

Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff

1 Applies to

This procedure applies to:

- All Category A and Category A1 Health Care Workers (HCWs) in Calvary Public Hospital Bruce (CPHB). Refer to the Occupational Assessment, Screening and Vaccination Policy or Information Sheet 1 to determine risk categories.
- NOTE: There is a separate procedure for Category B HCW.

2 Purpose

Consistent with our values of Hospitality, Healing, Stewardship and Respect, Calvary is committed to providing a safe environment for staff and patients. The purpose of this procedure is to inform HCWs of the requirements for occupational assessment, screening and vaccination against specified infectious diseases to minimise the risk of transmission between HCWs and patients.

3 Responsibilities

Responsible group 1: CPHB Executive

- Ensure the procedure is implemented within CPHB.
- Ensure resources are available for staff to adhere to the procedure.

Responsible group 2: Infection Control Department Manager/Department Manager

- Ensure the policy is communicated to their staff.
- Monitor compliance to procedure in their area.
- Provide staff with opportunities to attend education and training.
- Ensure resources are available to adhere to the procedure.
- Investigate any incidents of non-compliance to the procedure in Riskman2.
- Ensure that the procedure is up to date and ensure that the procedure is reviewed in line with the expiry date.

Responsible group 3: Employee

- Comply with the requirements of this procedure in relation to their occupational risk category.

4. Procedure

4.1. Compliance

All category A and A1 HCW **must comply** with the requirements of this procedure. This includes:

- All employees of CPHB who work in a Category A or A1 position;

Approved by: Director of Patient Safety and Quality	Approved Date: 28/02/2018
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- All agency, contract or contracted staff (see Section 5.4 of Special Categories) who work onsite in a Category A position;
- All volunteers and participants in the Refugee Mentoring Program (RMP whose duties involve Category A risks);
- All students (see Section 5.3 of Special Categories) who attend clinical placements within CPHB whose duties involve Category A risks , including:
 - Medical Students;
 - Nursing and Midwifery Students;
 - Allied Health Students.

Compliance requirements**i. New Category A staff members**

In order to be considered compliant, all **new Category A staff members** must:

- Complete Form 1 – Participation in Occupational Assessment, Screening and Vaccination and attach acceptable evidence as per Section 4.3 of this procedure; **AND**
- Complete Form 3 - *TB Screening Assessment Tool* and attach acceptable evidence as per Section 4.4 of this procedure;
- Submit the above documentation to the CPHB Human Resources (HR) Department for assessment;
- The cost of the screening and vaccination as required under this Procedure is the responsibility of the applicant prior to start of employment with CPHB (see exclusions for Special Categories of HCW's listed under Section 5 of this Procedure).

ii. Existing Category A staff members

In order to be considered compliant, all **existing Category A staff members** must:

- Complete Form 2 - Participation in Occupational Assessment, Screening and Vaccination if they elect to participate in the occupational assessment, screening and vaccination process and attach acceptable evidence as per Section 4.3 of this procedure; **OR**
- Complete Form 5 – Non- Participation in Occupational Assessment, Screening and Vaccination if they elect not to participate in the occupational assessment, screening and vaccination process. Note: the HCW will be managed as an unprotected HCW (see Section 5.5 of this procedure) and this may involve the HCW being reassigned to an area of lower risk, which may include work restrictions, as determined by the CPHB Expert Advisory Committee; **AND**
- Complete Form 3 - TB Screening Assessment Tool and attach acceptable evidence as per Section 4.4 of this procedure
- Submit the above documentation to the CPHB IC&SH Department for assessment
- The cost of the screening and vaccination as required under this Procedure is the responsibility of CPHB (see exclusions for Special Categories of HCW's listed under Section 5 of this Procedure).
- Note: All existing staff members who apply for a new Category A position will be required to comply with new staff requirements as outlined above.

iii. New Category A1 staff members

In order to be considered compliant, all **new Category A1 staff members** must:

- Complete Form 1 – Participation in Occupational Assessment, Screening and Vaccination and attach acceptable evidence as per Section 4.3 of this procedure; **AND**
- Complete Form 3 - TB Screening Assessment Tool and attach acceptable evidence as per Section 4.4 of this procedure; **AND**
- Provide additional evidence of serological testing for the following blood borne viruses (BBVs) as per Section 4.5 of this procedure:
 - HBV – HBs Ag and Anti-HBs;

- HIV – HIV Ab/Ag test;
- HCV – HCV Antibody.
- Submit the above documentation to the CPHB HR Department for assessment;
- Provide the above serological results for BBVs:
 - When applying for a new Category A1 role;
 - If there has been a possible occupational exposure to a BBV;
 - If there has been a possible non-occupational exposure to a BBV.
- The cost of the screening and vaccination as required under this Procedure is the responsibility of the applicant prior to start of employment with CPHB (see exclusions for Special Categories of HCW's listed under Section 5 of this Procedure).

iv. Existing Category A1 staff members

In order to be considered compliant, all **existing Category A1 staff members** must:

