Canberra Hospital and Health Services Procedure

Occupational Assessment, Screening and Vaccination

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Purpose

To detail the requirements for occupational assessment, screening and vaccination for Canberra Hospital and Health Services (CHS) staff and students and to minimise the risk of transmission of specified infectious diseases between staff/students and patients and others, such as visitors.

Scope

This procedure applies to CHS staff, which includes all CHS employees (salaried and non-salaried), students on clinical placement or in contact with patients, volunteers, and contracted staff.

Compliance with the requirements of this procedure is mandatory.

Section 1 – Roles and responsibilities

1.1 Director General and Deputy Director General CHS

- Overall responsibility for the occupational assessment, screening and vaccination procedure
- Provision of resources to enable Occupational Medicine Unit (OMU) to assess, screen and vaccinate staff
- Provision of resources to enable Department of Respiratory and Sleep Medicine (DRSM) to screen and clinically assess staff

1.2 Executive Directors

- Ensure that all staff members participate in the occupational assessment, screening and vaccination procedure.
- Granting permission for exceptional circumstances to be applied to individual “unprotected” cases as per the occupational assessment, screening and vaccination procedure.

1.3 Managers/supervisors

- Ensure that staff members/students are aware of the occupational assessment, screening and vaccination procedure.
- Ensure that staff members/students remain compliant with the occupational assessment, screening and vaccination procedure.
- View staff members/students Certificate of Compliance and add a copy to the staff member’s personnel file.
- Ensuring that new staff/students who commence work before completing their Hepatitis B vaccine course complete the course and that the staff member presents the serology testing to OMU.

- Ensure staff/students with a temporary medical contraindication present to OMU for reassessment at the conclusion of the temporary medical contraindication. This date is specified on the unprotected staff member risk assessment certificate issued by the Expert Risk Assessment Committee (ERAC).
- Ensure Category A-EPP staff (see section 2) remain up to date with screening requirements.
- Provide Human Resources with the risk categorisation, including if the position performs exposure prone procedures (EPP), for position(s) when recruiting.

1.4 Human Resources

- All Staff position descriptions are risk categorised according to the risk of occupational exposure to the specified infectious diseases (Category A or B) and requirement for exposure prone procedures (Category A-EPP), with the category included in position description at the time of advertisement.
- Provide OMU with a list of Category A and Category A-EPP positions at CHS.
- Ensure all job advertisements and all information kits for applicants must include reference to this procedure and indicate the risk category of the position.
- Ensure all job advertisements for positions that involve exposure prone procedures (EPP) include reference to the "Australian national guidelines for the Management for healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses." and the "CHS Blood Borne in Health Care Workers procedure".
- Ensure this procedure is incorporated into all staff recruitment processes.
- Ensure all information kits for "Category A" applicants include Forms 1, 3 & 4 and Information Sheets 1- 3.
- Ensure that new recruits are only accepted for appointment if they comply with the requirements of this procedure.

1.5 Medical Officer Support Credentialing Education and Training Unit (MOSCETU)

- Ensure that all Staff position descriptions are risk categorised according to the risk of occupational exposure to the specified infectious diseases (Category A or B) and requirement for exposure prone procedures (Category A-EPP), with the category included in position description at the time of advertisement.
- Provide OMU with a list of Category A and Category A-EPP positions.
- Ensure that all job advertisements and all information kits for applicants must include reference to this procedure and indicate the risk category of the position.
- Ensure that all job advertisements for positions that involve exposure prone procedures (EPP) must include reference to the "Australian national guidelines for the Management for healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses."
- Ensure that this procedure is incorporated into all staff recruitment and orientation processes.
- Ensure that all information kits for "Category A" applicants include Forms 1, 3 & 4 and Information Sheets 1- 3.

- Ensure that new recruits are only accepted for appointment once they comply with the requirements of this procedure.
- Ensure new staff who commence work before completing their Hepatitis B vaccine course completed the course and presents the serology testing to OMU.

1.6 Staff Development Unit

- Orientation to CHS includes the staff member's responsibility to follow Occupational assessment, screening and vaccination procedure.

1.7 Clinical Placement Office

- Ensure students, including post graduate clinicians on clinical rotations, who commence placement before completing their Hepatitis B vaccine course complete the vaccination course and presents the serology testing to their educational institution and add the information to Student Placement Online.
- Orientation to CHS includes the student's responsibility to follow occupational assessment, screening and vaccination procedure.
- Maintain the Student Placement Online (SPO) system which is accessible by authorised personnel only.
- Manage exceptional circumstances as they arise, such as students with medical contraindications, vaccine non-responders or abstaining staff, including referral to an Expert Advisory Committee or Expert Risk Assessment Committee (see below).
- Conduct periodic audits of student compliance with the procedure.

1.8 CHS staff

- To be aware of and participate in the occupational assessment, screening and vaccination procedure.
- Present for re-screening or vaccination as indicated in this procedure and/or on the Certificate of Compliance
- If a staff member acquires an illness that impairs immunity after receiving a protected Certificate of Compliance, it is their responsibility to present to OMU for reassessment of their compliance with this procedure.

1.9 Occupational Medicine Unit

- Obtain consent from staff members to participate in the assessment, screening and vaccination process by signing Form 1, 2 or 3.
- Assess staff member's protection against the specified infectious diseases with evidence provided for hepatitis B, measles, mumps, rubella, varicella, diphtheria, tetanus and pertussis.
- If required, ensure blood borne virus (BBV) screening of HIV, Hepatitis B and Hepatitis C is completed and updated.
- If required, refer/remind staff to attend for TB screening with Department of Respiratory and Sleep Medicine (DRSM).
- Provide a catch-up vaccination plan for existing staff giving priority to those working with high risk groups or high risk areas (Table 3).

- Manage exceptional circumstances as they arise, such as workers with medical contraindications, vaccine non-responders or abstaining staff, including referral to an Expert Advisory Committee or Expert Risk Assessment Committee (see below).
- Implement an annual influenza vaccination program for all CHS staff and students on clinical placement in CHS facilities.
- Maintain a confidential staff ‘Immunisation Register’ which is accessible by authorised personnel only.
- Identify Category A staff on the Staff ‘Immunisation Register’ as protected or unprotected staff members.
- OMU is not responsible for Tuberculosis (TB) screening and follow up clinical assessment.

1.10 Department of Respiratory and Sleep Medicine

- Co-ordinate screening and clinical review of staff in relation to TB.
- Record on the ‘Tuberculosis Register’ staff assessed for TB and required periodic testing.
- Provide clearance forms for staff screened for TB who are able to commence/continue work.
- Provide clearance form for staff who are cleared for work at the completion of TB treatment.
- The clearance form will advise staff of general requirements for TB periodic screening based on best knowledge of primary work area, and advises staff if they move to a high risk area their screening requirement will increased accordingly.

1.11 Expert Advisory Committee

- Risk assessment of staff with a blood borne virus; see Blood Borne Virus in Health Care Workers procedure for more information.

1.12 Expert Risk Assessment Committee

- Risk assessment of unprotected Category A staff members; see section 13.
- Develop a risk assessment plan for unprotected staff such as vaccine non-responders and staff with medical contraindications.

1.13 Documentation and Privacy Considerations

- CHS has a responsibility to retain a secure, confidential record of all documentation relating to a staff members assessment, screening (serological testing), and vaccination under this procedure. Staff assessment, screening and vaccination documentation will be stored in the confidential registers separate to the staff member’s personnel records
- Only the certificate of compliance will be retained on the employee’s personnel and recruitment records, or other equivalent file.
- Staff records relating to the assessment, screening and vaccination process are considered to be health records and will be managed in accordance with the *CHS Records (Privacy & Access) Act* (1997), which sets out the principles governing the collection, retention, use, disclosure and disposal of personal health information.

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Section 2 – Risk Categorisation

2.1 Risk Categorisation

Staff are categorised according to the likelihood of exposure to infectious people and/or body substances (Figure 1).

Category A staff have contact with patients and/or blood, body substances or infectious materials, and includes non-clinical staff working in ward or outpatient areas. Category A staff are required to participate in the occupational assessment, screening and vaccination procedure.

Category A staff who are required to perform exposure prone procedures (EPPs) are sub-classified as category A-EPP. EPPs are invasive procedures where there is potential for direct contact between the skin of the staff member (usually finger or thumb) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. This is regardless of whether the hands are gloved or not. During EPPs, there is an increased risk of transmitting BBVs between staff and patients.

Professions that perform EPPs include (but may not be restricted to):

- Medical Practitioners, including Junior Medical Officers, Interns and Resident Medical Officers
  - Surgeons and surgical assistants
  - Emergency/trauma physicians (e.g. insertion of chest drains/multiple fractures)
  - Obstetricians
- Nurses and Midwives
  - Surgical Assistants
  - Midwives
  - Trauma nurses
- Dentists and dental assistants
- Students

Category B staff have no contact with patients or blood, body substances or infectious material. Category B staff are not required to participate in the occupational assessment, screening and vaccination procedure. This is because they have no greater risk of exposure to the specified infectious diseases than the general community.

Figure 1*: Categories of Risk*

Category A	
Contact with patients and/or blood, body substances or infectious materials, including non-clinical Staff working in ward or outpatient areas.	4 Direct contact with, or potential exposure to: - Patients/clients. - Deceased persons or body parts. - Blood, body substances, infectious material. - Surfaces or equipment that might contain blood, body substances, infectious material, for example soiled linen, surgical equipment, syringes. 4 Other contact that would allow the acquisition or transmission of diseases that are spread by respiratory means. This includes Staff: - Whose work requires frequent or prolonged face-to-face contact with patients or clients (e.g. Staff interviewing or counselling individual clients or small groups, Staff performing reception duties in an emergency/outpatients department). - Whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (e.g. ward clerks and patient transport officers). - Who, throughout their working week, are frequently required to attend clinical areas (e.g. food services Staff who deliver meals). *Examples include, but are not limited to: dentists; doctors; contracted domestic and environmental Staff, nurses; mortuary technicians; laboratory scientists; allied health practitioners; tertiary students; personal care assistants; clerical personnel on wards; maintenance engineers who service equipment; sterilising service personnel; personnel responsible for the decontamination and disposal of contaminated materials; laundry personnel; waste facility personnel (e.g. Mitchell Sterilising Services).*
Staff who perform EPPs are sub-classified as Category A - EPP	4 EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the staff member) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. During EPPs, there is an increased risk of transmitting BBVs between staff and patients.
Category B	
NO contact with patients or blood, body substances or infectious materials.	4 Do NOT have contact with, or potential exposure to: - Patients/clients. - Deceased persons or body parts. - Blood, body substances, infectious material. - Surfaces or equipment that might contain blood, body substances, infectious material, for example, soiled linen, surgical equipment, syringes. 4 Do NOT have other contact that would allow the acquisition or transmission of diseases that are spread by respiratory means. 4 Normal work location is not in a clinical area e.g. administrative positions NOT in a ward, food services personnel in kitchens. 4 Only attends clinical areas infrequently and for short periods of time e.g. maintenance contractor undertaking work in clinical area. *Examples include, but are not limited to: administration and clerical personnel in non-clinical work settings; some secondary students; stores personnel, kitchen personnel.*

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Section 3 – Specified Infectious Diseases

3.1 Specified Infectious Diseases

Category A staff must provide evidence of protection or screening to the specified infectious diseases listed in Table 1.

Category B staff are not required to participate in the screening process (Section 4.2).

The vaccination requirements will be maintained in accordance with the current edition of *The Australian Immunisation Handbook*.

Table 1: Specified Infectious Diseases

Specified Infectious Diseases	Evidence Required
Diphtheria	One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) within the past 10 years.
Pertussis (Whooping cough)	
Tetanus	
Measles	Two doses of measles/mumps/rubella vaccine (MMR) 4 weeks apart *OR* Positive IgG for measles, mumps AND rubella *OR* Birth date before 1966
Mumps	
Rubella (German Measles)	
Varicella (Chicken Pox)	Two doses of varicella vaccine 4 weeks apart (only one dose required if immunised at less than 14 years of age) *OR* Positive IgG for varicella-zoster *OR* VZV PCR positive chickenpox or shingles infection
Influenza (Flu) (season dependent)	Annual seasonal influenza vaccine
Tuberculosis (TB)	See Section 12
Hepatitis B (immunity)	Age-appropriate course of hepatitis B vaccination# **AND** anti-HBs ^{3}10IU/ml **OR** Anti-HBc and/or HBs antigen detected
Hepatitis B (infection)*	HBs antigen
Hepatitis C*	Hepatitis C antibody
Human Immunodeficiency Virus (HIV)*	HIV antibody/antigen

A verbal history and completed written declaration are acceptable if all attempts fail to obtain the Hepatitis B vaccination record. There MUST be evidence of anti-HBs^{3}10IU/ml and the assessor must be satisfied that a reliable history has been provided and the risks of providing an inaccurate declaration must be explained.

*These infectious diseases are blood borne viruses. Documentation of testing for these viruses is only required for staff performing exposure prone procedures (Section 5) and must be dated within the last 12 months. Screening is recommended annually and/or following an at risk exposure. Refer to the *Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood Borne Viruses* and CHS *Blood Borne Virus in Heath Care Workers* procedure.

3.2 Other vaccination recommendations for staff in Specialised Areas

Additional vaccinations are recommended for staff working in specialised areas (Table 2).

