are not comparable. The interpretation of the result and any clinical advice given in the laboratory's report must be followed e.g. booster vaccination if low levels of rubella IgG are detected.

If a worker presents with **no** history of MMR vaccination, along with a serology result indicating negative/equivocal/borderline/low positive 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.

If a worker presents with a history of one dose of MMR vaccination, along with a serology result indicating negative/equivocal/borderline immunity to one or more of the diseases, they must receive one further dose of MMR vaccine and no further serology is required.



## **8 VACCINATION RECORD CARD FOR HEALTH CARE WORKERS AND STUDENTS**

A *NSW Health Vaccination Record Card for Health Care Workers and 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:

Email: [NSLHD-BHC@health.nsw.gov.au](mailto:NSLHD-BHC@health.nsw.gov.au)

Telephone: (02) 9887 5450

Fax: (02) 9887 5452

**Note:** Scanned or facsimile copies of vaccination and/or serology can be accepted, however original documentation must be provided to the health agency for further verification if 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 Appendix 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 Appendix 2 *Risk Management Framework (RMF)*.

### **9.1 Reassignment of unprotected/unscreened existing workers**

NSW Health agencies must ensure that existing workers employed in all Category A and Category A High Risk positions who are not fully protected against the specified infectious diseases in this Policy, or who have not been screened for TB (where indicated), do not work in Category A or Category A High Risk areas (as specified in Appendix 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>3</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 exposure prone 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 Appendix 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

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<sup>3</sup> Appropriate areas of non-high risk may depend on the disease(s) against which the worker is not protected. Refer to Appendix 1.

to Section 11 *Non-participating workers and vaccine refusers* and Section 12 *Termination of Employment*.

The NSW Health agency 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.

## **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 is to manage a worker with medical contraindications under a risk management plan (as described in Appendix 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 Appendix 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 Appendix 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**

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 NSW Health agency), 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 NSW Health agency), other clinical personnel and students must pay the costs associated with additional medical assessments (for example, vaccine non-responders or medical contraindications to vaccination). There is also no cost to workers 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 NSW Health agency), 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 NSW Health agency 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 or commence duties in a Category A or Category A High Risk position, or in a position covered by Section 4.1 of this policy, or attend clinical placements in a NSW Health facility. Influenza vaccination is not included in this requirement except for workers covered by Section 4.1 of this policy.

*An undertaking to participate* (Appendix 6) is an essential part of compliance with the policy directive.

Existing workers in Category A positions (does not include workers covered by Section 4.1) that do not comply with the requirements of this policy directive must submit *Non-Participation Form* (Appendix 3) 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.

## **12 TERMINATION OF EMPLOYMENT OF VACCINE REFUSERS**

Where all other alternatives for redeployment have been exhausted and the risk of transmission cannot be acceptably managed, or any legal requirements cannot be met in relation to influenza vaccinations in residential aged care facilities, the NSW Health agency reserves the right to terminate workers employed in any existing Category A and Category A High Risk positions or in a position covered by Section 4.1 of this policy who refuse to comply with the policy's assessment, screening and vaccination requirements.

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

## **13 RECORDS MANAGEMENT**

All vaccinations (including annual influenza vaccinations) administered to workers employed in existing positions and volunteers must be recorded in VaxLink and should also be reported to the Australian Immunisation Register (AIR). Each worker's Medicare number will be required to report to the AIR<sup>4</sup>.

The NSW Health agency is to identify appropriate personnel to be responsible for recording the assessment, screening and vaccination results of each worker in the AIR and VaxLink or ClinConnect (record compliance status only for students and clinical facilitators) as appropriate. Workers who do not want their screening/diagnostic results entered into the AIR and/or VaxLink should have this recorded in Vaxlink.

Vaccination records (for example the *NSW Health Vaccination Record Card for Health Care Workers and Students*) and/or other documentation such as serology results can be uploaded as attachments into VaxLink (once this function is available).

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<sup>4</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@health.nsw.gov.au](mailto:VaccReports@health.nsw.gov.au)

If a complete compliance record is available in VaxLink, compliant workers do not require reassessment when they move between NSW Health agencies, unless required in accordance with this policy.