- Complete Form 2 - Participation in Occupational Assessment, Screening and Vaccination if they elect to participate in the occupational assessment, screening and vaccination process and attach acceptable evidence as per Section 4.3 of this procedure; **OR**
- Complete Form 5 – Non- Participation in Occupational Assessment, Screening and Vaccination if they elect not to participate in the occupational assessment, screening and vaccination process. Note: the HCW will be managed as an unprotected HCW (see Section 5.5 of this procedure) and this may involve the HCW being reassigned to an area of lower risk, which may include work restrictions, as determined by the CPHB Expert Advisory Committee; **AND**
- Complete Form 3 - *TB Screening Assessment Tool* and attach acceptable evidence as per Section 4.4 of this procedure; **AND**
- Provide additional evidence of serological testing for the following blood borne viruses (BBVs) as per Section 4.5 of this procedure:
 - HBV – HBs Ag and Anti-HBs;
 - HIV – HIV Ab/Ag test;
 - HCV – HCV Antibody.
- Provide the above serological results for BBVs:
 - When applying for a new Category A1 role;
 - If there has been a possible occupational exposure to a BBV;
 - If there has been a possible non-occupational exposure to a BBV.
- Submit the above documentation to the CPHB IC&SH Department for assessment.
- The cost of the screening and vaccination as required under this Procedure is the responsibility of CPHB (see exclusions for Special Categories of HCW's listed under Section 5 of this Procedure).
- **NOTE:** All existing staff members who apply for a new Category A1 position will be required to comply with new staff requirements as outlined above.

Consequence of Non-Compliance:

As identified in the CPHB Occupational Assessment, Screening and Vaccination Policy, compliance with this procedure is mandatory:

- All **HCWs new to CPHB** must comply with the requirements of this procedure prior to commencement of employment, or no contract will be issued.
- All **existing HCW** must comply with the requirements of this policy within 12 months of the policy being endorsed [insert date]. Non-compliance within this timeframe by existing staff will be a breach of Calvary Code of Conduct, and consequences can include disciplinary actions including formal warnings, demotion or termination of employment.

4.2. The Specified Infectious Diseases

CPHB is committed to minimising the risk of transmission of the infectious diseases specified in **Table 1**. The infectious diseases specified in Table 1 meet the minimum recommended vaccinations for persons at increased risk of certain occupationally acquired vaccine-preventable diseases, as identified in the current edition of *The Australian Immunisation Handbook*¹.

Table 1: The Specified Infectious Diseases

Specified Infectious Diseases
Diphtheria
Pertussis (Whooping cough)
Tetanus
Measles
Mumps
Rubella (German Measles)
Varicella (Chicken Pox)
Influenza (Flu)
Tuberculosis (TB)
Hepatitis B*

*This infectious disease is a blood borne virus (BBV).

Additional Vaccination Recommendations for Specified Personnel

The following Category A/A1 HCWs in health facilities are also advised to consider Hepatitis A vaccination:

- ▶ Plumbers.
- ▶ Sewerage workers.
- ▶ Endoscopists/colonoscopists performing endoscopies/colonoscopies on a regular basis.

Non Vaccine-Preventable Infectious Diseases for HCWs Performing Exposure Prone Procedures (EPPs)

The Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV) are non vaccine-preventable infectious diseases. New HCWs who perform EPPs (Category A1 positions) must consent to provide information about their blood borne virus status, which includes HBV, HCV and HIV status. See Section 4.5 for additional requirements for new and existing Category A1 staff members. Refer to the Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses and the CPHB Blood Borne Virus in Health Care Workers Policy for more information.

4.3. Evidence of Protection against the Specified Infectious Diseases

Acceptable evidence of protection against the specified infectious diseases is set out in **Table 2 (below)**, as well as in Information Sheet 2, and includes:

- A written record of vaccination signed by a medical practitioner or immunisation clinic nurse, **AND/OR**
- Serological confirmation of protection, **AND/OR**
- Other evidence. This may include evidence of a HCW's status from a confidential HCW immunisation register, for example, the Immunisation Register (Staffvax Database) maintained by the CPHB Infection

¹ Australian Technical Advisory Group on Immunisation (2013). *The Australian Immunisation Handbook*. 10th ed. Canberra: Australian Government Department of Health and Ageing

Approved by: Director of Patient Safety and Quality	Approved Date: 28/02/2018
UNCONTROLLED WHEN PRINTED	Review Date: 28/02/2021

Control and Staff Health (IC&SH) Department or an immunisation database maintained by another Australian State or Territory Department of Health.

NOTE: A Statutory Declaration of protection against an infectious disease is not considered acceptable evidence.

In some circumstances, CPHB may require serological evidence of protection. For example, if a vaccination record does not contain vaccine brand and batch or official certification from the vaccination provider (clinic/practice stamp).

Table 2: Documented evidence of protection against the specified infectious diseases required from Category A and A1 applicants (NOTE: additional evidence requirements for Category A1 staff are outlined in section 4.5)

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS		OTHER EVIDENCE	
Diphtheria, Tetanus, Pertussis	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/tetanus/per tussis vaccine (dTpa) within the past 10 years. Not ADT.	Serology will not be accepted.		Not applicable.	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine.	AND	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL.	OR	<input type="checkbox"/> Documented evidence of anti-HBc.
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart.	OR	<input type="checkbox"/> Positive IgG for measles, mumps and rubella.	OR	<input type="checkbox"/> Born prior to 1966
Varicella (chicken pox)	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age).	OR	<input type="checkbox"/> Positive IgG for varicella.	OR	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (varicella IgG preferred if uncertain).
Tuberculosis (TB)	Not applicable.	<input type="checkbox"/> Interferon-Gamma Release Immunoassay (IGRA) (Within previous 6 month period) Note: all IGRA results which are positive or indeterminate also require clearance from an Accredited Australian TB Screening Facility.		OR	<input type="checkbox"/> TB screening clearance certificate/letter from an Accredited Australian TB Screening Facility. (Within previous 6 month period)
Influenza (Flu)	<input type="checkbox"/> Annual flu vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June or through the peak winter season up to September. ^A	Not applicable.		Not applicable.	