Table 2: Vaccination recommendations for staff in Specialised Areas

Vaccination	Recommendations
SARS-CoV-2 immunisation Comirnaty (Pfizer), ChAdOx1-S (Astra-Zenica) in accordance with vaccination and associated age requirements	Prior to commencement, it is highly recommended that all new employees, particularly those with direct patient care have: • received two doses of Pfizer or at least one dose of the Astra Zeneca, in accordance with age requirements. For current employees, particularly those with direct patient contact, staff are recommended to have: • received two doses of Pfizer or Astra Zeneca in accordance with vaccination and associated age requirements • have notified their line manager, their roster manager and Occupational Medicine Unit of their vaccination. Both new and existing staff should provide evidence of vaccination to their line manager, new staff - prior to commencement if they have been vaccinated against COVID - 19
Bexsero (4CMenB) recombinant multicomponent meningococcal B vaccine **Menveo or Menactra (4vMenCV)** quadrivalent conjugate meningococcal A,C,W_{135},Y vaccine	Recommended for personnel who frequently handle cultured material containing *Neisseria meningitidis*. This essentially includes only microbiology staff. Not recommended for those who only handle specimens.
Avaxim or Havrix 1440 formaldehyde-inactivated Hepatitis A vaccine	Plumbers or other workers in regular contact with untreated sewage.

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Section 4 - Assessment, Screening and Vaccination Costs

4.1 Existing Category A staff

CHS will provide all existing category A staff employed by CHS or students with occupational assessment, screening and vaccination at no cost. Existing category A staff will not be reimbursed for any costs of assessment, screening or vaccination performed by their General Practitioner (GP) or another health provider.

4.2 New Category A staff

New Category A staff must meet the requirements of this procedure at their own cost and before they are offered an employment contract with CHS. This includes the cost of the first (pre-employment) TB screening but not the costs of ongoing periodic TB screening, vaccination or serological testing (e.g. blood borne virus testing in Category A staff performing EPPs) once employed.

Note: This excludes volunteers identified as Category A staff.

4.3 New and existing Category B staff

Participation in the occupational assessment, screening and vaccination process is not required for Category B staff because they have no greater risk of exposure to the specified infectious diseases than the general community. Category B staff can elect to participate in the occupational assessment, screening and vaccination at their own cost through their own medical practitioner.

Note: If an existing staff member moves from a category B position to a Category A position the staff member must comply with the requirements for new Category A staff.

4.4 Locum, agency and contracted staff

Locum, agency and contracted staff must meet the assessment, screening and vaccination requirements of this procedure at their own cost (or through arrangement with their employment agency) and before they attend employment at CHS.

4.5 Students, including non-CHS staff on clinical placements

All students in a category A position must meet the assessment, screening and vaccination requirements of this procedure at their own cost and before they attend a placement.

Note: students on clinical placement with CHS from March to June each year will be given access to the CHS Staff Influenza Vaccination Program at no cost.

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Section 5 - Requirements for Assessment, Screening and Vaccination

This procedure will not necessarily exclude staff from employment with CHS on the basis that they have a medical contraindication to a vaccination, are a vaccine non-responder or are known to be infected with a BBV, however work restrictions may apply (See “Australian national guidelines for the Management for healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses.” and Blood Borne Virus in Health Care Workers Procedure).

All staff must be aware of, and comply with, the infection prevention and control policies, procedures and/or guidelines relevant to their work area to reduce the risk of transmission of the specified infectious diseases.

5.1 Existing staff

Staff employed by CHS before implementation of this procedure are existing staff members for the purposes of this procedure.

Existing staff in a category A position must:

- Elect to participate in the assessment, screening and vaccination process by submitting a completed Form 2 and Form 3 with the appropriate evidence as outlined in Information Sheet 2 *Checklist of Required Evidence of Protection* to OMU*,*
  OR
- If they object to and/or do not agree to meet all the requirements of this occupational assessment, screening and vaccination procedure (e.g. not agreeing to serology testing or to being vaccinated) they must complete Form 5 *Non-participation in Occupational Assessment, Screening or Vaccination* to abstain from the process. Before requesting this approval the staff member is to be informed by OMU staff or their GP of the potential risks to themselves and/or others and made aware that they will be managed as an unprotected staff member with potential work restrictions (see Section 13).

Existing staff in a category A-EPP position also should submit evidence of serological testing for BBVs dated within the previous 3 years and subsequently every 3 years or following an occupational or non-occupational blood/body fluid exposure. Staff can present to OMU for occupational exposures and to their GP or Canberra Sexual health Clinic (CSHC) for non-occupational exposures.

Existing staff that are infected with a BBV must not perform EPPs unless they are approved to do so by an Expert Advisory Committee as per the CHS Blood Borne Virus in Health Care Workers procedure.

Existing staff assessed as not having met all requirements (because they are vaccine non-responders or have a medical contraindication to a vaccination or are yet to complete their vaccination course) will be managed as an unprotected staff member (see Section 13).

Assessment, screening and vaccination of existing staff will be prioritised according to those staff who work in high risk areas and/or with high risk groups (Table 3).

Existing staff in a Category A position must comply with the requirements of this procedure by submitting:

- Form 2**:** Participation in Occupational Assessment, Screening and Vaccination – Staff Currently Employed by ACT HEALTH
- Evidence of protection against the specified infectious diseases, in accordance with Information Sheet 2: *Checklist of Required Evidence of Protection*
- Form 3: *Tuberculosis (TB) Assessment Tool* and, if required, undergo TB screening and clinical review as specified by the Department of Respiratory and Sleep Medicine (DRSM)
- Form 4 (only if applicable)**:** Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine.
- Form 5 (only if applicable): Non-Participation in Occupational Assessment, Screening or Vaccination.

Staff currently employed by CHS who apply for and are a recommended applicant for a new Category A position (including junior medical officers on serial contracts) and do not have a current certificate of compliance must consent to the assessment, screening and vaccination requirements of this procedure and cannot elect to complete Form 5 and request approval to abstain from the procedure.

Staff currently employed by CHS who are moved from a Category B to a Category A position to meet organisational requirements are able to be assessed, screened and vaccinated through OMU. The staff member must consent to the assessment, screening and vaccination requirements of this procedure and cannot elect to complete Form 5 and request approval to abstain from the procedure.

5.2 New staff

Staff employed after the implementation of this procedure are new staff members for the purposes of this procedure.

Category A job applicants identified as being suitable to fill the position must participate in the assessment, screening and vaccination process by submitting a completed Form 1 and Form 3 with the appropriate evidence as outlined in Information Sheet 2 *Checklist of Required Evidence of Protection*. Category A job applicants who refuse to participate in the assessment, screening and vaccination process will not be offered an employment contract.

New staff for a category A-EPP position also must submit evidence of serological testing for BBVs dated within the previous 3 years.

Applicants must not be offered an employment contract until they have been issued a Certificate of Compliance. Sometimes exceptional circumstances will permit the employment of a category A job applicant before they have met all of the requirements of this procedure (Section 8).

Successful applicants assessed as not having met all requirements (because they are vaccine non-responders or have a medical contraindication to a vaccination or are yet to complete a

HBV vaccine course) will only be offered an employment contract if they consent to be managed as an unprotected staff member and have an individualised risk management plan developed by an expert risk assessment committee (See Section 13).

Successful applicants of category A-EPP positions that are infected with a BBV will only be offered employment if they are approved by an Expert Advisory Committee to perform the work duties required of the position to which they are to be employed. Please see the Blood Borne Virus in Health Care Workers procedure for further information.

New staff in a Category A position must comply with the requirements of this procedure, prior to the issuing of their contract, by submitting:

- Form 1**:** Participation in Occupational Assessment, Screening and Vaccination – Staff New to CHS and Existing Staff Applying for New Positions
- Evidence of protection against the specified infectious diseases, in accordance with Information Sheet 2: *Checklist of Required Evidence of Protection*
- Form 3**:** *Tuberculosis (TB) Assessment Tool* and TB screening results and, if required**,** evidence of clinical review from the Department of Respiratory and Sleep Medicine (DRSM)
- Form 4 (if applicable): Vaccine non-responders and Staff with a medical contraindication to the administration of a vaccine**.**

New Category A staff cannot request approval to abstain from the procedure.

New staff are only to be allowed to commence employment prior to being issued a Certificate of Compliance under exceptional circumstances (see Section 8).

5.3 Agency and locum staff

Locum and agency staff in a Category A position must comply with the requirements of this procedure.

Agency and locum staff identified as being suitable to fill a Category A position must participate in the assessment, screening and vaccination process by submitting a completed Form 1 and Form 3 with the appropriate evidence as outlined in Information Sheet 2 *Checklist of Required Evidence of Protection*. Agency and locum staff that refuse to participate in the assessment, screening and vaccination process will not be offered employment.

Agency and locum staff for a category A-EPP position also need to submit evidence of serological testing for BBVs dated within the previous 3 years of their commencement date.

Agency and locum staff for a category A-EPP position that are infected with a BBV will only be offered employment if they are approved by an Expert Advisory Committee to perform the work duties required of the position to which they are to be employed. Please see the Blood Borne Virus in Health Care Workers procedure for more information.

Successful applicants assessed as not having met all requirements (because they are vaccine non-responders or have a medical contraindication to a vaccination or have yet to complete a HBV vaccine course) will only be offered employment if they agree to be managed as an unprotected staff member and have an individualised risk management plan developed by the expert risk assessment committee (see Section 13).

Agency/Locum staff in a Category A position must comply with the requirements of this procedure prior to commencement of employment, by submitting:

- Form 1: Participation in Occupational Assessment, Screening and Vaccination – Staff New to CHS and Existing Staff Applying for New Positions.
- Evidence of protection against the specified infectious diseases, in accordance with Information Sheet 2: *Checklist of Required Evidence of Protection.*
- Form 3: *Tuberculosis (TB) Assessment Tool* and, if required, undergo TB screening and clearance from the Department of Respiratory and Sleep Medicine (DRSM).
- Form 4 (if applicable): *Vaccine non-responders and Staff with a medical contraindication to the administration of a vaccine.*

The locum/recruitment agency must:

- Inform all agency /locum staff of the requirements of the procedure
- Ensure that all agency/locum staff have completed and submitted Form 1 and Form 3 and have provided evidence of protection against the specified diseases according to Information sheet 2
- Ensure the agency/locum staff is not referred or commences employment with an CHS facility if they do not comply with the requirements of this procedure.

Agency/Locum staff cannot request approval to abstain from the procedure.

Agency/Locum staff are only to be allowed to commence employment prior to being issued a Certificate of Compliance under exceptional circumstances (see Section 8).

5.4 Volunteers

Volunteers in a Category A role must participate in the assessment, screening and vaccination process by submitting a completed Form 1 and Form 3 with the appropriate evidence as outlined in Information Sheet 2 *Checklist of Required Evidence of Protection*. Volunteers in a category A role who refuse to participate in the assessment, screening and vaccination process will not be able to commence duty.

Volunteers assessed as not having met all requirements (because they are vaccine non-responders or have a medical contraindication to a vaccination or are yet to complete a HBV vaccine course) will only be offered a placement if they agree to be managed as an unprotected staff member and have an individualised risk management plan developed by an expert risk assessment committee (see Section 13).

Volunteers who work in a Category A position must comply with the requirements of this procedure by submitting:

- Form 2: Participation in Occupational Assessment, Screening and Vaccination – Staff Currently Employed by CHS
- Evidence of protection against the specified infectious diseases, in accordance with Information Sheet 2: *Checklist of Required Evidence of Protection*
- Form 3: *Tuberculosis (TB) Assessment Tool* and, if required, undergo TB screening and clinical review from the Department of Respiratory and Sleep Medicine (DRSM)
- Form 4 (if applicable)**:** Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine

CHS Volunteer Manager/Co-ordinators must:
- Classify volunteer positions as category A or B based on the advice of the Occupational Medicine Unit.
- Inform all category A volunteers of the requirements of the procedure.
- Ensure that all category A volunteers have completed each section of Form 1, Form 3 and have evidence of protection against the specified diseases according to Information sheet 2

Volunteers cannot request approval to abstain from the procedure.

Volunteers are only to be allowed to commence service prior to being issued a Certificate of Compliance under exceptional circumstances (see Section 8).

5.5 Document Submission and Processing

- Required documents, including forms and evidence of protection against the specified infectious diseases are forwarded to CHSOMU@act.gov.au or to be provided in person to Occupational Medicine Unit staff.
- Certificate of Compliance detailing the screening and vaccination status of staff will only be issued when staff meets the required evidence to demonstrate vaccination/immunity to the specified diseases.
- Incomplete documentation will be returned to the recruitment officer (new staff only) and/or staff. If the documentation has been emailed to the OMU inbox, OMU staff will reply with the further requirements.

5.6 Students, including non-CHS Employees on clinical placement

Students undertaking a clinical placement with CHS must participate with this procedure by submitting a completed Form 1 and Form 3 with the appropriate evidence as outlined in Information Sheet 2 *Checklist of Required Evidence of Protection* to their educational institution. Students who do not consent to participate in the assessment, screening and vaccination process will not be permitted to attend clinical placement. Students are considered to be new staff for the purposes of this procedure.

Dental, medical, perioperative (scrub nurse) nursing and midwifery students are classed as category A-EPP staff as they may be required to perform or assist with EPPs during their clinical placement and must provide information about their BBV status. These students will not be permitted to attend a clinical placement until they have provided evidence of

serological testing for BBVs dated within the previous 12 months and subsequently every 12 months or following an occupational or non-occupational blood/body fluid exposure. Students can present to OMU for occupational exposures and to their GP or CSHC for non-occupational exposures.