### **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 specified 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 are to 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 is to 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 is to be managed in accordance with the appropriate retention and disposal authorities for personnel records.

During the course of assessment of a student, education providers may collect information (including documents) on a student's compliance with the requirements of the policy, and may pass that information on to a NSW Health agency who may be assessing the student's compliance or where the student intends to undertake clinical placement. Collection, storage, use and transfer of such information is to be undertaken in a confidential manner in accordance with that education provider's policies on records and privacy.

Each NSW Health agency is responsible for ensuring that all workers who attend a NSW Health facility, including agency, casually employed 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**

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 (number of incumbents in positions – see definitions)
- percentage of Category A and Category A High Risk workers in existing positions who have been assessed against the requirements of the policy

# OCCUPATIONAL ASSESSMENT SCREENING AND VACCINATION AGAINST SPECIFIED INFECTIOUS DISEASES

- percentage of persons in existing Category A and Category A High Risk positions who are compliant with the policy
- percentage of Category A High Risk workers vaccinated for influenza, wearing a mask and/or re-deployed
- number of persons in existing Category A and Category A High Risk positions being risk managed at the discretion of the CE under a risk management framework (excludes persistent non-responders to hepatitis B and workers in Category High Risk positions that are not vaccinated for influenza).

A reporting template is provided in Appendix 10.

Priority must be given to assessment of workers employed in existing Category A High Risk positions (refer to Appendix 1 *Risk Categorisation Guidelines*).

## 15 RELATED POLICIES, GUIDELINES AND OTHER DOCUMENTS

### 15.1 Policy Directives

Reference	Title
PD2019_026	Management of health care workers with a blood borne virus and those doing exposure prone procedures
PD2005_406	Consent to Medical Treatment - Patient Information
PD2007_075	Lookback Policy
PD2014_050	Principles for the Management of Tuberculosis in NSW (or subsequent iterations)
PD2009_005	Tuberculin Skin Testing (or subsequent iterations)
PD2019_006	Employment and Management of Locum Medical Officers by NSW Public Health Organisations
PD2018_013	Workplace Health and Safety: Better Practice Procedures
PD2015_011	Immunisation Services – Authority for Registered Nurses and Midwives
PD2017_040	Recruitment and Selection of Staff to the NSW Health Service
PD2015_036	Privacy Management Plan
PD2019_027	Employment Arrangements for Medical Officers in the NSW Public Health Service
PD2016_057	Clinical Placements in NSW Health Policy

# OCCUPATIONAL ASSESSMENT SCREENING AND VACCINATION AGAINST SPECIFIED INFECTIOUS DISEASES

PD2017_010	HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed
PD2017_013	Infection Prevention and Control Policy

## 15.2 Guidelines

Reference	Title
GL2005_020	Work Experience Programs in NSW Public Health System (Guidelines for Provision of)
GL2019_007	Work Health and Safety – Other Workers Engagement
GL2018_009	Guidelines for Clinical Placements in NSW Health

Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses

<https://www1.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>

## 15.3 Other Resources

New South Wales Immunisation Specialist Service (NSWISS)

<http://ncirs.org.au/nswiss>

NSW Health Hepatitis B fact sheet:

[https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis\\_b.aspx](https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx)

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 (online edition)

<https://immunisationhandbook.health.gov.au/>

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

Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

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## **16 APPENDIX LIST**

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
10. Compliance reporting template

## Appendix 1: Risk Categorisation Guidelines

### CATEGORY A

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

OR

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);
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 the current southern hemisphere 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
6. Multipurpose Services (NSW Health)
7. NSW Health Residential aged care facilities (except when special provisions under 4.1 apply)

\* Applies to:

- workers in associated community settings whose usual clients include infants, pregnant women, transplant or oncology patients.
- workers that are required to work in a variety of areas or change location on a rotating basis who may be required to work in Category A High Risk areas
- workers who are posted to or predominately work in Category A High Risk 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)