^A Outside of these times, HCWs assessed by CPHB as compliant with all requirements of the *CPHB Occupational Assessment, Screening and Vaccination* policy (except the influenza requirements) for the purposes of performing the work duties required of their Category A or A1 position will be offered employment.

NOTE: Additional requirements for Category A1 staff are outlined in Section 4.5

The infectious diseases specified in **Table 2** meet the minimum recommended vaccinations for persons at increased risk of certain occupationally acquired vaccine-preventable diseases, as identified in the current edition of The Australian Immunisation Handbook.

4.4. Documented Evidence of TB Screening

Documented evidence of TB screening will only be deemed acceptable if that screening was performed within the 6 months prior to commencement of employment. There are two options:

1. Attend an **accredited TB screening facility** within Australia. The accredited TB screening facility in the ACT is the Department of Respiratory and Sleep Medicine (DRSM) at Canberra Hospital. The DRSM may provide advice about TB screening to job applicants from the ACT, interstate and overseas and assist job applicants identify other accredited TB screening facilities outside of the ACT, if required. There are regular TB Clinics, but appointments can also be arranged outside of the regular TB Clinic times. To make an appointment for TB screening at the DRSM TB Clinic contact: (02) 6244 2066. Please note there is a cost to the individual associated with this test. **OR**
2. **Interferon Gamma Release Immunoassays (IGRAs)** may be used where attendance at an accredited TB screening facility is not possible. This blood test is available through GPs, and results should be forwarded to the CPHB IC&SH Department prior to employment. For the purposes of this Procedure, a positive or indeterminate IGRA is regarded as positive, and will also require TB clinical review through an accredited TB screening facility. Please note there is a cost to the individual associated with this test.

NOTE: The presence of Latent Tuberculosis Infection (LTBI) is not a contraindication to employment. The purpose of TB assessment, screening and clinical review is to:

- Establish whether an individual has evidence of latent TB infection (LTBI);
- Diagnose and treat active cases of TB in HCWs;
- Establish a baseline TST, IGRA and/or chest x-ray status.

4.4.1 Follow-Up Testing

The frequency of periodic TB screening will depend on whether a HCW is considered to be working in a high, medium or low risk clinical area:

- **High Risk** means HCWs working in departments or service units where four or more people with infectious TB have attended over a 12-month period or laboratory scientists working with Mycobacterium tuberculosis culture. **TST negative HCWs working in a high risk clinical area must have a follow-up TST on an annual basis.**
- **Medium Risk** means HCWs working in departments or service units where up to three people with infectious TB have attended over a 12-month period. **TST negative HCWs working in a medium risk clinical area must have a follow-up TST at 5-yearly intervals.**
- **Low Risk** means HCWs in departments or service units where no people with infectious TB have attended over a 12-month period. **TST negative HCWs working in a low risk clinical area need not be routinely screened during employment, unless they have been identified during contact tracing as at risk of infection.**

Additionally, immediate testing and clearance is required where:

- An existing HCW has symptoms suggestive of TB disease (regardless of their TB screening or TST status). The HCW must immediately attend the DRSM for exclusion of active TB. There is no risk of infection for HCWs

Approved by: Director of Patient Safety and Quality	Approved Date: 28/02/2018
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with LTBI. There is a risk of infection for HCWs who are symptomatic with pulmonary or laryngeal TB disease and who are smear positive on testing of a sputum sample.

- Return from leave to CPHB after working in a healthcare facility of a country with a high incidence of TB or working directly with TB patients.
- Return from leave to CPHB after travelling for a cumulative time of ≥ 3 months in a country with a high incidence of TB.

Note: High Incidence of TB means a TB Incidence of ≥ 60 cases per 100,000 persons. The World Bank Group maintains a list of the incidence of TB per 100,000 people for all countries. See <http://data.worldbank.org/indicator/SH.TBS.INCD/countries/1W?display=default>

4.5. Additional Requirements for Category A1 staff who perform Exposure Prone Procedures (EPPs)

HCWs who perform EPPs are classed as Category A1 HCWs. 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.² The nature of the EPP performed by a HCW can be categorised according to the level of risk of transmission. During EPPs, there is an increased risk of transmitting BBVs between HCWs and patients.

HCWs who perform EPPs as part of their employment should refer to the Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses and the CPHB Blood Borne Virus in Health Care Workers policy for more information.

Category A1 staff have additional assessment and screening requirements. Evidence of serological testing for blood borne viruses (BBVs) Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) are required:

- Prior to initial employment as an A1 HCW;
- When changing position to a new Category A1 role;
- If there has been a possible occupational exposure to a BBV;
- If there has been had a possible non-occupational exposure to a BBV.

The serology tests required for category A1 HCWs are:

- HBV – HBs Ag and Anti-HBs;
- HIV – HIV Ab/Ag test;
- HCV – HCV Antibody.

New Category A1 HCWs

New Category A1 HCWs who are required to perform EPPs **will not** be employed if they do not consent to provide information about their BBV status.

New Category A1 HCWs who are known to be infected with a BBV can be considered for employment but must not perform EPPs unless they are approved to do so by the CPHB Expert Advisory Committee, as described in the CPHB Blood Borne Virus in Health Care Workers policy.

Existing Category A1 HCWs

Existing Category A1 HCWs must provide ongoing evidence of serological testing as stipulated below:

² NHMRC (2010) *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. Commonwealth of Australia.