Other students (e.g. allied health) are not required to provide information about their BBV status except if this is required for a particular clinical placement known to involve EPPs. Students that are classified category A-EPP staff and are infected with a BBV will only be permitted to perform/assist with EPPs if they are approved to do so by an Expert Advisory Committee as per the CHS Blood Borne Virus in Health Care Workers policy

OMU are not responsible for assessing student compliance with this procedure. This is attended by the student's educational institution and communicated to CHS via the CHS Clinical Placement Office (CPO).

Students assessed as not having met all requirements of this procedure (because they are vaccine non-responders or have a medical contraindication to a vaccination or are yet to complete a HBV vaccine course) will only be permitted to attend clinical placement if they agree to being managed as an unprotected staff member and have an individualised risk management plan (Section 13).

Students in category A positions must comply with the requirements of this procedure prior to commencement of clinical rotations at CHS.
This is achieved by submitting to their educational institution:

- Form 1: Participation in Occupational Assessment, Screening and Vaccination – Staff New to CHS and Existing Staff Applying for New Positions.
- Evidence of protection against the specified infectious diseases, in accordance with Information Sheet 2: Checklist of Required Evidence of Protection.
- Form 3: Tuberculosis (TB) Assessment Tool and TB screening results and, if required, evidence of clinical review from the Department of Respiratory and Sleep Medicine (DRSM).
- Form 4 (if applicable): Vaccine non-responders and Staff with a medical contraindication to the administration of a vaccine.

Students cannot request approval to abstain from the procedure.

The educational institution must:

- Inform all students of the requirements of the procedure
- Ensure that all students have completed each section of Form 1, Form 3 and have evidence of protection against the specified diseases according to Information sheet 2.
- Indicate on the CHS *Student Placement Online* database that the student has completed the requirements of this procedure
- If requested provide the completed Form 1, Form 3 and evidence of protection to the CHS Student Clinical Placement Office

- Ensure the students do not commence clinical placements if they do not comply with the requirements of this procedure
- Have a mechanism to provide further assessment and counselling for students who are unable to complete the requirements of this procedure.

5.7 Contracted Staff (e.g. cleaning service)

It is the responsibility of the contracted company to ensure that all contracted staff in a category A position complies with this procedure. Contracted staff cannot request approval to abstain from the procedure. CHS contracts will reflect this requirement.

The CHS staff member who has oversight of the contract must ensure the contracted company:

- Informs all contracted staff of the requirements of the procedure
- Ensures contracted staff does not work at CHS if they do not comply with the requirements of this procedure.

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Section 6 - Vaccine non-responders and staff with a medical contraindication to a vaccination

6.1 Vaccine non-responders

Vaccine non-responders are persons who are fully vaccinated according to the appropriate schedule of vaccination but have evidence of inadequate immunity. For the purpose of this procedure, the term vaccine non-responder only applies to inadequate immunity to Hepatitis B.

6.2 Medical contraindication to a vaccine

Staff with a medical contraindication to a vaccine are unable to be vaccinated against that vaccine preventable disease for medical reasons. The medical contraindication may be temporary (e.g. pregnancy) or permanent (e.g. anaphylactic response to a component of a vaccine). These staff are required to provide evidence of their circumstances as instructed by OMU staff, for example a letter from their GP or treating medical specialist. All information and documentation concerning the staff's medical contraindication will be treated confidentially. Staff with temporary medical contraindications must present to OMU for re-assessment after they have medical clearance from their GP or Specialist to be vaccinated.

Vaccine non-responders and staff with a medical contraindication to a vaccination will be managed in accordance with Section 13 of this procedure.

6.3 Further Medical Assessment

The Expert Risk Assessment Committee may require vaccine-non-responders and staff with a medical contraindication to a vaccination to undergo a further medical assessment by an appropriate medical specialist nominated by or approved by CHS.

6.3.1 Existing Staff

Further medical assessment for existing staff will be provided at no cost to the staff member. Depending on the specified infectious disease for which they cannot demonstrate protection the staff member may be restricted in their clinical duties until they have undergone the required medical assessment and OMU, in consultation with an expert risk assessment committee, has issued a current certificate of compliance.

6.3.2 New staff, including Agency and Locum staff

Further medical assessment of new staff will be at a job applicant's own cost. Ideally new staff will not be employed until they have undergone the required medical assessment and OMU, in consultation with the Expert Risk Assessment Committee, has issued a current Certificate of Compliance. CHS recognises that there may be situations when a successful applicant cannot schedule an appointment with a relevant specialist for several weeks or months. When this occurs there may be exceptional circumstances that permit the employment of the successful applicant before they have undergone the required medical assessment (see Section 8).

6.3.3 Students, including non-CHS employees on clinical placements

Further medical assessment will be at the student's own cost. Students will not be permitted to attend a clinical placement until they have undergone the required medical assessment and the Expert Risk Assessment Committee has issued a risk assessment certificate (Attachment 11).

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Section 7 – Certificate of Compliance

7.1 Certificate of Compliance

Upon completion of all assessment, screening and vaccination requirements detailed in this procedure a Certificate of Compliance will be issued to staff (excluding students and contractors) by the OMU.

A copy of the Certificate of Compliance will be provided to the staff member and their manager and for new staff a copy will also be sent to the relevant human resource manager.

All staff are required to make their certificate available for inspection when requested.

The Certificate of Compliance will indicate:

- If staff are "protected" or "unprotected" against the specified infectious diseases
- Where applicable if the staff member has been approved to perform exposure prone procedures, and
- When future screening or booster vaccination is required.

7.1.1 Protected and unprotected staff

A protected staff member has participated in the occupational assessment, screening and vaccination process and has provided the required evidence of protection for all specified infectious diseases.

An unprotected staff member may:
- Be a hepatitis B vaccine non-responder.
- Have a medical contraindication to a vaccination.
- Have not yet completed a full course of Measles Mumps Rubella, HBV or Varicella (chickenpox) vaccines.
- Be an existing staff member who has completed Form 5 to abstain from the occupational assessment, screening and vaccination process.

Unprotected staff members will be issued a Certificate of Compliance that clearly identifies their status as an unprotected staff member and indicates the specified infectious disease(s) to which they are "unprotected".

Unprotected staff members will be managed in accordance with Section 13 of this procedure.

7.1.2 Staff that Perform Exposure Prone Procedures

As part of the screening process staff that perform EPPs should provide information about their BBV status. Refer to the *"Australian national guidelines for the Management for healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses"* for more information and Section 5.

When the EPP box on the certificate of compliance is ticked it indicates the staff member has been assessed by CHS as compliant with the requirements of this procedure for the purposes of performing EPPs. This can mean the staff member has completed the required screening and is negative for BBVs. It can also mean a staff member with a BBV is approved to complete EPPs by an Expert Advisory Committee. This measure protects the confidentiality of the BBV positive staff member while still informing management of the staff member's ability to perform EPPs.

7.2 Re-Issuing of certificates of compliance

If a staff member who has been classed as unprotected completes the vaccinations required OMU will re-issue a Certificate of Compliance. The certificate will be reissued after the staff member has presented for re-assessment of their compliance with this procedure.

7.3 Changes in risk categorisation for staff

Staff currently employed by CHS must comply with the requirements of this procedure when their risk categorisation changes because of a change in work activities. The staff member's manager is to ensure compliance is achieved.

Staff must present for re-assessment of their compliance with any requirement of this procedure before they are employed from a position of lower risk to a position classified as having a higher risk as outlined in this procedure (e.g. from a category B position to a category A position).

Staff currently employed by CHS who apply for a new Category A position (including junior medical officers on serial contracts) and do not have a current certificate of compliance must consent to the assessment, screening and vaccination requirements of this procedure and cannot request approval to abstain from the procedure.

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Section 8 – Exceptional circumstances to permit employment of a category A applicant without a Certificate of Compliance.

Exceptional circumstances may permit the commencement of employment of a category A job applicant before they have met all of the requirements of this procedure. Exceptional circumstances are limited to:

- When the category A job applicant delivers highly specialised work and there is a current workforce shortage in their area of expertise, and/or
- When failure to employ the category A job applicant would pose a genuine and serious risk to service delivery which is considered greater than the risk posed of not having met the requirements of this procedure.

Any such employment must only proceed with the written approval of the relevant Executive Director, or delegate, and within the framework of an individual risk management plan, developed by an expert risk assessment committee, to protect the applicant, CHS staff and consumers.

It should be noted that granting this approval should be provided on the basis that all necessary efforts will then be made to meet all of the requirements of this procedure as soon as possible.

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Section 9 - Hepatitis B partial compliance with vaccination

A full adult course of Hepatitis B (HBV) vaccine consists of three doses, with a minimum of 1 month between the first and second doses and minimum of 2 months between the second and third dose and a minimum of 4 months between the first and third dose (i.e. 0, 1 and 4 month or 0, 2 and 4 month schedule). Post-vaccination serological testing is required 4-8 weeks after completing the vaccination course. This means that the minimum time to complete a course of HBV vaccine and serological testing is five months.

9.1 Partial Compliance with HBV Vaccination Requirements

It is recognised that it may not be possible for some new staff, including students and non-CHS staff on clinical placement, to complete the HBV vaccination requirements prior to the commencement of their employment or first clinical placement. These new staff/students are only to commence employment/placement if they have:

- Completed all other vaccination requirements and consent to being managed as an unprotected staff member and
- Provided documented evidence that they have received at least the first dose of HBV vaccine and
- Agree to complete the HBV vaccine course within the minimum possible timeframe and provide a post-vaccination serology result within 6 weeks of having completed the HBV vaccine course.

It is the staff member's responsibility to ensure they complete the vaccination course and have the serology testing conducted within the above time. The staff member must present this evidence to OMU.

A student's failure to complete the HBV vaccine course and provide a post-vaccination serology result within 6 weeks may result in suspension from attending further clinical placements in CHS facilities.

Educational institutions are responsible for advising students about the risks, preventative measures and appropriate procedures if they are exposed to blood or body fluids on clinical placement prior to having received a full course of HBV vaccine. See Blood Borne Virus: Occupational Risk Exposure Management procedure for more information.

9.2 Existing staff

For existing staff post-vaccination serological testing is required 4-8 weeks after completion of the primary course of vaccination for HBV. Further 'booster' vaccination and serological testing is only required if the HBV surface antibody (anti-HBs) titre is <10mlU/mL post primary vaccination. Staff who have a known history of primary vaccination for HBV but their seroconversion status is unknown, should approach the OMU for advice on whether additional serological testing is recommended.

9.3 Frequency of ongoing periodic HBV screening

Staff that have a known history of primary vaccination for HBV and a known history of post-vaccination seroconversion (i.e. anti-HBs ≥10mlU/mL) do not require repeat serological testing for HBV unless they subsequently acquire an illness that impairs immunity, such as renal failure or HIV. It is the staff member's responsibility to present to OMU if they have acquired an illness that impairs immunity for reassessment of their compliance with this procedure.

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Section 10 – Existing staff issued multiple contracts or applying for a new category A position

Some staff are issued a separate temporary employment contract for each phase of their training (e.g. Junior Medical Officers) or are otherwise issued more than one temporary employment contract (without a break from employment).

This group of staff, and all staff on permanent contract who apply for a new category A position, are regarded as new staff and must provide a Certificate of Compliance before they are issued a second (or subsequent) temporary contract or new position.

The relevant personnel issuing the second (or subsequent) temporary contract, or new contract, will not issue a contract without sighting a Certificate of Compliance. The certificate must not state that any screening or vaccines are overdue.

New staff cannot abstain from the occupational assessment, screening and vaccination process.

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Section 11 – Vaccination of existing category A staff

11.1 Vaccination of existing category A staff

After receiving existing category A staff members completed Form 2 with attached evidence as per Information Sheet 2, OMU staff will identify if the staff member requires any vaccinations.

Vaccines will be administered in accordance with the recommendations in the current edition of *The Australian Immunisation Handbook*. The vaccine will be administered by a medical practitioner, registered nurse under medical direction (e.g. a Standing Medication Order), or a registered nurse authorised to immunise under the legislative framework of the ACT *Medicines, Poisons and Therapeutic Goods Act (2008).*

For existing Category A staff, vaccines are available through the OMU. To make an appointment contact OMU on 02 5124 2321.

Spacing of different vaccines

If an individual needs to receive multiple vaccines, these can be given at the same visit or at separate visits with appropriate intervals between vaccines. In general:

- An inactivated vaccine can be given at any time before or after or at the same time as, all other vaccines registered in Australia (see disease specific chapters in the Australian Immunisation Handbook for exceptions)
- A live parenteral vaccine can be given either at the same time as another live parenteral vaccine or at least 4 weeks apart.

Coadministration of combination vaccines containing the same antigen is not routinely recommended

In general, there is no gap required between the administration of a live vaccine and inactivated vaccine.
For example, a person receives an MMR vaccine (live attenuated) today, the following day it is realised they need a dTpa (inactivated vaccine). This dTpa vaccine can be given as soon as practicable.
If, however it is realised that they also need a varicella vaccine (live attenuated) – this vaccine, if not given on the same day as the MMR must be delayed by 4 weeks or later.

The current advice (June 2021) is that no other vaccines are administered 14 days prior to, or after any COVID 19 vaccine.

11.2 Adverse Event Following Immunisation (AEFI)

Staff vaccinated by the OMU must report an adverse event following a vaccination to the OMU as soon as practicable. The OMU will notify the AEFI to the Communicable Disease Control Section of the Health Protection Service and submit an incident report to CHS Riskman.

