

Immunisation Requirements for Health Care Workers - Quick Reference

Title Guide

TARGET AUDIENCE

All health care workers (HCW) at Alfred Health and Women's @ Sandringham. This includes employees, agency staff, contractors, Visiting Medical Officers (VMOs), locums, students, volunteers and observers.

PURPOSE

To protect Alfred Health patients, staff and visitors from vaccine preventable diseases by ensuring that all staff are aware of the immunisations recommended by Alfred Health based on their risk of exposure and the risk to others that they care for or work with.

BACKGROUND

Health care workers (HCWs) may be exposed to, and transmit, vaccine-preventable diseases such as Hepatitis B, influenza, measles, varicella (chicken pox) and pertussis (whooping cough). Maintaining immunity in the health care worker population helps prevent transmission of vaccine-preventable diseases to and from health care workers, patients and visitors to Alfred Health.

The type of contact a health care worker has with patients/clients, exposure risk to blood or body substances or the susceptibility of their patient population will determine a health care worker's potential infection exposure risk and requirements to demonstrate immunity to vaccine preventable diseases. Work activities, rather than job title, should assist with determining the appropriate level of protection recommended.

Health care worker responsibilities

The Alfred Health employment guidelines and The Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Service Standard 3 (Standard 3.6.1) require all healthcare workers to **provide acceptable evidence** of either pathology and/or immunisation results for certain vaccine preventable diseases **prior to commencing employment**. *This is to ensure that the risk of infection to themselves, colleagues, patients and visitors is minimised.*

Evidence of your immunisation status must be provided for every disease listed under your applicable immunisation category (i.e. category A or B or C or laboratory worker).

The failure to provide this information may impact on their ability to commence work or a clinical placement or they may be deployed to an area of lower risk until immune status is determined

Pre-employment screening

All employees of Alfred Health will be issued with a questionnaire requesting information on immune status or vaccination to Hepatitis, B, Measles, Mumps, Rubella, Pertussis and Varicella (chickenpox). Clinical staff will be also asked questions regarding exposure to Tuberculosis and Tuberculin Skin or QuantiFERON tests results. Immunisation/pathology results can be obtained from your GP and/or your previous employer. If you are unable to provide evidence of your immunity or a vaccination record, you will be required, prior to commencing work at Alfred Health, to undergo routine pathology screening by your GP to assess your immunity to certain vaccine preventable diseases, as listed below.

Questionnaires and relevant documentation will be assessed by Staff Immunisation and Exposure Management who will review and notify the staff member of Alfred Health's recommendations.

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Students

All students are expected to comply with the requirements and immunisation recommendations of the relevant student placement agreement between Alfred Health and the student's education provider. Failure to do so may impact on the student's clinical placement. The onus of responsibility is on the student and the student's education provider to ensure compliance with Alfred Health's requirements and immunisation recommendations.

Volunteers, Visiting Clinicians and Work Experience Students

All volunteers, visiting clinicians and work experience students should be vaccinated according to their exposure risk and must be able to provide evidence of their immunisation status on request.

Volunteers participating in the Sandringham Hospital 'Cuddle Program' must be immunised against relevant vaccine preventable diseases, as per level of risk and provide their vaccination and immunisation evidence prior to commencement.

Contractors

All contractors are advised to know their vaccine status. Risk is dependent on the type of work and where they are working in the health service. Contractors who are working in clinical areas pose the greater risk of transmitting infection to Alfred Health staff or patients.

Database

Alfred Health will keep information you provide on this questionnaire confidential in accordance with relevant privacy laws. An Alfred Health electronic medical record will be generated for all immunisation related documentation, unless otherwise indicated by discussing with Staff Health

All Alfred Health staff vaccination records are stored in a confidential data base which is accessible by Staff Immunisation and Exposure Management staff and Infection Prevention staff only.

Informed consent and Decline

- Prior to vaccination, documented informed consent will be obtained
- If recommended vaccines are declined, the healthcare worker will be requested to complete a form documenting their refusal
- Staff need to be aware of the potential risks that not being immunised for vaccine preventable diseases may pose to patients and others and that this may require Alfred Health to impose work restrictions, may require me to wear personal protective equipment (PPE) or be redeployed from high risk areas. The consequences of my refusing to be vaccinated for vaccine preventable diseases could endanger my health and the health of those whom I have contact including; patients in this healthcare setting, my co-workers, my family and my community.

Employees personal immunisation record

- Documentation of administered vaccinations and serology results will be provided.
- Vaccine records can be generated on request

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Table 1: Risk Categories for Healthcare Workers

Category	Risk	Examples
A	Direct contact with blood or body substances. This category includes all persons who have physical contact with, or potential exposure to, blood or body substances.	Dentists, medical practitioners, nurses, midwives, allied health practitioners, ambulance, healthcare students, laboratory staff, mortuary workers, maintenance engineers who service equipment, sterilising service staff, cleaners, porters who transport patients around health facilities, and staff responsible for the for the decontamination and disposal of contaminated materials
B	Indirect contact with blood and body fluid substances. Rarely have direct contact with blood or body substances. These employees may be exposed to infections spread by the airborne or droplet routes, but are unlikely to be at risk from blood borne diseases	Catering staff and ward clerks
C	Minimal patient contact. Occupational groups that have no greater exposure to infectious diseases than do the general public. The exact nature of job responsibilities should be taken into account when deciding immunisation requirements, and all staff are encouraged to be fully vaccinated.	Administrative/Office clerical staff, kitchen staff and gardening staff
Laboratory Staff	May have additional vaccination requirements if they are working with or may be exposed to specific agents, e.g. Q fever, anthrax, poliomyelitis, Japanese encephalitis, N meningitis, Yellow fever, Typhoid, Rabies	Laboratory staff should also receive the vaccines noted in category A

Source: Australian Guidelines for the Preventing and Control of Infection in Healthcare, 2010, and The Australian Immunisation Handbook 10th Edition 2013.