- When changing position to a new Category A1 role;
- If there has been a possible occupational exposure to a BBV;
- If there has been had a possible non-occupational exposure to a BBV.

Existing Category A1 HCWs who are known to be infected with a BBV must not perform EPPs unless they are approved to do so by the CPHB Expert Advisory Committee. Refer to the CPHB Blood Borne Virus in Health Care Workers policy for more information.

5 Special Categories

5.1 Vaccine Non-Responders and HCWs with a Medical Contraindication to a Vaccination

Vaccine non-responders are persons who are fully vaccinated according to the appropriate schedule but have evidence of inadequate immunity. HCWs who are vaccine non-responders are required to provide documented evidence of their circumstances to CPHB IC&SH Department, for example, vaccination records and post vaccination serology. All information and documentation provided will be treated confidentially.

HCWs with a **medical contraindication to a vaccination** are unable to be vaccinated against a vaccine-preventable infectious disease due to a medical contraindication that may be temporary (e.g. pregnancy) or permanent (e.g. anaphylactic response to a component of a vaccine). These HCWs are required to provide evidence of their circumstances, for example, a letter from their GP or treating medical specialist. All information and documentation concerning the HCW's medical contraindication will be treated confidentially. Persons with temporary medical contraindications must present for re-assessment after the conclusion of the contraindication or another appropriate period of time, to determine appropriate management strategies.

Vaccine non-responders and HCWs with a medical contraindication to a vaccination will be managed in accordance with Section 5.5 of this procedure: Management of unprotected HCW.

Further Medical Assessment

CPHB may require vaccine-non-responders and HCWs with a medical contraindication to a vaccination to undergo a further medical assessment by an appropriate medical specialist nominated by CPHB Expert Advisory Committee.

If required, further medical assessment:

- ▶ **For existing HCWs will be at no cost.** Depending on the specified infectious disease for which they cannot demonstrate protection, existing HCWs may be restricted in their clinical duties until they have undergone the required medical assessment and the CPHB Expert Advisory Committee, in consultation with relevant medical specialists, has issued a current Certificate of Occupational Assessment, Screening and Vaccination.
- ▶ **For new HCWs will be at a job applicant's own cost.** Ordinarily, new HCWs will not be employed until they have undergone the required medical assessment and CPHB Expert Advisory Committee, in consultation with relevant medical specialists, has issued a current Certificate of Occupational Assessment, Screening and Vaccination.

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. Such situations would normally be limited to exceptional circumstances where the successful applicant is highly specialised and there is a current workforce shortage in the successful applicant's clinical area; or failure to employ the successful applicant would pose a genuine and serious risk to service delivery.

The Chief Executive Officer (CEO) CPHB has the discretionary power to permit the employment of a successful applicant before he or she has undergone the required medical assessment. Any such employment must only proceed with the written approval of the CEO, or delegate, and within the framework of an individual risk management plan (developed and approved by the CPHB Expert Advisory Committee), to protect the HCW, other HCWs and patients.

5.2 Partial Compliance with HBV Vaccination Requirements

It is recognised that it may not be possible for some HCWs, including students in the **first** semester of study, or volunteers new to the hospital setting, to complete the HBV vaccination requirements prior to their **first** Category A placement. Where these HCWs have commenced but not yet completed a course of HBV vaccine, they may only attend a clinical placement if they have:

- Completed all other vaccination requirements and are assessed as being a protected HCW or consent to being managed as an unprotected HCW, **AND**
- Provide documented evidence that they have received at least the first dose of HBV vaccine, **AND**
- In **Part 4 of Form 1** Participation in Occupational Assessment, Screening and Vaccination – Health Care Workers New to CPHB and Existing Health Care Workers Applying for New Positions, have agreed 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.

A HCWs failure to complete the HBV vaccine course and provide a post-vaccination serology result within 6 weeks of completion will result in suspension from attending further clinical placements in all health care facilities. CPHB recognises this may jeopardise that student's course of study.

5.3 Students

All **clinical** placements at CPHB are managed through the ACT Health Clinical Placement Office (CPO). The CPO ensures the student complies with minimum requirements for vaccination prior to uploading them to the Student Placement Online (SPO) platform. The student is only able to obtain a placement once they are on the SPO. If a prospective student is unable to meet the minimum requirements due to a medical contraindication or vaccine non-response, the CPO will contact CPHB to discuss.

5.4 Agency, contract and contracted staff

All organisations which provide agency, contract or contracted staff who work onsite at CPHB in a Category A or A1 position are required to collect evidence (including documents) ensuring the staff member complies with the requirements of this policy. The organisation is responsible for completing **Form 6**, confirming the individuals' compliance with the policy, and providing this form to the Human Resources (HR) Department at CPHB **prior** to the individual attending CPHB in a Category A or A1 role. HR will monitor compliance through maintaining individual employment records. (See section 5.2 for partial compliance to HBV vaccination). The individual cannot undertake a Category A or A1 role within CBPH if CBPH is not in receipt of Form 6 indicating his/her compliance.

Organisations which provide agency, contract or contracted staff are responsible for advising their staff members 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 Hepatitis B vaccine. See the *CPHB Blood Borne Virus in Health Care Workers policy* for more information.

Organisations which provide agency, contract or contracted staff are responsible for advising **unprotected** staff members (due to a medical contraindication or vaccine non-response) about the risks, preventative measures and appropriate procedures if they are exposed to blood or body fluids on clinical placement.