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Section 12 – Prevention and Control of Tuberculosis

The purpose of tuberculosis (TB) assessment, screening and clinical review is to:

- Establish if an individual has evidence of latent TB infection (LTBI) i.e. infection with TB without active disease
- Diagnose and treat active cases of TB in staff
- Establish baseline health, tuberculin skin test (TST) or interferon gamma release assay (IGRA) and/or chest X-ray status
- Raise awareness of TB disease and promote recognition of signs and symptoms of TB.

12.1 Tuberculosis assessment

The assessment identifies if the staff member needs TB screening and/or a clinical review.

All category A staff must submit a completed Form 3 Tuberculosis (TB) Assessment Tool to OMU. If the staff member requires TB screening and/or clinical review, as indicated on Form 3, OMU will forward the information to DRSM.

12.2 Tuberculosis screening

TB screening includes a TB symptom assessment with TB exposure history and either the administration and interpretation of a test used to detect LTBI and includes either a TST by an accredited Australian Chest (TB) Clinic or IGRA by a National Association of Testing Authorities Australia accredited laboratory.

If a staff member has had a negative screening test in the previous 36 months or at least 3 months following a potential exposure or risk activity (whichever is less) is it considered a current test.

TB screening is required for:

- All new category A staff including students
- Existing staff born in a country with an incidence of TB of ≥ 40 cases per 100,000 persons
- (see http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf.)
- Existing staff who have had household or close prolonged contact with a person with TB
- Existing staff who have lived/travelled for a cumulative time of ≥ 3 months in a country with an incidence of TB of ≥ 40 cases per 100,000 persons (see http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf.)
- Existing staff who have worked in a high-risk work area (see 12.6)
- Existing staff prior to redeployment to high risk work areas in CHS (see 12.6)

Note: New staff or students requiring TB screening are responsible for the cost of the screening.

12.2.1 Tuberculin Skin Testing (TST)

TST results will only be accepted if performed by an accredited Chest (TB) Clinic in Australia. TST positivity depends on the underlying risk/immune status of the staff member and history of BCG vaccination. For the purpose of this procedure a TST ≥5mm is regarded as positive and requires TB clinical review.

12.2.2 Interferon Gamma Release Immunoassay (IGRA)

IGRA is an acceptable and validated alternative to TST for TB screening. Staff that meet the criteria for screening can elect not to have a TST and have an IGRA performed instead. For the purpose of this procedure a positive or indeterminate IGRA is regarded as positive and requires TB clinical review.

12.3 Tuberculosis clinical review

A TB clinical review is conducted by an accredited Australian Chest (TB) Clinic. The DRSM at the Canberra Hospital (phone 5124 2066 for enquiries or Canberra Health Intake on 5124 9977 to make an appointment) is the only accredited TB Clinic in Canberra. A clinical review is conducted to determine the need for LTBI treatment and exclude TB disease. This may involve a chest X-ray.

TB clinical review is required for:

- New or existing staff with a positive TB screening test
- New or existing staff who have symptoms suggestive of active TB. If new staff have answered yes to Part 1a (current symptoms) on Form 3 (see Attachment 3) and have not received a negative QuantiFERON within the last 3 years
- New staff who were born in a high incidence country or travelled to a high incidence country for cumulative 3 months or greater and have not had a negative QuantiFERON since return from the country
- New staff who have no history of prior TB screening

- New or existing staff who have household or close prolonged contact with a person with tuberculosis
- New or existing staff who work in high risk areas (see Section 12.6)
- Existing staff that have lived/travelled for a cumulative time of ≥ 3 months in a country with an incidence of TB of ≥ 40 cases per 100,000 persons (see http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf.) and have returned from travel within the past three months.

If staff, including students, have been assessed as requiring TB clinical review, they may only continue work, commence work or commence their first clinical placement, if they have booked an appointment for TB clinical review with DRSM and have no symptoms suggestive of TB disease.

12.4 Staff under investigation for tuberculosis infection

If a screening test is positive and the TB Clinic clinician decides there is a reasonable suspicion of pulmonary or laryngeal TB disease, the staff member cannot continue with or commence clinical duties pending further assessment and treatment.

12.4.1 New staff:

Before being accepted for employment, staff must either:

1. Present with no radiographic and/or microbiological evidence of active disease, or
2. If receiving TB therapy be considered non-communicable by a DRSM TB clinician.

12.4.2 Existing staff:

Before returning to work existing staff must either:

1. Present with no radiographic and/or microbiological evidence of active disease, or
2. If receiving TB therapy be considered non-communicable by a DRSM TB clinician.

12.5 Staff presenting with symptoms suggestive of TB disease

Staff found to have symptoms suggestive of TB disease (regardless of their TB screening or TST status) must immediately attend their GP for assessment and exclusion of active TB. The GP may organise referral to a respiratory physician, infectious disease physician or TB clinic. This action is taken because if the staff member has pulmonary or laryngeal TB disease there is a risk of TB transmission to patients, other staff, family and friends.

Staff diagnosed with TB disease must avoid patient contact and must not enter any clinical areas until their infection status is considered non-communicable by a TB Clinic clinician.
TB is a notifiable condition under the *Public Health Act 1997*.

12.6 Frequency of ongoing periodic TB screening

The frequency of periodic TB screening will depend on the staff member's clinical area.

12.6.1 High Risk

- Staff working in departments or service units where four or more people with infectious TB have attended over a 12-month period (typical examples would include

respiratory/chest clinics, bronchoscopy suites and mortuaries) or laboratory scientists working with *Mycobacterium tuberculosis* culture.
- Staff working in a high risk clinical area must have a follow-up TB Clinical review on an annual basis.

12.6.2 Medium Risk
- Staff working in departments or service units where up to three people with infectious TB have attended over a 12-month period (typical examples include respiratory ward/outpatient doctors, nurses, physiotherapists and technicians and infectious diseases physicians).
- Staff working in a medium risk clinical area must have a follow-up TB Clinical Review at 5-yearly intervals.

12.6.3 Low Risk
- Staff working in departments or service units where no people with infectious TB have attended over a 12-month period. Staff working in a low risk clinical area do not need to be routinely screened during employment.
- Staff working in a low risk clinical area only require screening if they are identified during contact tracing as at risk of infection or return from travel for more than 3 months to a high incidence country.
  (see http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf.)

12.7 Canberra Hospital DRSM

The DRSM at the Canberra Hospital operates regular TB booked screening clinics throughout the week appointments can be organised by phoning Canberra Health Intake on 5124 9977. The DRSM administers TSTs and interprets TST results, and orders IGRAs. CHS offers ongoing periodic TB screening via the DRSM for existing staff at no cost.

Staff will not be reimbursed for any costs of ongoing periodic TB screening performed by their GP or another health provider.

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Section 13 - Management of unprotected staff members

An unprotected staff member may:
- Be a vaccine non-responder.
- Have a medical contraindication to a vaccination.
- Have not yet completed a full course of Measles Mumps Rubella, HBV or Varicella (chickenpox) vaccines.
- Be existing staff abstaining from the occupational assessment, screening and vaccination requirements of this procedure by completing Form 5.

Unprotected staff who are vaccine non-responders and/or have a medical contraindication to a vaccination must submit a completed Form 4 *Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine* with supporting evidence.

The OMU will provide unprotected staff members with information about the risk of infection from the infectious diseases against which they are not protected and the consequences of infection and management in the event of a blood body fluid exposure.

In the event of an occupational exposure to a specified infectious disease the unprotected staff member will be managed according to the Blood Borne Virus: Occupational Risk Exposure Management procedure, Healthcare Associated Infections procedure and/or the recommendations of Health Protection Service regarding post-exposure prophylaxis (PEP).

It should be noted that unprotected staff (including the foetuses of pregnant staff members) may be at risk of severe disease if they become infected with any of the specified infectious diseases. Specific PEP may be available to reduce the risk of infection and/or severe disease. PEP is most effective when given as close as possible to the exposure. Unprotected staff are advised to seek urgent medical review from their GP if they are exposed to a suspected/proven case of any of the specified infectious diseases.

13.1 Risk assessment of unprotected staff member

13.1.1 Hepatitis B

Staff who are unprotected as a result of non-response or contraindication to hepatitis B vaccination or have not yet completed a HBV vaccine course are not restricted in work location. The staff member must be made aware of the risk of hepatitis B transmission, preventative measures through standard precautions and immediate management, including PEP, in the event of an exposure.

13.1.2 Other specified infectious diseases

For the other specified infectious diseases an Expert Risk Assessment Committee will be established to develop an individualised risk management plan (see Attachment 11) for the unprotected staff member. The staff member's role in the organisation will be taken into account, as will the staff member's susceptibility to infection and the prevalence of the infection in the community.

OMU will notify the appropriate chair of the Expert Risk Assessment Committee once they have identified an unprotected staff member.

The Expert Risk Assessment Committee for staff (excluding students) will consist of:

- CHS Chief/Senior Clinician in the staff area of expertise (chair) e.g. for nursing staff - Chief Nurse and for medical staff – Chief Medical Officer
- Staff's direct manager
- Infectious Diseases Physician or Clinical Microbiologist.

The Expert Risk Assessment Committee for students/staff on clinical placement will consist of:

- Infectious Diseases Physician or Clinical Microbiologist (chair)

- Student's Clinical Co-ordinator from their Educational Institution
- CHS Clinical Placement Office Staff Member

The Expert Risk Assessment Committee will issue a risk management for unprotected staff certificate to the staff member, their manager, the relevant ED and OMU. For students CPO will receive a copy instead of OMU.

CHS will work with unprotected staff members to reduce the risk of infection to high risk client groups (Table 3). Sometimes this will mean that an unprotected staff member will be reassigned to an area of lower risk and this reassignment may include work restrictions. The intent of any reassignment or work restriction is to protect the health of the staff member and patients. Reassignment and work restrictions will be undertaken within the appropriate personnel and industrial relations frameworks.

Table 3: High risk client groups and high risk clinical areas

High risk client groups	High risk clinical areas
Children less than 2 years of age, including neonates and premature infants Pregnant women Immunocompromised clients	Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms Neonatal Intensive Care Units and Special Care Units Paediatric High Dependency Unit/Intensive Care Unit Transplant and haematology-oncology wards Intensive Care Units Operating Rooms

The occasional treatment of high risk client groups in a general clinical area does not mean that an unprotected staff member will be excluded from working in these general clinical areas.

Unprotected staff members will be included in any reassignment process and in the process of determining their future work options, including short term and longer term options.

13.1.3 Short-Term Management Options

Immediate short-term action may be needed to ensure that infectious disease risks to staff and patients are managed until permanent long-term options can be arranged.
Potential short-term options may include the unprotected staff member:

- Remaining in the current work position for an agreed interim period with additional infection control precautions in place
- Being temporarily reassigned to a lower risk clinical work area
- Being temporarily reassigned to administrative duties or management support
- Being temporarily removed from clinical work by participating in a staff development activity
- Working from home
- Arranging leave from work.

Short-term management options will be discussed with the unprotected staff member before a decision on management is made. Fair and reasonable consideration will be given to the staff member's views. Leave options will only be considered when a work-based risk control solution is unable to be determined.

13.1.4 Long-Term Management Options

Potential long-term options may include:

- Reinstatement to usual work activities with additional infection control precautions in place
- Transfer to an alternative clinical area
- Retraining in an appropriate new clinical specialty
- Retraining for duties in non-clinical areas.

Long-term management options will be discussed with the unprotected staff member before a decision on management is made. Fair and reasonable consideration will be given to the staff member's views.

13.2 Circumstances for unprotected staff being permitted to work in high risk clinical areas and/or with high risk client groups

If an unprotected staff member has been risk assessed and has a risk management plan in place they are able to work with high risk client groups and in high risk clinical areas. They must comply with the risk management plan.

New staff without a risk management plan may work in high risk clinical areas and/or with high risk client groups in the following circumstances:

- The job applicant is highly specialised and there is a current workforce shortage in the job applicant's clinical area, or
- Failure to employ the job applicant would pose a genuine and serious risk to service delivery.

Existing staff without a risk management plan may work in high risk clinical areas and/or with high risk client groups in the following circumstances:

- Failure to retain the staff would pose a genuine and serious risk to service delivery, or
- It would be difficult to replace the staff, and/or would result in a significant period of time without the service.

If the above circumstances arise the Expert Risk Assessment Committee Chair has the discretionary power to vary the requirements of this procedure.
Any variation must only be undertaken in exceptional circumstances and must only proceed with the written approval of the Expert Risk Assessment Committee Chair, or delegate, and within an individual risk management plan to protect the staff member, other CHS staff and patients.

13.3 Exclusion requirements for unprotected staff members

Exclusion requirements may apply to unprotected staff in the event of:

1. A case of a specified infectious disease in the healthcare facility
2. Contact with a case of a specified infectious disease, and/or
3. Becoming symptomatic with unexplained cough, fever and/or a rash where the symptoms are compatible with one of the following specified infectious diseases: measles, mumps, rubella, varicella-zoster, pertussis and diphtheria.

If the healthcare facility has a suspected/confirmed case(s) of measles, mumps, rubella, varicella-zoster, pertussis or diphtheria, unprotected staff must be excluded from working in the same clinical area as the case(s) until the case(s) are discharged from the healthcare facility or are no longer considered infectious. The infectious status of the case(s) will be determined by the Infection Prevention Control Unit (IPCU).

In the case of localised zoster (shingles) the unprotected staff member may continue to work in the same clinical area as the case once they have been appropriately isolated. The unprotected staff member must not enter the case's room, provide any care or have any contact with the case.