## Appendix 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><u>MEASLES</u></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 Appendix 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><u>MUMPS</u></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><u>RUBELLA</u></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><u>HEPATITIS B</u></b></p> <ul style="list-style-type: none"><li>• Unprotected workers (persistent non-responders and vaccination refusers) must be informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 5 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.</li><li>• Subject to complying with these requirements, an unprotected worker must:<ul style="list-style-type: none"><li>○ be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure;</li><li>○ provide a signed declaration <i>Undertaking/Declaration Form</i> (Appendix 6), as appropriate, indicating:<ul style="list-style-type: none"><li>- receipt and understanding of the above information; and</li><li>- be managed, in the event of exposure, in accordance with NSW Health Policy Directive <i>PD2017_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><li>• Workers performing exposure prone procedures (EPPs) must comply with the requirements of NSW Health Policy Directive PD2019_026, Management of health care workers with a blood borne virus and those doing exposure prone procedures.</li></ul>	
<p><b><u>TUBERCULOSIS</u></b> (<i>where screening is indicated</i>)</p> <p>An individual risk assessment needs to be undertaken to determine the appropriate risk management framework</p>		
<p><b><u>VARICELLA</u></b></p> <ul style="list-style-type: none"><li>• Following contact with a varicella/shingles case, an unprotected worker must be offered varicella vaccine as soon as possible and within 5 days of exposure or varicella-zoster immunoglobulin (VZIG) within 96 hours (4 days).</li><li>• Those who refuse/are unable to be vaccinated must be excluded from clinical duties for 21 days after the last exposure to the infectious case</li></ul>	<p><b><u>PERTUSSIS</u></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><u>INFLUENZA</u></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 Appendix 1 Risk Categorisation Guidelines) 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>For guidance on the management of health workers with symptomatic illness, refer to the NSW Health Infection Prevention and Control Policy (<a href="#">PD2017_013</a>)</p>		



## APPENDICES

### Appendix 3: Non-Participation Form

This form is to be used for workers employed in an existing Category A position. 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- except for those workers that 4.1 apply)
  - ☐ 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:

Date:        /        /

#### 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:

Date:        /        /



## Appendix 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.

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.

Diseases	Vaccination Evidence	Serology Evidence	Other Acceptable Evidence	Comments
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 completed <i>Hepatitis B Vaccination Declaration</i> (Appendix 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 (Rubella immunity is provided as a numerical value with immunity status as per lab report)	<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</li> </ul>

				<p>followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.</p> <ul style="list-style-type: none"> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq 14</math> years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated</li> <li>Serology is <u>not required</u> following completion of a documented two dose MMR course.</li> <li>Those born before 1966 do <u>not</u> require serology</li> </ul>
Varicella	2 doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).	<b>OR</b> Positive IgG for varicella	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	<ul style="list-style-type: none"> <li>Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age; two doses administered at least one month apart is required when aged 14 years or more when vaccinated.</li> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq 14</math> years)</li> <li>Evidence of one dose of Zostavax in persons vaccinated over 50 years of age</li> </ul>
Influenza	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> <li>Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Appendix 1 <i>Risk Categorisation Guidelines</i> (see Section 4)</li> <li>Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.</li> </ul>
Tuberculosis	N/A	Refer to Section 3.5	Refer to Section 3.5	<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>

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

<b>Hepatitis B Virus</b> (HBV)	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</b> (Whooping cough)	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</b> (chickenpox)	<p>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.</p> <p>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></p>
<b>Influenza</b> (flu)	<p>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, e.g. 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.</p> <p>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></p>
<b>Tuberculosis</b> (TB)	<p>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.</p> <p>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></p>

## Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 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 Appendix 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 Appendix 4 *Checklist: Evidence required from Category A Applicants* and submitted Appendix 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 (tick the applicable option)	✓
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> b. (For existing workers only) 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.	
3	I have provided evidence of protection for hepatitis B as follows: a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs $\geq 10$ mIU/mL <b>OR</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. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ <b>OR</b> 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 <i>The 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 Appendix 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 PD2017_013 Infection Prevention and Control Policy.	
Declaration: I, _____, declare that the information provided is correct		
Full name:		Worker cost centre (if available):
D.O.B:		Worker/Student ID (if available):
Medicare Number:	Position on card:	NSW Health agency / Education provider:
Email:		
Signature:		Date:

### Appendix 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 *Appendix 6: Undertaking/Declaration Form*. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The **education provider** must forward a copy of this form to the health service for assessment. The **NSW Health agency** will assess this form and decide whether TB screening or TB clinical review is required.