5.5 Management of unprotected HCWs

Unprotected HCWs include:

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- HCWs who are vaccine non-responders and have completed Form 4: Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine;
- HCWs who have a medical contraindication to a vaccination and have completed Form 4: Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine;
- Existing HCWs who do not consent to the occupational assessment, screening and vaccination requirements of this procedure, and have completed Form 5: Non-Participation in Occupational Assessment, Screening or Vaccination – Health Care Workers Currently Employed by CPHB.

The CPHB IC&SH Department will provide unprotected HCWs with information regarding the risk of infection from the infectious diseases against which they are not protected; the consequences of infection; and management in the event of an occupational risk exposure (ORE).

All short- and long-term management options for unprotected HCWs will be guided by a formal risk assessment conducted and reviewed by the CPHB Expert Advisory Committee.

In the event of an exposure to a specified infectious disease, the unprotected HCW will be managed according to the CPHB Occupational Exposure Management Policy and the recommendations of the current edition of The Australian Immunisation Handbook regarding post-exposure prophylaxis (PEP) under the recommendations of the Infectious Diseases Consultant on call.

It should be noted that unprotected HCWs (including the foetuses of pregnant HCWs) 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 HCWs are advised to seek urgent medical review if they are exposed to a suspected/proven case of any of the specified infectious diseases.

5.5.1 Risk Assessment of Unprotected HCWs

The CPHB IC&SH Department, in consultation with relevant specialists, and guided by the Expert Advisory Committee, will develop an individualised risk management plan for all unprotected HCWs based on **Table 4**. This will include an individualised risk assessment for exposure to all infectious disease against which the HCW is not protected. The HCW's role in the organisation will be taken into account, as will the HCW's susceptibility to infection, and the prevalence of the infection in the community. For TB disease, the CPHB IC&SH Department will obtain advice from the Canberra Hospital DRSM. For all other infectious diseases, CPHB IC&SH Department will obtain advice from relevant medical specialists.

CPHB will ensure that unprotected HCWs do not work in clinical areas or with client groups where they may be at risk or pose a risk of infection to at-risk groups. Sometimes, this will mean that an unprotected HCW 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 HCW and his or her patients. Reassignment and work restrictions will be undertaken within the appropriate personnel and industrial relations frameworks.

5.5.2 Work Restrictions for, and Reassignment of, Unprotected HCWs

Table 3 identifies the work restrictions that **may** apply to an unprotected HCW. Generally, work restrictions and reassignment will be undertaken to minimise contact between unprotected HCWs and the high risk client groups or high risk clinical areas listed in **Table 4**. However, it is recognised that appropriate client groups and clinical areas of lower risk will depend on the diseases against which an individual HCW is not protected.

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

Table 3: Potential Work Restrictions for Unprotected HCWs

Infectious Disease	Description of work restriction for unprotected HCWs
Measles Mumps Rubella Varicella Pertussis Diphtheria Tuberculosis	<p>Must not work with the high risk client groups or high risk clinical areas listed in Table 4 of this procedure, unless otherwise approved by CPHB Expert Advisory Committee.</p> <p>Exclusion periods from all clinical practice will also apply following exposure to a confirmed case or if symptomatic with cough, fever and/or rash as outlined in Table 5.</p>

Table 4: 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 wards. Transplant and oncology wards. Intensive Care Units. Emergency Departments. Operating theatres and recovery rooms treating high risk client groups. Laboratories.

Unprotected HCWs will be actively engaged with the Expert Advisory Committee in any reassignment process, and in the process of determining their future work options, including short term and longer term options.

Short-Term Management Options

Immediate short-term action may need to be taken to ensure that infectious disease risks to HCWs and patients are managed until further consideration of permanent long-term options can be fully canvassed. Potential short-term options may include, but are not limited to, an unprotected HCW:

- 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.

Approved by: Director of Patient Safety and Quality	Approved Date: 28/02/2018
UNCONTROLLED WHEN PRINTED	Review Date: 28/02/2021

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

Long-Term Management Options

Potential long-term options may include, but are not limited to:

- 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.

In some circumstances, long-term management options will be guided by a formal risk assessment conducted and reviewed by an Expert Advisory Committee. Refer to the CPHB Blood Borne Virus in Health Care Workers policy for information about the Expert Advisory Committee.

Exceptional Circumstances

In exceptional circumstances, it may be argued that a genuine and serious risk to service delivery would result from the reassignment of an unprotected HCW or the failure to employ an unprotected HCW to a frontline clinical position.

For **new HCWs**, such situations would normally be limited to exceptional circumstances where 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.

For **existing HCWs**, such situations would normally be limited to exceptional circumstances where failure to retain the HCW would pose a genuine and serious risk to service delivery; or it would be difficult to replace the HCW, and/or would result in a significant period of time without the service.

In the above described exceptional circumstances, the CEO CPHB has the discretionary power to vary the requirements of this procedure, on a case-by-case basis. Any variation must only be undertaken in exceptional circumstances and must only proceed with the written approval of the CEO, or delegate, and within an individual risk management plan, to protect the HCW, other HCWs and patients.

5.6 Exclusion periods for unprotected HCWs

Exclusion periods may apply to unprotected HCWs in the event of:

- A case of a specified infectious disease in the healthcare facility;
- Contact with a case of a specified infectious disease; **and/or**
- Symptoms compatible with a specified infectious disease as outlined in **Table 5**.