If the unprotected staff member has been in contact with a case or is diagnosed with a case of any of the diseases to which they are unprotected they are to contact their manager and OMU. OMU will liaise with IPCU who may seek advice from the Communicable Disease Control Section at Health Protection Service on 02 5124 5554. Contact may occur during work or non-work related activities.

Unprotected staff members may require exclusion from work on the recommendation of the Health Protection Service and/or IPCU according to Healthcare Associated Infections procedure. If excluded from work the staff member must follow the exclusion periods outlined in the Healthcare Associated Infection procedure.

The unprotected staff must be excluded from the healthcare facility until assessed by a medical practitioner to be non-infectious if he/she:

- Develops a fever (measles)
- Develops a new unexplained rash (measles/rubella/varicella-zoster)
- Develops a coughing illness (measles/pertussis).

The unprotected staff member must provide documentation to OMU from his or her medical practitioner indicating his or her non-infectious status to the specified diseases.

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Section 14 – COVID 19 Vaccinations

The primary aim of SARS-CoV-2 immunisation is to prevent severe disease and death. As a high-risk group and an essential workforce it is important that healthcare workers are given access to SARS-CoV-2 immunisation.

Whilst research is ongoing to determine the impact of SARS-CoV-2 immunisation on viral transmission, it is also suspected that immunisation will help in preventing the spread of the virus. Immunisation of healthcare workers may therefore, help to reduce the risk of spread to patients, visitors, other healthcare workers and other close contacts.

It is highly recommended that all current employees, particularly those with direct patient contact:

- have received two doses of Pfizer or Astra Zeneca in accordance with vaccination and associated age requirements
- have notified their line manager, roster manager and the Occupational Medicine Unit of their vaccination. Vaccine records can be sent to OMU via email CHSOMU@act.gov.au.

For those staff who are not yet on the ProACT rostering system, the roster manager will be responsible for keeping their staff members COVID vaccine record.

Employees can access the **Medicare for myGov account** - Australian Immunisation Record to provide evidence of their COVID vaccination status to their roster manager. The roster manager is responsible for entering the information into screen 4 of ProACT.

Prior to commencement, it is highly recommended that all new employees, particularly those with direct patient care have:

- received two doses of Pfizer or at least one dose of the Astra Zeneca, in accordance with age requirements; and
- provided evidence of vaccination to their line manager prior to commencement

Wherever possible employees who have not received the COVID vaccination will not be rostered to care for laboratory confirmed or suspected COVID patients during the period the patient is considered to be infectious.

Note: should there be significant numbers of positive patients, this may not be possible

If the unvaccinated employee has an essential skill set required for patient care which cannot be performed by another employee, then the employee must ensure they comply with all personal protective equipment (PPE) recommendations including fit testing of p2/N95 respiratory mask whilst in contact with the COVID patient.

If an employee is unable to have the SARS-CoV-2 immunisation due to health or personal reasons and is also unable to comply with the required COVID-19 PPE provisions, the

employee will be temporarily reassigned to another work unit. Such reassignment would result through consultation with the employee, their line manager and People & Culture representative.

When working in areas such as COVID testing, hotel quarantine or the medi-hotel, it is preferred that only vaccinated staff work in specific areas. However, if the patient safety and operational requirements for staff outweighs the available vaccinated staff cohort then non-vaccinated staff may be required to work in these areas.

Regardless of vaccination status all staff working in these areas must be fully compliant with all PPE requirements at all times and should have completed PPE elearning via capabiliti.

All staff working within in-patient areas with confirmed or suspected COVID positive patients or in specific COVID testing programs, hotel quarantine or the medi-hotel will be required to participate in the Public Health's SCAN program involving regular symptomatic screening via SMS, and a prescribed program of saliva swabs and nasopharyngeal testing. This is aimed at identifying any potential positive cases in staff as soon as possible to isolate and limit further spread.

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Section 15 - Monitoring and Reporting

The OMU will establish a system to report aggregate de-identified data to the Director-General, by 31 July each year. At a minimum, the report will include:

- Total number of category A staff assessed and not assessed, further identified by Category A-EPP staff and "all other Category A" staff.
- For category A unprotected workers the total number of staff who are: vaccine non-responders; and staff with a medical contraindication to a vaccination; and existing staff abstaining from participating in the occupational assessment, screening and vaccination process.
- The number of persons being risk-managed at the discretion of the DDG of CHS/ED and a brief description of the reason (e.g. employment of an unprotected staff member to a frontline clinical position because the failure to employ would have led to a genuine risk to service delivery).

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Related Policies, Procedures, Guidelines and Legislation

Related Legislation
ACT Legislation

- *Work health and Safety Act* 2011
- *Health Records (Privacy and Access) Act* 1997
- *Medicines, Poisons and Therapeutic Goods Act* 2008
- *Public Health Act* 1997

- *Human Rights Act* 2004

Commonwealth Legislation
- *Biosecurity Act* 2015

Related Policies and Standard Operating Procedures
- Healthcare Workers Living with Blood Borne Viruses or Performing Exposure Prone Procedures and at Risk of Exposure to Blood Borne Viruses Procedure
- Informed Consent (clinical) Policy
- Management of Occupational Blood and Body Fluid Exposure Procedure
- Risk Management Guidelines
- Infection Prevention and Control -Healthcare Associated Infections Procedure
- Work Health and Safety Policy

National Standards
- Australian Commission on Safety and Quality in Health Care (2012). *Safety and Quality Improvement Guide Standard 3: Preventing and Controlling Healthcare Associated Infections*. Sydney, Australia: ACSQHC. http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard3_Oct_2012_WEB.pdf
- Australian Commission on Safety and Quality in Health Care (2012). *Safety and Quality Improvement Guide Standard 7: Blood and Blood Products*. Sydney, Australia: ACSQHC. http://www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-7-blood-and-blood-products-october-2012/

National Guidelines
- "Australian national guidelines for the Management for healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses." (2018). Communicable Diseases Network Australia (CDNA). http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm
- Australian Immunisation Handbook (10th Edition) (2014). National Health and Medical Research Council (NHMRC). https://immunisationhandbook.health.gov.au/
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010). NHMRC. http://www.nhmrc.gov.au/guidelines-publications/cd33
- National Hepatitis B Testing Policy (2012). HBV Expert Reference Committee – A Joint Working Party of the BBVSS and MACBBVS. http://testingportal.ashm.org.au/hbv
- National Hepatitis C Testing Policy (2012). HCV Expert Reference Committee – A Joint Working Party of the BBVSS and MACBBVS. http://testingportal.ashm.org.au/hcv
- National HIV Testing Policy (2011). HIV Expert Reference Committee – A Joint Working Party of the BBVSS and MACBBVS. http://testingportal.ashm.org.au/hiv

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Definition of Terms

CHS	ACT Government Health directorate that encompasses all CHS facilities.
Acceptable Evidence	either written documentation of vaccination administered in accordance with the Australian Immunisation Handbook and/or serological testing which demonstrates that an individual is adequately protected against the vaccine preventable diseases outlined in this procedure.
AEFI	Adverse Event Following Immunisation and is an unwanted or unexpected event following immunisation.
Assessment	the full evaluation of a staff member's level of protection against the specified infectious diseases by persons with medical, nursing or specialist training in the interpretation of immunological and serological test results, vaccination schedules and TB assessment and screening.
BBV	blood borne virus and includes HIV, HBV and HCV.
BBV-Infected Staff	staff who are infected with a BBV including HIV, HBV and/or HCV.
Category A	staff who have contact with patients and/or blood, body substances or infectious materials.
Category A – EPP	Category A staff who perform Exposure Prone Procedures.
Category B	staff who have no contact with patients or blood, body substances or infectious materials.
Certificate of Compliance	a certificate issued by CHS to certify that a staff has been assessed in accordance with the requirements of this procedure for the purposes of performing the work duties required of the position to which they are employed.
CHS	Canberra Health Services.
Clinical Area	is an area or health facility where patients are assessed and clinically managed.
Clinical Placement	is a professional practice placement undertaken within a workplace setting by allied health, dental, medical, nursing and

	midwifery students, inclusive of undergraduate, post-graduate and “return to profession” programs that are formally undertaken with an education/vocational/tertiary institution and/or professional association bodies.
Close Contact	having direct care for/contact with patients where there is a real possibility of contact with blood, body substances or infectious material.
Contractor	is any company, partnership, other entity, or individual that does not have a direct employment relationship with CHS and has an agreement to provide CHS with services or product or, in relation to CHS infrastructure, carry out construction, alteration, improvement, refurbishment, demolition or other works.
Contraindication	is a condition in a recipient that increases the chance of a serious adverse event.
Documented Evidence	a written record of vaccination signed by the provider.
DRSM	Department of Respiratory and Sleep Medicine at CHS.
EPPs	exposure prone procedures. EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the Staff) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. This does not include procedures where there is potential for contact with a sharp instrument, needles or sharp tissues in open view, for example cannulation or venepuncture.
Existing Staff	Staff employed by CHS permanently or under a current contract on or before the implementation of this procedure AND excludes students.
Expert Advisory Committee	a committee that determines the ability of a BBV infected staff members to perform all duties of their position and work in high risk clinical areas.
Expert Risk Assessment Committee	a committee that determines the risk management plan for unprotected staff members.

Health Care Facility	refers to a defined service location such as a hospital, community health centre or other location where health services are provided.
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HBV non-responder	A non-responder is a person without HBV infection who has documented history of age-appropriate primary course of hepatitis B vaccine, but with a current anti-HBs level <10mIU/mL.
HCV	Hepatitis C Virus
HCV Status	the presence or absence of Hepatitis C infection and/or active disease.
HIV	Human Immunodeficiency Virus.
HIV Status	the presence or absence of HIV infection.
IGRA	interferon gamma release immunoassay, a laboratory blood test used to identify people infected with TB. This test does not distinguish between LTBI and TB disease.
Immunisation	the process by which an individual becomes immune against a particular infection either through natural infection or through vaccination. By being immune, one is protected from acquiring the disease in question.
Immunocompromised Staff	a person in whom the immune system's ability to fight an infectious disease is reduced or totally absent due to congenital (e.g. CVID) or acquired (e.g. HIV infection, solid organ transplant, or chemotherapy agents) causes.
Immuno-deficient	a state where the immune response of the body is lowered. This can increase the risk to an individual from infectious diseases and alter the immune response to vaccination by either reducing the response to the vaccine or by increasing the risk that a live vaccine may cause progressive infection. The degree of immuno-deficiency can vary from insignificant to profound and this should be taken into account when considering a schedule of vaccination or risk from exposure to infectious diseases.

IPCU	Infection Prevention and Control Unit at Canberra Hospital.
JMO	junior medical officer and includes interns, resident medical officers, registrars and senior registrars.
LTBI	latent TB infection. This is the presence of TB infection without TB disease.
Medical Assessment	the clinical assessment and review of a staff member or his or her medical record by a specialist medical practitioner, to substantiate a medical contraindication to a vaccination and/or develop an individual management plan.
Medical Contraindication to a 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 (e.g. anaphylaxis to a vaccine component) or temporary (e.g. pregnancy).
New Staff	staff offered a new contract to work in a health care facility after 1 March 2017 and includes all students.
OMU	the Occupational Medicine Unit.
Risk Categorisation	the process of assessing a position description according to the occupational risk of transmission of the specified infectious diseases. There are two risk categories – Category A and Category B. Category A has a further subcategory Category A - EPP.
Specified Infectious Diseases	the following diseases: Hepatitis B, Tuberculosis, Measles, Mumps, Rubella, Varicella, Diphtheria, Pertussis, Tetanus, Influenza, HIV, and Hepatitis C.
Student	person enrolled in a program of study at a tertiary or secondary educational institution or staff on clinical placements, such as post-graduate and “return to profession” programs that are formally undertaken with an education/vocational/tertiary institution and/or professional association bodies. Secondary school students include persons undertaking vocational education delivered by the Canberra Institute of Technology (CIT) and NSW Technical and Further Education (TAFE) Institutes as well as the Technical and Vocational Education and Training (TVET).

TB tuberculosis, an infection primarily caused by *Mycobacterium tuberculosis.*

TB Disease TB bacteria become active if the body's immune system cannot stop them from growing. When TB bacteria are active or multiplying, this is called TB disease. People symptomatic with pulmonary TB disease (TB affecting the lungs) or laryngeal TB disease (TB affecting the upper airways) can potentially transmit TB to other people. People with non-pharyngeal/non-laryngeal TB disease are generally not infectious.

TB Infection an infection caused by *Mycobacterium tuberculosis.* Not all TB infections are infectious. For example, latent TB infection is not considered infectious. Only individuals with TB disease are infectious and can potentially transmit TB to other people.

TB Screening a TST or IGRA.

TST Tuberculin Skin Test, a diagnostic tool used to identify people infected with TB. TST is not a test for immunity, and does not distinguish between LTBI and TB disease.

Vaccination is the administration of antigenic material (the vaccine) to produce immunity to a disease. Vaccines can prevent or ameliorate the effects of infection by a pathogen.

Vaccine non-responder a person who has been fully vaccinated against Hepatitis B according to the schedule identified by *The Australian Immunisation Handbook* but who has serological evidence of inadequate immunity

Volunteer an individual who undertakes work in an CHS operated facility that is not paid or remunerated (except out of pocket expenses) and works to fulfil a charity or community service.