**New recruits, other clinical personnel, volunteers and students** can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

**Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.**

#### Please complete Part A, Part B and Part C

Part A: Symptoms requiring investigation to exclude active TB disease					
Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?			Yes	No	
1.	Cough for more than 2 weeks?				
2.	Episodes of haemoptysis (coughing blood) in the past month?				
3.	Unexplained fevers, chills or night sweats in the past month?				
4.	Significant* unexpected weight loss over the past 3 months? *loss of more than 5% of body weight				
<b>If Yes to any of the questions in Part A:</b> <b>Urgent TB Clinical Review required. Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment</b> See link to list of NSW clinics and contact numbers on Page 2. <b>Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment</b>					
Part B: Previous TB treatment or TB screening or increased susceptibility				Yes	No
1.	Have you ever been treated for active TB disease or latent TB infection (LTBI)?				
<b>If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic</b>			Year:	Country:	
2.	Have you ever been tested for LTBI with Tuberculin skin test or Quantiferon blood test?				
<b>If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.</b>					
3.	Have you ever had a chest X-ray that was reported as abnormal?				
4.	Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia?				
5.	Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes				
6.	Are you on any regular medications that suppress your immune system?				
<b>If Yes to any of the questions in Part B:</b> <b>Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment for advice regarding TB screening or clinical review requirements to obtain TB compliance.</b> See link to list of clinics and contact numbers on Page 2 of this form.					