Table 5: Exclusion Periods for Unprotected HCWs

Infectious Disease	Exclusion Period
Measles Mumps Rubella Varicella-Zoster Pertussis Diphtheria	<ul style="list-style-type: none"> • If the healthcare facility has a suspected case(s) of any of these diseases, unprotected HCWs, working under the written approval of the CEO CPHB, must be excluded from working in the high risk clinical areas listed in Table 4 until the case(s) is discharged from the healthcare facility or no longer considered infectious. The infectious status of the case(s) will be determined by the Infection Control Department according to the most recent edition of <i>The Australian Immunisation Handbook</i>. • In the case of <i>localised</i> zoster (shingles), the unprotected HCW, working under written approval of the CEO CPHB, may continue to work in the high risk areas after

	<p>the case has been appropriately isolated, but must not enter the case's room or provide any care or have any contact with the case.</p> <ul style="list-style-type: none"> Health Protection Service advice must be sought immediately if the unprotected HCW has been in contact with a case of any of these diseases. Contact may occur during work or non-worked related activities. If contact occurs within the healthcare facility, the exposure must also be reported to the Infection Control Department. Unprotected HCWs may require exclusion from work on the recommendation of Health Protection Service and/or Infection Control according to the most recent edition of <i>The Australian Immunisation Handbook</i>. The HCW must not return to the healthcare facility until instructed by Health Protection Service and/or Infection Control. The unprotected HCW must be excluded from the healthcare facility until assessed by a medical practitioner to be non-infectious if he/she: <ul style="list-style-type: none"> - Develops a fever. - Develops a new unexplained rash. - Develops a coughing illness. <p>The unprotected HCW must be able to provide documentation from his or her medical practitioner indicating his or her non-infectious status to the specified diseases.</p>
Tuberculosis (TB)	<ul style="list-style-type: none"> HCWs found to have symptoms suggestive of TB disease must be immediately excluded from work and attend the DRSM for exclusion of active TB.

5.7 Documentation and Privacy Considerations

CPHB has a responsibility to retain a secure, confidential record of all documentation relating to a HCW's assessment, screening, vaccination and serological testing under this procedure.

This documentation will be stored separately to the HCW's personnel records and will include information about the designated risk category of the HCW's position description, vaccination assessment (including dates of assessment, batch number, type or brand name of all vaccines administered), dates and results of all serological tests and TB screening. Only the Certificate of Occupational Assessment, Screening and Vaccination will be retained on the employee's personnel and recruitment records, or other equivalent file (e.g. for a student undertaking a clinical placement, the relevant file maintained by Learning and Development).

HCW records relating to the assessment, screening and vaccination process are considered to be health records and will be managed in accordance with the *ACT Health Records (Privacy & Access) Act (1997)*, which sets out the principles governing the collection, retention, use, disclosure and disposal of personal health information.

6 Implementation

New HCWs

- All job advertisements for Category A positions and all information kits for Category A applicants must include reference to this procedure.
- All job advertisements for Category A1 positions (exposure prone procedures) will include the designated risk category and must include reference to the Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses and the CPHB Blood Borne Virus in the Health Care Worker policy.
- This procedure is incorporated into all HCW recruitment and orientation processes.
- All information kits for Category A applicants must include Employment Information Sheet about the assessment, screening and vaccination process as well as Forms 1-5 and Information Sheets 1-3 attached to this procedure.

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Existing HCWs

- Existing HCWs will be notified of this procedure and prioritised for assessment according to the level of risk in their work location. Priority will be given to HCWs identified as A1, followed by A and finally, B.

Students

- This procedure will be provided to educational institutions for implementation and managed through L&D.

Agency and contract staff, and all other personnel employed by organisations other than CPHB

- This procedure will be provided to organisations providing agency staff and locums, contract staff and all other onsite personnel employed by organisations other than CPHB. The organisation will be required to implement the requirements of the procedure, and provide proof of compliance to the Human Resources Department prior to staff commencement.

7 Definitions

Acceptable Evidence	Can be 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. This does not include a statutory declaration.
AEFI	Adverse Event Following Immunisation. It is an unwanted or unexpected event following immunisation.
Assessment	The full evaluation of a HCW's level of protection against the specified infectious diseases by appropriately trained clinical personnel, that is, 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; includes HIV, HBV and HCV.
BBV-Infected HCWs	HCWs who are infected with a BBV. Includes HCWs infected with HIV, HBV and/or HCV.
Category A	HCWs who have contact with patients and/or blood, body substances or infectious materials. Refer to <i>CPHB Occupational Assessment, Screening and Vaccination Policy</i> or <i>Information Sheet 1</i> for further detail.
Category A1	HCWs who perform EPPs are classed as Category A1 HCWs. Refer to <i>CPHB Occupational Assessment, Screening and Vaccination Policy</i> or <i>Information Sheet 1</i> for further detail.
Category B	HCWs who have no contact with patients or blood, body substances or infectious materials. Refer to <i>CPHB Occupational Assessment, Screening and Vaccination Policy</i> or <i>Information Sheet 1</i> for further detail.