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Search Terms

Vaccination, Vaccine, Chickenpox, Measles, Mumps, Pertussis, Whooping cough, Immunisation, HIV, Hepatitis B, Hepatitis C, Rubella, Tuberculosis, Bloodborne viruses, BBV, Hepatitis A, Meningococcus, Staff screening, Assessment, Occupational

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Attachment 2 - Form 2: Participation in Occupational Assessment, Screening and Vaccination Staff Currently Employed by CHS
Attachment 3 - Form 3: Tuberculosis (TB) Screening Assessment Tool
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Attachment 12 - Staff Screening Flow Chart

Disclaimer: *This document has been developed by Canberra Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Canberra Health Services assumes no responsibility whatsoever.*

Date Amended	*Section Amended*	*Divisional Approval*	*Final Approval*
19/03/2020	*Template and document updated to reflect current organisational structure*	*Policy Team Leader*	*Co-chair CHS Policy Committee*
17/06/2020	*Document updated to reflect current best practice as outlined by the National Guidelines*	*Frances Kaye, Assistant Director, Work Health Safety*	*CHS Policy Team*
17/08/2021	*COVID-19 Vaccination information added throughout document*	*Karen Grace Executive Director, Nursing & Midwifery and Patient Support Services*	*CHS Policy Team*
23/08/2021	*TB screening updated in section 12 and Form 3 updated*	*Fiona Kimber CNC Occupational Medicine Unit and Nick Coatsworth Infectious Disease Physician and Executive Director Medical Services Group*	*CHS Policy Team*

This document supersedes the following:

Document Number	*Document Name*

Attachment 1 - Form 1: Participation in Occupational Assessment, Screening and Vaccination – Staff New to CHS and Existing Staff Applying for New Positions

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FORM 1

New Category A Staff Members

Participation in Occupational Assessment, Screening and Vaccination

Category A staff members New to ACT Health, including students, agency/locum staff and volunteers and existing staff members applying for new Category A positions.

You must complete this form and attach evidence of your protection against the specified infectious diseases, in accordance to table in section 5 below. Return your completed Forms 1 and 3, and evidence of protection to the Occupational Medicine Unit (CHSOMU@act.gov.au) or for Students your **Educational Institution** as soon as possible.

1

Your Personal Details (please print) AGS number: ______________________________

Surname	*First Name*	*Date of Birth*
Home Address	*Post Code*	*Gender*
Telephone/Mobile	*Email*	
Job position	*Working Area*	*Manager Name*

2

Please read the Occupational Assessment, Screening and Vaccination procedure to understand the requirements before attending the Occupational Medicine Unit.

3

☐ I consent to participate in the assessment, screening and vaccination process for the specified infectious diseases and I am not aware of any personal circumstances that would prevent me from satisfying ALL the requirements OR

☐ I consent to participate in the assessment, screening and vaccination process for some of the specified infectious diseases but am unable to satisfy all requirements because I am a vaccine non-responder (hepatitis B) and/or have a medical contraindication to a vaccine. Please also complete and submit *Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine*.

► If you are a staff member new to ACT Health or an existing staff member applying for a new Category A position you must consent to participate in the assessment, screening and vaccination process. Category A job applicants identified as being suitable to fill a Category A job will not be offered an employment contract if they do not participate in the assessment, screening and vaccination process.

4

☐ I have read *Information Sheet 3* Risks, Consequences of Exposure and Protective Measures and agree to comply with protective measures required by ACT Health.

5 Tick relevant available evidence and attach evidence with this form.

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS	OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	☐ One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) within last 10 years. Not ADT.	Serology will not be accepted.	Not applicable.
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine. A verbal history and written declaration are acceptable if all attempts fail to obtain the vaccination record. **AND**	☐ Anti-HBs greater than or equal to 10mIU/mL. **OR**	Documented evidence of anti-HBc or HBS antigen.
Varicella zoster (chicken pox/shingles)	☐ 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age). **OR**	☐ Positive IgG for varicella. **OR**	☐ VZV PCR confirmed chickenpox or shingles
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart. **OR**	☐ Positive IgG for measles, mumps AND rubella. **OR**	☐ Birth date before 1966.
Tuberculosis screening (TB)	Not applicable. Note: Also complete and refer to Form 3 to see if clinical review by the Department of Respiratory and Sleep Medicine is required.	☐ Interferon Gamma Release Assay (IGRA)- TB Quantiferon. **OR**	☐ Tuberculin skin test (TST).
Influenza (Flu)	☐ Annual influenza vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June through to September. This vaccine is recommended but not mandatory.	Not applicable.	Not applicable.

For Staff members who are/may be required to perform **Exposure Prone Procedures** (EPPs) serology testing for blood borne viruses listed below is required. Examples of professions that perform EPPs include surgeons and operating assistants, dentists, obstetricians and midwives, and trauma physicians and nurses. This group includes ALL dental, medical and midwifery students.

EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the HCW) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient.

DISEASE	SEROLOGY RESULTS	OTHER COMMENT
Hepatitis B	☐ HBs antigen	Serology must be dated within the last 3 years.
Hepatitis C	☐ HCV antibody	
Human Immunodeficiency Virus (HIV)	☐ HIV antibody /antigen	

6

Print name *Signature* *Date*

If the above person is a student aged under 18 years of age a parent must sign below.

Print name of Parent *Signature of Parent* *Date*

Attachment 2 - Form 2: Participation in Occupational Assessment, Screening and Vaccination Staff Currently Employed by CHS

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FORM 2

Existing Category A staff members

Participation in Occupational Assessment, Screening and Vaccination

You must complete this form and attach evidence of your protection against the specified infectious diseases, in accordance to table in section 4 below.

Return your completed Forms 2 and 3, and evidence of protection to the Occupational Medicine Unit (CHSOMU@act.gov.au) as soon as possible.

1 Your Personal Details (please print) AGS number: ____________________

- Surname
- First Name
- Date of Birth
- Home Address
- Post Code
- Gender
- Telephone/Mobile
- Email
- Job position
- Working Area
- Manager Name

2 Please read the Occupational Assessment, Screening and Vaccination procedure to understand the requirements before attending the OMU.

3

☐ I consent to participate in the assessment, screening and vaccination process for the specified infectious diseases and I am not aware of any personal circumstances that would prevent me from satisfying all requirements. OR

☐ I consent to participate in the assessment, screening and vaccination process some of the specified infectious diseases but I am unable to satisfy all requirements because I am a vaccine non-responder and/or have a medical contraindication to a vaccine. Please also complete and submit *Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine*. OR

☐ I abstain from participating in the occupational assessment, screening or vaccination process and I have completed and attached *Form 5 Non-Participation in Occupational Assessment, Screening and Vaccination*.

4 ☐ I have read ***Information Sheet 3*** Risks, Consequences of Exposure and Protective Measures and agree to comply with protective measures required by ACT Health.

5 Tick relevant available evidence and attach evidence with this form.

DISEASE	EVIDENCE OF VACCINATION		SEROLOGY RESULTS		OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	☐ One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) within last 10 years. Not ADT.		Serology will not be accepted.		Not applicable.
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine. A verbal history and written declaration are acceptable if all attempts fail to obtain the vaccination record.	AND	☐ Anti-HBs greater than or equal to 10mIU/mL.	OR	Documented evidence of anti-HBc or HBS antigen.
Varicella zoster (chicken pox/shingles)	☐ 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age).	OR	☐ Positive IgG for varicella.	OR	☐ ...VZV PCR confirmed chickenpox or shingles
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart.	OR	☐ Positive IgG for measles, mumps and rubella.	OR	☐ Birth date before 1966.
Tuberculosis screening (TB) (If required)	Not applicable.		Note: Also complete and refer to Form 3 to see if tuberculosis screening +/- clinical review by the Department of Respiratory and Sleep Medicine is required. Tuberculosis screening is available for existing staff members through the Department of Respiratory and Sleep Medicine.		
Influenza (Flu)	☐ Annual influenza vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June through to September. This vaccine is recommended but not mandatory.		Not applicable.		Not applicable.

For staff members who are/may be required to perform **Exposure Prone Procedures** (EPPs), serology testing for blood borne viruses listed below is recommended. Examples of professions that perform EPPs include surgeons and operating assistants, dentists, obstetricians and midwives, and trauma physicians and nurses. This includes ALL dental, medical and midwifery students.

EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the HCW) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient.

DISEASE	SEROLOGY RESULTS	OTHER COMMENT
Hepatitis B	☐ HBs antigen	Serology must be dated within the last 3 years.
Hepatitis C	☐ HCV antibody	
Human Immunodeficiency Virus (HIV)	☐ HIV antibody /antigen	

6

Print name | *Signature* | *Date*

Attachment 3 - Form 3: Tuberculosis (TB) Screening Assessment Tool

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FORM 3

Category A staff members

Tuberculosis (TB) Assessment Tool

You must complete this form if you are a staff member who is applying for a Category A position or a student clinical placement. Please also use this form if you are a staff member currently employed by ACT Health in a Category A position.

NEW STAFF – APPLICATION FOR A CATEGORY A POSITION

ALL new staff require either a **tuberculin skin test (TST) or interferon gamma release assay/TB Quantiferon.** If you answer YES to any responses in Parts 1a-c you also require clinical review and clearance by an accredited Australian Chest Clinic (in ACT Department of Respiratory and Sleep Medicine (DRSM) - ph. 6244 2066). Return your completed Form 3, test results and clearance (if required) to the Occupational Medicine Unit (OMUACTHealth@act.gov.au), as soon as possible. **DO NOT ATTACH THIS FORM TO YOUR JOB APPLICATION.** You should retain a copy for your own records.

STUDENTS – APPLICATION FOR A CLINICAL PLACEMENT

ALL students require either a **tuberculin skin test (TST) or interferon gamma release assay/TB Quantiferon.** If you answer YES to any responses in Parts 1a-c you also require clinical review and clearance by an accredited Australian Chest Clinic (in ACT Department of Respiratory and Sleep Medicine (DRSM) – Phone Canberra Health Intake (CHI) ph. 6244 9977). Return your completed Form 3, test results and clearance
(if required) to your educational institution as soon as possible. You should retain a copy for your own records.

EXISTING STAFF – INITIAL AND ONGOING PERIODIC TB

Existing staff who have not previously been screened for tuberculosis and answer YES to any responses in Parts 1a-c require clinical review and clearance by the CHHS Department of Respiratory and Sleep Medicine (DRSM – ph. 6244 2066). **Periodic** tuberculosis re-screening (Part 3) is required for staff with frequent exposure to tuberculosis as outlined in Information Sheet 2. Staff should also attend screening upon returning from a high incidence country. Bring your completed Form 3 to the Department of Respiratory and Sleep Medicine (DRSM) at Canberra Hospital when your repeat TB testing is required.

▸ **Your Personal Details** Please *print* *Please Tick:* ☐ Existing Staff ☐ New Staff - Category A Job Applicant ☐ New Staff – Student

Surname	*First Name*	*DOB*
Home Address	*Educational Institution (if student)*	*Post Code*
Telephone	*Email*	*Gender*
Job Designation (e.g., Registered Nurse, Student)		*Student Number (if student)*
AGS Number (if Existing Staff)	*Work Area or Department*	

! High incidence of TB means a TB Incidence of ≥ 40 cases per 100,000 persons. Before you complete Part 2b of this form, review the list of countries with a high incidence of TB at the internet site: https://www.health.nsw.gov.au/Infectious/tuberculosis

Part 1a – Current Symptoms

Do you currently have any of the following symptoms?

- Cough for longer than 2 weeks ☐ Yes ☐ No
- Haemoptysis (blood in sputum) ☐ Yes ☐ No
- Recent unexplained weight loss ☐ Yes ☐ No
- Fever ☐ Yes ☐ No
- Night sweats ☐ Yes ☐ No

If Yes to any of the above, you should initially seek medical assessment by your GP. You MUST have a clinical review & clearance by CHHS Department Respiratory & Sleep Medicine (62442066).

Part 1b – Contact History

Have you had a known household contact (e.g. person who you have lived with) who has suffered from tuberculosis?
☐ Yes ☐ No

Have you had close contact with a person with pulmonary tuberculosis without the use of a P2/N95/Duck bill respirator mask?
☐ Yes ☐ No

Do you work, will you work or have you previously worked in any of the following high-risk areas?

- Chest (tuberculosis) clinic ☐ Yes ☐ No
- Bronchoscopy suite ☐ Yes ☐ No
- Laboratory handling *Mycobacterium tuberculosis* culture ☐ Yes ☐ No
- Mortuary ☐ Yes ☐ No

Staff working in high-risk areas require annual TB review by the DRSM

If Yes, you must provide evidence of a negative Quantiferon from an accredited Australian Laboratory after the date of your last exposure and within the past 3 years. Otherwise you MUST have a clinical review & clearance by an accredited Australian Chest Clinic, in the ACT DRSM phone CHI on 62449977

Part 1c – Positive TB Screening Test (tuberculin skin test or interferon gamma release assay (IGRA)/TB Quantiferon)

Have you ever had a positive tuberculin skin test (>5mm) or positive/indeterminate IGRA/TB Quantiferon?

☐ Yes ☐ No

If Yes to any of the above, you MUST have a clinical review & clearance by an accredited Australian Chest Clinic (includes ACT DRSM ph 62442066).