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Vaccine preventable diseases – Requirements and recommendations for acceptable evidence of immunity to specific VPDs

All staff should have received their routine childhood immunisations. If you are unsure or can confirm that you were not fully vaccinated as a child, this should be discussed with your nurse immuniser.

Vaccine	Immunisation recommended for:	Required evidence of immunity	Comment
MMR (Measles, Mumps, Rubella)	Category A and B staff	Documented serological evidence of immunity to measles, mumps, rubella OR Documented evidence of 2 doses of MMR vaccination a minimum of one month apart	Those born prior to 1966 are considered immune unless serological evidence suggests otherwise If an adult is non-immune, 2 doses of MMR vaccination a minimum of one month apart is recommended
Influenza	All employees	Annual vaccination	
Varicella Zoster	Category A and B staff	History of disease, OR documented positive serology OR vaccination with 2 documented doses of vaccine. Serology required on staff with negative or unsure history of disease or vaccination.	If an adult is non immune 2 doses 28 days apart is recommended.
Pertussis	Category A and B staff working with young children/ neonates	A primary course given in childhood consists of 3 vaccines followed by boosters at 4 years of age and at 12-17 years of age (a total of 5 vaccinations). A booster is recommended for HCWs working with young children/ neonates	A single dose is recommended for a non-vaccinated HCW. Booster dTpa dose for HCW working with neonates is recommended if not given previously within 10 years.
Hepatitis B	Category A and B staff	History of vaccination: 3 doses of vaccine: <ul style="list-style-type: none"> • 2nd dose 1 month after 1st dose • 3rd dose a minimum of 2 months after the 2nd dose • AND Antibody testing is recommended 4-8 weeks after the 3 rd dose	Booster doses are not recommended in immunocompetent individuals after a primary course is given where evidence of long lasting protection (anti-Hbs \geq 10mIU/mL) has been achieved.

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Vaccine	Recommended for:	Evidence of immunity required	Comment
Tuberculosis Screening	Category A staff	<p>Documentation of Mantoux testing or Quantiferon Gold (within the last 12 months) is required.</p> <p>A Quantiferon Gold blood test will be offered Frequency of periodic TB screening depends on the risk categories of the facility and the work activity.</p> <p>'High risk' procedures eg Physiotherapy, bronchoscopy, should be screened /tested every two years if not known to be previously Quantiferon positive.</p> <p>Medium risk settings require screening every two years unless the risk of infection is shown to be less than 1 per cent per annum.</p> <p>Low risk settings need not be routinely screened during employment.</p>	<p>Assessed on commencement of employment and after exposure.</p> <p>If a HCW is already known to be QF positive then it is not useful to repeat</p>
BCG	No longer recommended	Screen by scar	
Hepatitis A	Plumbers and Hyperbaric technicians	<p>A primary course is 2 doses of vaccine, schedule for administration 6-12 month apart</p> <p>Test by serology</p>	
Meningococcal disease	Microbiology Laboratory personnel	<p>Documented dose of Meningococcal C conjugate vaccine, plus polysaccharide MenACWY within the past 5 years (maximum 1 booster)</p> <p>OR</p> <p>Documented dose of Meningococcal Group A, C, W135 and Y conjugate vaccine if < 55 yrs</p> <p>AND</p> <p>Two dose course Meningococcal B vaccine 4CMenB (recommended only)</p>	<p>Recommended if working with meningococcal disease</p> <p>Vaccine plus boosters Age dependant</p>

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Vaccine	Recommended for:	Evidence of immunity required	Comment
Polio	Category A and B staff	History of a 3 dose primary course of IPV (IPOL) or IPV containing vaccines. AND Category A staff and laboratory workers, 10 yearly boosters are currently desirable	Documentation is not required Confirmation of immunity post vaccination is not required

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KEY RELATED DOCUMENTS

- a. Key aligned policy
 - o [Preventing and Controlling Healthcare Associated Infections Policy](#)
- b. Key legislation, acts & standards:
 - o Charter of Human Rights and Responsibilities Act 2006 (Vic)¹

REFERENCES

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) National Health and Medical Research Council <http://www.nhmrc.gov.au/guidelines/publications/cd33>

National Health and Medical Research Council. 'The Australian immunisation handbook'. 10th edition. Canberra: Australian Government Publishing Services, 2013.

Department of Human Services. 'Management, prevention and control of tuberculosis: guidelines for health care providers 2002-2005'. Infectious Diseases Unit. Human Services Promotions Unit.

Immunisation for health care workers Seventh edition 2014: Updated August 2014. Victorian Government Department of Human Services.
http://www.health.vic.gov.au/infectionprevention/downloads/immunisation_hcw.pdf

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¹ REMINDER: Charter of Human Rights and Responsibilities Act 2006 – All those involved in decisions based on this guideline have an obligation to ensure that all decisions and actions are compatible with relevant human rights.