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Certificate of Occupational Assessment, Screening and Vaccination	A certificate issued by CPHB IC&SH or the CHHS OMU to certify that a HCW has been assessed as compliant with the requirements of this procedure for the purposes of performing the work duties required of the position to which they are employed. Attainment of a certificate is a requirement for employment. The recruitment team will only ever sight a HCW's certificate. All medical and health information submitted for the purpose of attaining that certificate is submitted to, and reviewed by, the CHHS OMU or CPHB SH. Certificates issued by other health services will not be accepted.
CPHB	Calvary Public Hospital Bruce.
CPHB IC&SH	Calvary Bruce Public Hospital Infection Control & Staff Health department.
Clinical Area	An area or health facility where patients are assessed and clinically managed.
Clinical Placement	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	Means having direct care for/contact with patients where there is a real possibility of contact with blood, body substances or infectious material.
Contract Staff	Includes all health care workers onsite at CPHB or CHH who are not employed directly by CPHB. This includes agency staff, locums and visiting medical officers.
Contractor	Any company, partnership, other entity, or individual that does not have a direct employment relationship with CPHB and has an agreement to provide CPHB with services or product or, in relation to CPHB infrastructure, carry out construction, alteration, improvement, refurbishment, demolition or other works. This includes cleaning, linen, waste, sterilising and food services staff.
Contraindication	A condition in a recipient that increases the chance of a serious adverse event.
Documented Evidence	Includes a written record of vaccination signed by the provider.
DRSM	Department of Respiratory and Sleep Medicine at CHHS.
EPPs	Exposure Prone Procedures. 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.
Existing HCW	HCWs working in a health care facility under a current contract on or before the date of commencement of this procedure AND excludes students.
Expert Advisory Committee	The <i>Expert Advisory Committee for Health Care Workers Infected with a Blood Borne Virus</i> that determines the potential infectivity of a BBV-infected HCW and

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the degree of risk of transmission of the infection, for the provision of advice to CPHB on modifying the work practices of BBV-infected HCWs.

**Exposure Prone
Procedures (EPPs)**

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.

HCW

Health Care Worker. Inclusive of the following personnel:

- Clinical and non-clinical personnel working in a health care facility who are employed by CPHB on a permanent, temporary or casual basis.
- Volunteers, Pastoral Care and Refugee Mentoring Program Participants.
- Students on clinical placements.
- Other clinical and non-clinical personnel (persons not permanently, temporarily or casually employed by CPHB) who are contracted to work (e.g. Honorary and Visiting Medical Officers) and persons providing other services under separate employment arrangements (e.g. agency/locum personnel, including Contracted Domestic and Environmental Staff).
- Any other personnel where an agreement is in effect to undertake clinical placements.

Health Care Facility

Refers to a defined service location such as a hospital, community health centre or other location where health services are provided

Health Protection Service

Refers to the Health Protection Service in the Population Health Division of ACT Health.

Hepatitis A

Hepatitis A Virus (HAV).

Hepatitis B

Hepatitis B Virus (HBV).

Hepatitis C

Hepatitis C Virus (HCV).

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 and/or active disease.

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

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, chemotherapy or immunomodulating 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
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 HCW 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	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).
OMU	Occupational Medicine Unit at the Canberra Hospital.
New HCW	HCWs offered a new contract to work in a health care facility after the date of commencement of this procedure and includes all students.
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.
Refugee Mentoring Program	The Calvary Refugee Mentoring Program is a work experience program for people of refugee and asylum seeker status. It provides refugees an opportunity to gain Australian workplace experience.
Specified Infectious Diseases	Specified Infectious diseases are: <ul style="list-style-type: none"> • Hepatitis B. • Tuberculosis. • Measles. • Mumps. • Rubella. • Varicella. • Diphtheria. • Pertussis. • Tetanus. • Influenza.

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Student	A student enrolled in a program of study at an educational institution
TB	Tuberculosis, an infection primarily caused by <i>Mycobacterium tuberculosis</i>
TB Assessment	Means the full evaluation of a HCW in relation to his or her risk of TB infection and/or disease. In the ACT, TB assessment is undertaken by appropriately trained personnel from the DRSM, an accredited TB screening and assessment facility.
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. TB disease refers to people infected with TB who have active 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	Refers to infection caused by <i>Mycobacterium tuberculosis</i> . Not all TB infection is infectious. For example, latent TB infection is not considered infectious. Only those individuals who have TB infection that subsequently develops into laryngeal or pulmonary TB disease can potentially transmit TB to other people.
TB Screening	A Tuberculin Skin Test (TST) and/or chest X-ray.
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.
Unprotected HCWs	HCWs who are vaccine non-responders and/or HCWs with a medical contraindication to a vaccination and/or existing HCWs who do not consent to participate in the occupational assessment, screening and vaccination process.
Vaccination	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 HCW who has been fully vaccinated according to Information Sheet 2 Checklist of Required Evidence of Protection but who has evidence of inadequate immunity. Hepatitis B is the only specified infectious disease for which post-vaccination immunity is required.
Volunteer	An individual who undertakes work in a CPHB operated facility that is not paid or remunerated (except out of pocket expenses) and works to fulfil a charity or community service good.

9 Related Calvary Documents

- [Occupational Assessment, Screening and Vaccination Policy](#)
- [Occupational Assessment, Screening and Vaccination Procedure for Category B Staff](#)
- [Blood Borne Virus in the Health Care Workers policy](#)

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- [Management of Occupational Exposures to Blood and Body Fluids procedure](#)
- [Exclusion Periods for Health Care Workers who have been Exposed to or have Developed an Infectious Disease procedure](#)
- [Code of Conduct \(Calvary National\)](#)
- [Work Health Safety and Injury Management Policy Statement \(Calvary National\)](#)

10 References

Related Legislation:

ACT Legislation

Available at: <http://www.legislation.act.gov.au/>

- *Work Health and Safety Act 2011 (ACT)*. Date accessed 11 August 2016
- *Health Records (Privacy and Access) Act 1997* Date accessed 11 August 2016
- *Medicines, Poisons and Therapeutic Goods Act 2008* Date accessed 11 August 2016
- *Public Health Act 1997* Date accessed 11 August 2016
- *Humans Right Act 2004* Date accessed 11 August 2016