Part 2a – Are you a new staff member or student at Canberra Hospital & Health Services?
☐ Yes ☐ No

If you answer YES, you MUST demonstrate a negative tuberculosis screening by tuberculin skin test or interferon gamma release assay/ TB Quantiferon dated within the past 36 months. ATTACH results.
If positive tuberculin skin test (>5mm) or positive/indeterminate IGRA/TB Quantiferon **see Part 1c**

Part 2b – International Travel History

- What was your country of birth? ________________ Is this a country with a high incidence of TB? ☐ Yes ☐ No
- Identify any countries/regions you have lived in for a cumulative period of greater than 3 months:

If additional space is required, attach extra pages.

Country/region	*Date of most recent travel*	Is this a country with a high incidence of TB?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

If Yes to any of the above, you MUST have tuberculosis screening by tuberculin skin test or interferon gamma release assay/TB Quantiferon 3 months or more since most recent travel*. ATTACH results. If positive tuberculin skin test (>5mm) or positive/indeterminate IGRA/ TB Quantiferon **see Part 1c.**
***If tuberculosis screening is less than 3 months since date of last travel, you MUST have a clinical review & clearance by ACT Department of Respiratory & Sleep Medicine (ph. CHI 62449977).**

Part 3 – Periodic Re-screening (refer to Information Sheet 2 for definitions)

I am (existing staff)/will be (new staff) working in a:

☐ High risk work area (annual screen) ☐ Medium risk work area (five yearly screen) ☐ Low risk area (no routine screen)

Print Name ________ *Signature* ________ *Date* ________

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Attachment 4 - Form 4: Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine

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FORM 4

Category A staff members

Vaccine non-responders and staff with a medical contraindication to a vaccine

You must complete this form if you are a Category A staff member and you are a ***vaccine non-responder*** or you have ***a medical contraindication*** to the administration of a vaccine.

If you are a vaccine non-responder, attach documented evidence of your circumstances (e.g. record of vaccination and post vaccination serology). **If you have a medical contraindication**, attach evidence of your condition.

Return your completed **Form 4** and **evidence of your circumstances** to the Occupational Medicine Unit (CHSOMU@act.gov.au) (or for students your educational institution) as soon as possible.

ONLY COMPLETE THIS FORM IF YOU ARE A VACCINE NON-RESPONDER OR YOU HAVE A MEDICAL CONTRAINDICATION TO A VACCINE

1

Your Personal Details **AGS number:** ______________________

Surname *First Name* *DOB*

Home Address *Post Code* *Gender*

Telephone/Mobile *Email*

Job position *Working Area* *Manager Name*

2

I am a vaccine non-responder to /or are unable to be vaccinated against the following vaccine-preventable infectious diseases:

- ☐ HBV – Hepatitis B
- ☐ Varicella
- ☐ Influenza
- ☐ Diphtheria
- ☐ Tetanus
- ☐ Pertussis
- ☐ Measles
- ☐ Mumps
- ☐ Rubella

The Occupational Medicine Unit or my healthcare provider has explained to me the potential risks that my non-participation in the assessment, screening or vaccination of one or more of the specified infectious diseases may pose, both to me and others.

I understand my inability to demonstrate protection against all of the specified infectious diseases will require ACT Health to manage me as an **unprotected staff member**.

I consent to being managed and assessed by the Expert Risk Assessment Committee as an **unprotected staff member**.

I understand I can contact the Occupational Medicine Unit on 02 5124 2321 if I have any concerns about my immunisation or immunity status.

3

Print Name *Signature* *Date*

Attachment 5 – Form 5: Non-Participation in Occupational, Assessment, Screening or Vaccination

PRIVATE & CONFIDENTIAL

FORM 5

Existing Category A Staff

Non-Participation in Occupational Assessment, Screening or Vaccination

Staff Currently Employed by ACT Health

You must complete this form if you are a staff member currently employed at Canberra Hospital and Health Services in a Category A position who wishes to abstain from participating in occupational assessment, screening or vaccination against any of the specified infectious diseases. Submit your completed Form 5 to the Occupational Medicine Unit (CHSOMU@act.gov.au).

If you are currently working in a Category A position:
You must not work with high risk client groups or high risk clinical areas unless you are approved to do so. You must not perform exposure prone procedures unless you are approved to do so by an Expert Advisory Committee.

1

Your Personal Details (*Please print*) AGS number: ____________________

Surname	*First Name*	*DOB*
Home Address		*Post Code*
Telephone	*Email*	*Gender*
Job Position	*Working Area*	*Managers Name*

2

By signing this form you agree to the following:

I have been given the opportunity to read the *Occupational Assessment, Screening and Vaccination* procedure.

I do not consent to the assessment, screening or vaccination of the following specified infectious diseases:

☐ Measles ☐ Hepatitis B (HBV) ☐ Mumps ☐ Rubella ☐ Varicella
☐ Diphtheria/Tetanus/Pertussis ☐ Tuberculosis (TB)

My healthcare provider or OMU has explained to me the potential risks that my non-participation in the assessment, screening or vaccination of one or more of the specified infectious diseases may pose, both to me and others. I understand I can contact the OMU on 02 5124 2321 during work hours if I have any concerns about my immunisation or immunity status.

I understand that my decision to abstain from the assessment, screening and vaccination of the specified infectious diseases will require ACT Health to manage me as an unprotected staff member, as described in the *Occupational Assessment, Screening and Vaccination* procedure.

3

EXPOSURE PRONE PROCEDURES

Staff that perform EPPs are classified as Category A-EPP and must consent to provide information about their blood borne virus status, which includes information about their HBV, HCV and HIV status. For more information, see the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and the ACT Health *Blood Borne Virus in Health Care Workers* procedure.

☐ I am an existing Category A-EPP staff member and do not consent to provide information about my status for:

☐ Hepatitis B (HBs antigen) ☐ Hepatitis C ☐ HIV

☐ I understand my decision not to provide the required information means I may be restricted in performing EPP.

4

Print Name	*Signature*	*Date*

Attachment 6 - Information Sheet 1: Risk Categorisation – Risk of Occupational Exposure to the Specified Infectious Diseases.

INFORMATION SHEET 1

Risk Categorisation

Risk of Occupational Exposure to the Specified Infectious Diseases

Canberra Hospital and Health Services categorises all staff members according to their risk of occupational exposure to the specified infectious diseases. There are two categories of risk, Category A and Category B, which reflect the likelihood of exposure to infectious people and/or substances. Category A staff who perform exposure prone procedures are sub-classified as Category A-EPP.

Category A - Documentation of immunisation and/or immune status is mandatory.	
Contact with patients and/or blood, body substances or infectious materials including non-clinical staff working in ward or outpatient areas.	▸ Direct or indirect contact with, or potential exposure to: - Patients/clients. - Deceased persons or body parts. - Blood, body substances, infectious material. - Surfaces or equipment that might contain blood, body substances, infectious material, for example, soiled linen, surgical equipment, syringes. ▸ Other contact that would allow the acquisition or transmission of diseases that are spread by respiratory means. This includes staff: - Whose work requires frequent or prolonged face-to-face contact with patients or clients (e.g. staff interviewing or counselling individual clients or small groups, staff performing reception duties in an emergency/outpatients department). - Whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (e.g. ward clerks and patient transport officers). - Who, throughout their working week, are frequently required to attend clinical areas (e.g. food services staff who deliver meals). *Examples include, but are not limited to: dentists; doctors; contracted domestic and environmental staff, nurses; mortuary technicians; laboratory scientists; allied health practitioners; tertiary students; personal care assistants; clerical personnel on wards; maintenance engineers who service equipment; sterilising service personnel; personnel responsible for the decontamination and disposal of contaminated materials; laundry personnel; waste facility personnel (e.g. Mitchell Sterilising Services).*
Staff who perform EPPs are sub-classified as Category A - EPP	▸ EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the staff member) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. During EPPs, there is an increased risk of transmitting BBVs between staff and patients.

Category B - Documentation of immunisation and/or immune status is not required - Category B staff have no greater risk of exposure than the general community.	
No contact with patients or blood, body substances or infectious materials.	▸ Do NOT have contact with, or potential exposure to: - Patients/clients. - Deceased persons or body parts. - Blood, body substances, infectious material. - Surfaces or equipment that might contain blood, body substances, infectious material, for example, soiled linen, surgical equipment, syringes. ▸ Do NOT have other contact that would allow the acquisition or transmission of diseases that are spread by respiratory means. ▸ Normal work location is not in a clinical area e.g. administrative positions not in a ward, food services personnel in kitchens. ▸ Only attends clinical areas infrequently and for short periods of time e.g. maintenance contractor undertaking work in clinical area. *Examples include, but are not limited to: administration and clerical personnel in non-clinical work settings; some secondary students; stores personnel, kitchen personnel.*

Attachment 7 - Information Sheet 2: Checklist of Required Evidence of Protection

INFORMATION SHEET 2
Category A Staff

Checklist of Required Evidence of Protection

Category A staff must complete Form 1 (new staff/students) or Form 2 (existing staff) and provide evidence of protection against the specified infectious diseases. Acceptable evidence is set out in Table 1 and includes:

- A written record of vaccination signed by a medical practitioner or immunisation clinic nurse.
- Serological confirmation of protection.
- Other evidence. This may include evidence of a staff's status from a confidential immunisation register, for example: the Occupational Medicine Unit's *Immunisation Register* or the Calvary Health Care Bruce Staff Health Department's *Staffvax Database* or an immunisation database maintained by an Australian State or Territory Department of Health or the Australian Immunisation Register maintained by Medicare.

Please review Table 1 in detail. Serology is not acceptable evidence for some specified infectious diseases.

Post vaccination serological testing
Post-vaccination serological testing is only required for Hepatitis B. In some circumstances Canberra Hospital and Health Services may require serological evidence of protection. For example, if a vaccination record does not contain vaccine brand and batch number or official certification from the vaccination provider (clinic/practice stamp).

Declarations
A written declaration of protection against an infectious disease is not considered acceptable evidence, except for Hepatitis B immunisation where a verbal history and completed written declaration are acceptable if all attempts fail to obtain the vaccination record. This written declaration must be accompanied by a serology result showing Anti-HBs greater than or equal to 10mIU/mL.

Staff performing exposure prone procedures (EPPs) – Category A-EPP
EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the staff member) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. During EPPs, there is an increased risk of transmitting BBVs between staff and patients.

Staff performing EPP are recommended to provide evidence of serological testing dated within 12 months for:
Hepatitis B: HBs Antigen (in addition to anti-HBs for immunity)
HIV: HIV Antibody/Antigen
Hepatitis C: HCV Antibody.

Tuberculosis (TB) assessment, screening and clinical review
The purpose of TB screening and assessment is to:
- Establish if an individual has evidence of latent TB infection (LTBI).
- Diagnose and treat active cases of TB in staff.
- Establish baseline health with tuberculin skin test (TST) or interferon release assay (IGRA) and/or chest X-ray.

All category A staff (new and existing) must submit a completed Form 3 *Tuberculosis (TB)* ***Assessment*** *Tool*.

TB **screening** with a TST or IGRA is required for:
- All new staff, including students
- Existing staff born in a country with an incidence of TB of ≥ 40 cases per 100,000 persons
- (see "List of countries with high incidence of TB" under Epidemiology of tuberculosis https://www.health.nsw.gov.au/Infectious/tuberculosis)
- Existing staff that have had household or close unprotected contact with a person with TB
- Existing staff that have lived/travelled for a cumulative time of ≥ 3 months in a country with an incidence of TB of ≥ 40 cases per 100,000 persons (see link above)
- Existing staff that have worked in a high-risk work area (Table 2)

TST must be conducted by an accredited Australian Chest Clinic including the Canberra Hospital Department of Respiratory and Sleep Medicine (DRSM) (ph: 02 5124 9977). IGRA (i.e. TB Quantiferon) must be conducted by a National Association of Testing Authorities Australia accredited laboratory.

Canberra Health Services

INFORMATION SHEET 2
Category A Staff

TB **clinical review** by an accredited Australian Chest Clinic including DRSM at The Canberra Hospital (02 5124 9977) is required for:

- New or existing staff that have symptoms suggestive of active TB
- New or existing staff that have had household or close unprotected contact with a person with TB
- New or existing staff that have lived/travelled for a cumulative time of ≥ 3 months in a country with an incidence of TB of ≥ 40 cases per 100,000 persons (see "List of countries with high incidence of TB" under Epidemiology of tuberculosis https://www.health.nsw.gov.au/Infectious/tuberculosis) and have returned to employment within three months of return from travel.
- New or existing staff that work in high risk areas (Table 2)
- New or existing staff with a positive TB screening test (TST >5mm or indeterminate/positive IGRA)

Periodic TB Screening

The frequency of periodic TB screening and assessment by the DRSM will depend on whether staff are considered to be working in a high, medium or low risk clinical area as set out in Table 2.

Table 1 *Documented evidence of protection against the specified infectious diseases required from Category A staff/applicants*

DISEASE	EVIDENCE OF VACCINATION		SEROLOGY RESULTS		OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	☐ One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) within last 10 years. *		**Serology will not be accepted.**		**Not applicable.**
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine. A verbal history and written declaration are acceptable if all attempts fail to obtain a vaccination record.	**AND**	☐ Anti-HBs greater than or equal to 10mIU/mL.	**OR**	Documented evidence of anti-HBc or HBS antigen.
Varicella zoster (chicken pox/shingles)	☐ 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age).	**OR**	☐ Positive IgG for varicella.	**OR**	☐ VZV PCR confirmed chickenpox or shingles
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart.	**OR**	☐ Positive IgG for measles, mumps and rubella.	**OR**	☐ Birth date before 1966.
Tuberculosis screening (TB) (if required)	**Not applicable.** Note: Complete and refer to Form 3 as to whether screening and clinical review by the Department of Respiratory and Sleep Medicine is also required.		☐ Interferon Gamma Release Assay (IGRA)-TB Quantiferon.	**OR**	☐ Tuberculin skin test (TST).
Influenza (Flu)	☐ Annual influenza vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June through to September.		**Not applicable.**		**Not applicable.**

* ADT vaccine doesn't contain pertussis and is not counted as evidence of vaccination for diphtheria/tetanus/pertussis.