**Privacy Notice:** Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.nsw.gov.au](http://www.health.nsw.gov.au)



# Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases



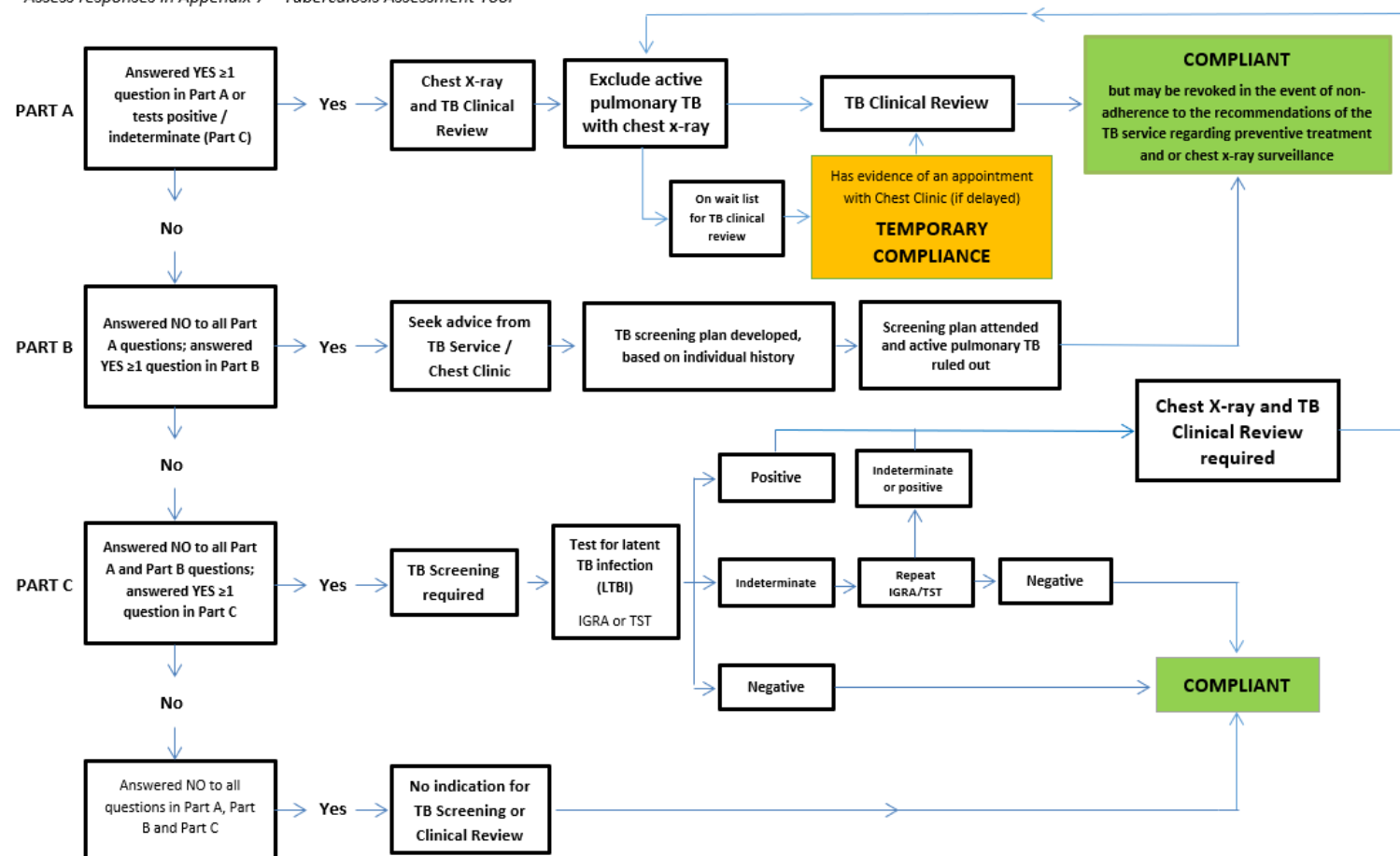
## APPENDICES

Part C: TB exposure risk history							
The following questions explore possible exposure to TB							
1.	In what country were you born?						
If born overseas, in what year did you migrate to Australia?							
2.	Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to <a href="https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx">https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</a>				Yes	No	
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative						
If Yes, please list below the countries you have visited, the year of travel and duration of stay							
	Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel	Duration of stay (please specify d/w/m)	
4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?				Yes	No	
<p><b>If Yes to any of the questions in Part C,</b> a record of TB infection status after the latest TB exposure risk is required.</p> <p>The accepted tests are:</p> <ul style="list-style-type: none"> <li>Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or</li> <li>Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination.</li> </ul> <p>If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.</p> <p>If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. <b>Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment</b> See link to list of clinics and contact numbers below. There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales</p> <p><b>NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.</b></p>							
Your Personal Information							
Family Name				Given Name(s)			
Date of Birth		/ /		Phone number			
Address							
Email							
Education Provider OR Employer				Student/Employee ID			
Course/Module of Study OR Place of Work							
Signature and Date		/ /					

NSW TB Services/Chest Clinics & contact numbers: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics.aspx>

## Appendix 8: TB Algorithm

Assess responses in Appendix 7 – Tuberculosis Assessment Tool



## Appendix 9: Hepatitis B Vaccination Declaration

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

### Section A: to be completed by the Declarant

I, ..... , 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: .....

.....  
.....

I make this declaration believing it to be true

Declared on:..... [date]

.....  
[signature of declarant]

### Section B: to be completed by the Assessor

An Assessor includes: a doctor, paramedic, registered nurse or enrolled nurse, who has  
training on the policy directive, interpretation of immunological test results and vaccination  
schedules.

Applying my clinical judgment, I am satisfied that the declarant's hepatitis B vaccination  
history and serology demonstrate compliance and long term protection.

Assessor name:.....

Assessor qualification:.....

Assessor signature:.....

Date:.....

## Appendix 10: Annual Reporting Compliance

Overall Reported Compliance			
Local Health District / Health Agency Name			
Contact Name			
Contact email			
Contact Phone			
Data Source			
<b>Number</b> of Category A and Category A High Risk workers in existing positions (number of incumbents in positions – see definitions)	Category A	Category A High Risk	
<b>Percentage</b> of Category A and Category A High Risk workers in existing positions who have been assessed against the requirements of the policy	Category A	Category A High Risk	
<b>Percentage</b> of persons in existing Category A and Category A High Risk positions who are compliant with the policy	Category A	Category A High Risk	
<b>Percentage</b> of Category A High Risk workers vaccinated for influenza, wearing a mask or re-deployed	Vaccinated	Mask	Re-Deployed
<b>Number</b> of persons in existing Category A and Category A High Risk positions being risk managed at the discretion of the CE under a risk management framework (excludes persistent non-responders to hepatitis B and workers in Category A High Risk positions that are not vaccinated for influenza).	Category A	Category A High Risk	