Table 2 *Ongoing Periodic Tuberculosis Screening*

Risk	Examples	Frequency
High – manage > 3people with infectious TB per year	Chest clinic staff, bronchoscopy suite staff, laboratory workers handling cultures of tuberculosis, mortuary attendants	Annually
Medium – manage 1-3 people with infectious TB per year	Respiratory ward/clinic doctors, nursing staff, physiotherapists and technicians, infectious diseases physicians	Five yearly
Low – do not routinely manage people with infectious TB	All other staff	No routine periodic screening

Attachment 8 - Information Sheet 3: Specified Infectious Diseases

Canberra Health Services

INFORMATION SHEET 3
Category A Staff

Specified Infectious Diseases

Risks, Consequences of Exposure and Protective Measures

Refer to the current edition of *The Australian Immunisation Handbook* for further information about the specified infectious diseases. The current edition is available online at: https://immunisationhandbook.health.gov.au/

For information about blood borne viruses, refer also to the 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

Below is a brief description of the specified infectious diseases, which is taken from the NSW Health *A-Z Infectious Diseases* website: https://www.health.nsw.gov.au/Infectious/diseases

Specified Infectious Diseases
For information and management in the event of exposure: see https://www.health.nsw.gov.au/Infectious/factsheets

Diphtheria	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.
Hepatitis B (HBV)	Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/ needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients.
Hepatitis C (HCV)	Blood-borne viral disease. Affects the liver. Is transmitted through blood to blood contact. There is treatment that can cure some people, depending on the type of HCV they have. People can have the virus for many years and some may develop serious liver disease.
Human Immunodeficiency Virus (HIV)	Blood-borne viral disease. HIV damages the body's immune system, which makes it more difficult to fight off infections and some cancers. Most people have mild symptoms or no symptoms when they are first infected. Some people develop a flu-like illness with fever, sore throat, swollen glands or a rash a few weeks after being infected. These symptoms usually disappear without treatment after a few days. This is called the seroconversion illness. After the initial illness, people with HIV infection usually have no symptoms, despite the virus living in the body. Specific at risk groups include: men who have sex with men; people from a country that has high rates of HIV; people who inject drugs; people who have had tattoos or other piercings overseas using unsterile equipment.
Measles	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 1st dose and children over 4 years of age who have not had a 2nd dose.
Mumps	Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, for example, swelling of testes or ovaries; encephalitis or meningitis may occur rarely.

Canberra Health Services

INFORMATION SHEET 3
Category A Staff

Specified Infectious Diseases
For information and management in the event of exposure: see https://www.health.nsw.gov.au/Infectious/factsheets

Pertussis (Whooping cough)	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a "whoop" sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age.
Rubella (German Measles)	Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage.
Seasonal Influenza (Flu)	Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch (e.g. handshake). Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection.
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised.
Tuberculosis (TB)	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. See "List of countries with high incidence of TB" under Epidemiology of tuberculosis https://www.health.nsw.gov.au/Infectious/tuberculosis)
Varicella (Chicken pox)	Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk.

Attachment 9 - Information Sheet 4: Student Information – Requirements for Occupational Assessment, Screening and Vaccination

ACT Government | Canberra Health Services

INFORMATION SHEET 4
Students

Student Information, including ACT Health employees on Clinical Placement

Requirements for Occupational Assessment, Screening and Vaccination

The transmission of infectious diseases in health facilities has the potential to cause serious illness and avoidable deaths for staff, patients and other persons in the community. ACT Health is committed to minimising the risk of transmission of the specified infectious diseases and blood borne viruses listed in **Table A**. Refer to the *Occupational Assessment, Screening and Vaccination* procedure for more information. In this procedure students have the same vaccination and screening requirements as staff.

Table A
The Specified Infectious Diseases

Specified Infectious Diseases	Blood Borne Viruses (Dental, Medical and Midwifery Students)
Diphtheria	Hepatitis B (infection)
Pertussis (Whooping cough)	Hepatitis C
Tetanus	Human Immunodeficiency Virus (HIV)
Measles	
Mumps	
Rubella (German Measles)	
Varicella (Chicken Pox)	
Tuberculosis (TB)	
Influenza (Flu)	
Hepatitis B (immunity)	

Canberra Hospital and Health Services has developed the following documents to help you understand and comply with the *Occupational Assessment, Screening and Vaccination* procedure:

Information Sheet 1 Risk Categorisation – risk of occupational exposure to the Specified Infectious Diseases.
Information Sheet 2 Checklist of required evidence of protection.
Information Sheet 3 Risks, consequences of exposure and protective measures.

Form 1 Participation in Occupational Assessment, Screening and Vaccination – staff new to ACT Health and existing staff applying for new positions.
Form 3 Tuberculosis (TB) Assessment Tool.
Form 4 Vaccine non-responders and staff with a medical contraindication to a vaccine.

Some of the assessment, screening and vaccination requirements take several months to complete. For this reason, it is recommended that you undertake all requirements as soon as possible.

Exposure Prone Procedures (EPPs) are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. Refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* for more information.

Staff who perform EPPs must consent to provide information about their Hepatitis B, Hepatitis C and HIV status including:
For Hepatitis B: HBs Antigen
For Hepatitis C: HCV Antibody.
For HIV: HIV Antibody/Antigen

Dental, medical and midwifery students may be required to perform or assist with EPPs during their clinical placement and must consent to provide information about their Hepatitis B, Hepatitis C and HIV status.

Other students (e.g. allied health) are not required to provide information about their HBV, HCV and HIV status except if this is required for a particular clinical placement known to involve EPPs.

Student Responsibilities

Make an appointment to see your General Practitioner. Take the following information to the appointment: your Vaccination Record Card (if you have one) or other evidence of vaccination and immunity; Information Sheet 2; and Form 1, 3 and 4 (if applicable). Your GP will assess if you meet all the screening and vaccination requirements. Some students, as outlined on Form 3, may need a tuberculosis clinical review by an Australian accredited Chest Clinic, such as the Department of Respiratory and Sleep Medicine at the Canberra Hospital (ph 02 5124 9977).

Submit the completed and signed Forms 1 and 3 (and 4 if applicable) to your clinical placement officer at your educational institution as soon as possible. **If you are under 18 years of age, your parent (or guardian) must also sign your forms.** Your educational institution will notify ACT Health of your screening and vaccination status, and if required forward copies of Forms 1 and 3 (and 4 if applicable).

You may not be permitted to attend a clinical placement in an ACT Health facility if you do not consent to participate in the occupational assessment, screening and vaccination process or you do not meet all the requirements of the *Occupational Assessment, Screening and Vaccination* procedure.

If you are a vaccine non-responder or have a medical contraindication to a vaccination your educational institution is responsible for advising you about the risks, preventative measures and appropriate procedures if you are exposed to an infectious disease you are not vaccinated for on clinical placement. You may also like to speak with your General Practitioner. The expert risk assessment committee will assess if you can attend clinical placement. When on clinical placement you will be managed as an unprotected staff member. Unprotected staff members may have restrictions in the areas they work or the groups of patients they work with.

Incomplete Hepatitis B vaccination

A full adult course of Hepatitis B vaccine consists of three doses, with a minimum of 1 month between the first and second doses and minimum of 2 months between the second and third dose and a minimum of 4 months between the first and third dose (i.e. 0, 1 and 4 month or 0, 2 and 4 month schedule). Post-vaccination serological testing is required 4-8 weeks after completing the vaccination course. This means that the minimum time to complete a course of HBV vaccine and serological testing is five months.

ACT Health recognises that you may not be able to complete the Hepatitis B vaccination requirements prior to the scheduling of your first clinical placement. If you are a first year student in your first semester of study and have commenced but not yet completed a course of Hepatitis B vaccine you may attend a clinical placement if you have:

- Completed all other vaccination requirements and consent to being managed as an unprotected staff member AND
- Provided documented evidence that you have received at least the first dose of Hepatitis B vaccine AND
- You agree to complete the Hepatitis B vaccine course within the minimum possible timeframe and provide a post-vaccination serology result within 6 weeks of having completed your Hepatitis B vaccine course.

Failure to complete the Hepatitis B vaccine course and provide a post-vaccination serology result will result in suspension from attending further clinical placements in all ACT Health facilities. ACT Health recognises this may jeopardise your course of study.

Your educational institution is responsible for advising you about the risks, preventative measures and appropriate procedures if you are exposed to blood or body fluids on clinical placement prior to having received a full course of Hepatitis B vaccine. You may also like to speak with your General Practitioner.

Attachment 10 - Certificate of Compliance

Category A Staff

AGS number: ___________________________

CERTIFICATE OF COMPLIANCE

First Name	Surname	Date of birth	Job Designation/Classification

The above named staff member has been assessed according to the Occupational Assessment, Screening and Vaccination procedure in relation to the requirements of a **Category A** (contact with patients or contact with blood, body substances or infectious material) position. The staff member is:

☐ **Fully protected**	This person has provided all required evidence to demonstrate vaccination and/or immunity to the specified infectious diseases outlined in the Occupational Assessment, Screening and Vaccination procedure and may work as a Category A staff member. Influenza vaccine should be administered annually preferably between the months of March and August.

☐ **Unprotected due to vaccine non-response, vaccine contraindication, not yet completed vaccine course or permission to abstain (existing staff only) to the specified infectious diseases as indicated with "X"**	☐ Hepatitis B	**No** work restrictions Must present to OMU for urgent assessment in event of blood or body fluid exposure
	☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Diphtheria, Tetanus & Pertussis	**Work restrictions may apply** Refer to Occupation Assessment, Screening and Vaccination procedure for restrictions and risk management.
	If not yet completed a vaccine course. Final dose of vaccine due on: Serology (if applicable) due by:	As soon as the vaccine course/serology has been completed the staff member is to present to OMU with the evidence.

☐ **Exposure Prone Procedures (EPPs) – blood borne virus assessment** Required **ONLY** for staff who perform EPPs	**HIV** results cited & approved: ☐ Yes Date of test: __________________ **Hepatitis B** results cited & approved: ☐ Yes Date of test: __________________ **Hepatitis C** results cited & approved: ☐ Yes Date of test: __________________	**Annual testing (or following an occupational or non-occupational exposure)** is advised for staff that perform EPPs in accordance with the *Australian National Guidelines for the management of Health Care Workers Known to be Infected with Blood Borne Viruses.*

Ongoing Vaccination/Screening Requirements (new Certificate of Compliance to be issued at time)
Pertussis (dTpa) vaccination (every 10 years as per NHMRC) - **Date due:** ______________________

Name of Assessor	Signature of Assessor and Date	Stamp OMU Authorisation

V1 01 05 2017 OCCUPATIONAL MEDICINE UNIT (OMU), WORKPLACE SAFETY, Building 15, Level 1, Canberra Hospital ✆ 02 6244 2321
Email: OMUACTHealth@act.gov.au

Attachment 11 - Unprotected Staff Member Risk Assessment

ACT Government | Canberra Health Services

Category A Staff Member
Risk management for unprotected staff

First Name *and* ***Surname*** *of Staff Member* ***Job Designation/ACT Health Division*** *(e.g. Registrar, Midwifery Student)*

The above named staff member has been assessed as UNPROTECTED to the following Infectious Diseases according to the ACT Health Occupational Assessment, Screening and Vaccination procedure:

Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Diphtheria, tetanus, pertussis ☐ Hepatitis B ☐

The staff member has been approved by the Expert Risk Assessment Committee to work at Canberra Hospital and Health Services(CHHS) under the following risk management framework:

a. If the healthcare facility has suspected or proven case(s) of above mentioned infectious disease to which the staff member is unprotected, the staff member must be excluded from working in the same clinical area until the case(s) is discharged or no longer infectious.

b. Advice must be sought from Occupational Medicine Unit (OMU) immediately if the staff member has been in contact with a case of the above mentioned infectious disease to which they are unprotected. The unprotected staff member may require exclusion from work on the recommendation of the OMU or Infection Prevention Control Unit according to the Healthcare Associated Infections procedure. If excluded from work the staff member must follow the exclusion period outlined in the Healthcare Associated Infection procedure.

c. The unprotected staff member must be excluded from the healthcare facility until assessed by a medical practitioner to be non-infectious if he/she:

- Develops a fever (measles).
- Develops a new unexplained rash (measles/rubella/varicella-zoster).
- Develops a coughing illness (measles/pertussis).

The above named staff member must also be aware of the procedures related to the practice of standard and transmission based precautions within CHHS to reduce the risk of exposure to blood, body fluid and other infectious material, and that post exposure prophylaxis or treatment may be available following exposure to the above mentioned infectious disease to which the staff member is unprotected.

This approval requires review by *(insert date)*:

(Maximum time is 5 years; for temporary contraindications to vaccination, insert date when contraindication is likely to cease)

Chair Expert Risk Assessment Committee *(name, position & signature)* Date

Manager or delegate of staff *(name, position & signature)* Date

Staff member signature Date

Copies: Staff member, Staff member's Manager, Executive Director, and OMU *(For student: CHHS Student Clinical Placement Office)*

Attachment 12 - Staff Screening Flow Chart