Commonwealth Legislation

Available at: <http://www.comlaw.gov.au/>

- *Quarantine Act 1908 (Cwlth)* Date accessed 11 August 2016

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. Date accessed 11 August 2016 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. Date accessed 11 August 2016 <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 of Health Care Workers Known to be Infected with Blood Borne Viruses (2012). Communicable Diseases Network Australia (CDNA). Date accessed 11 August 2016 <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). Date accessed 11 August 2016 <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010). NHMRC. Date accessed 11 August 2016 <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. Date accessed 11 August 2016 <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. Date accessed 11 August 2016 <http://testingportal.ashm.org.au/hcv>
- National HIV Testing Policy (2011). HIV Expert Reference Committee – A Joint Working Party of the BBVSS and MACBBVS. Date accessed 11 August 2016 <http://testingportal.ashm.org.au/hiv>

11 Attachments

Information Sheets

- 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.

Forms

- Form 1 Participation in Occupational Assessment, Screening and Vaccination Health Care Workers New to CPHB and Existing Health Care Workers Applying for New Positions
- Form 2 Participation in Occupational Assessment, Screening and Vaccination Health Care Workers Currently Employed by CPHB
- Form 3 Tuberculosis (TB) Screening Assessment Tool
- Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine
- Form 5 Non-Participation in Occupational Assessment, Screening or Vaccination Health Care Workers Currently Employed by CPHB
- Form 6 Occupational Assessment, Screening and Vaccination for Staff not employed by CPHB

Risk Categorisation

Risk of Occupational Exposure to the Specified Infectious Diseases

Calvary Public Hospital Bruce (CPHB) categorises all health care workers (HCWs) according to their risk of occupational exposure to the specified infectious diseases. Work activities, rather than job title, are considered on an individual basis when risk category determinations are made. 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: HCWs who have contact with patients and/or blood, body substances or infectious materials.

Category B: HCWs who have no contact with patients or blood, body substances or infectious materials.

Category A: Participation in the occupational assessment, screening and vaccination process is MANDATORY.	
Contact with patients and/or blood, body substances or infectious materials, including non-clinical staff working in ward or outpatient areas.	<ul style="list-style-type: none"> ▶ Direct or indirect contact with, or potential exposure to: <ul style="list-style-type: none"> - Patients/clients, AND/OR - Deceased persons or body parts, AND/OR - Blood, body substances, infectious material, AND/OR - 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 HCWs: <ul style="list-style-type: none"> - Whose work requires frequent or prolonged face-to-face contact with patients or clients (e.g. HCWs interviewing or counselling individual clients or small groups, HCWs performing reception duties in an emergency/outpatients department), AND/OR - 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), AND/OR - Who, throughout their working week, are frequently required to attend clinical areas (e.g. food services HCWs who deliver meals). <p><i>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; volunteers; pastoral care & refugee mentoring participants.</i></p>
Category A1: Staff who carry out Exposure Prone Procedures (EPPs) Participation in the occupational assessment, screening and vaccination process is MANDATORY.	
<ul style="list-style-type: none"> ▶ 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. ▶ Examples include, but are not limited to: Surgeons and surgical assistants, Emergency/trauma physicians, Obstetricians, surgical assistants, Midwives, Trauma nurses, Dentists and dental assistants 	

Category B: Participation in the occupational assessment, screening and vaccination process is preferred, however, Category B HCWs have no greater risk of exposure to the specified infectious diseases than the general community.	
No contact with patients or blood, body substances or infectious materials.	<ul style="list-style-type: none"> ▶ Do NOT have contact with, or potential exposure to: <ul style="list-style-type: none"> - Patients/clients, OR - Deceased persons or body parts, OR - Blood, body substances, infectious material, OR - 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, foodservices personnel in the kitchens. ▶ Only attends clinical areas infrequently and for short periods of time e.g. maintenance contractor undertaking work in clinical areas. <p><i>Examples include, but are not limited to: administration and clerical personnel in non-clinical work settings; stores personnel; kitchen personnel.</i></p>

Table 1: 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 wards. Transplant and oncology wards. Intensive Care Units. Emergency Departments. Operating theatres and recovery rooms treating high risk client groups. Ambulance service. Laboratories.

There are different occupational assessment, screening and vaccination requirements depending on the category of risk:

Category A: Documentation of immunisation and/or immune status is **mandatory**; whereas

Category B: Documentation of immunisation and/or immune status is **not required** - Category B HCWs have no greater risk of exposure than the general community.

Vaccines must be administered in accordance with the recommendations in the current *Australian Immunisation Handbook*, with particular reference to the indications and contraindications, by a medical practitioner, registered nurse under medical direction, or a registered nurse authorised to immunise under the legislative framework of the *ACT Medicines, Poisons and Therapeutic Goods Act (2008)*.

Adverse Event Following Immunisation (AEFI)

HCWs must report an adverse event following a vaccination to their vaccination provider, who will notify the Adverse Event Following Immunisation (AEFI) to the Communicable Disease Control Section of the Health Protection Service. HCWs who experience an AEFI should report the AEFI to the vaccination provider as soon as possible.

Checklist of Required Evidence of Protection

For Category A and A1 Health Care Workers (HCWs), acceptable evidence of protection against the specified infectious diseases is set out in **Table A** and includes:

- A written record of vaccination signed by a medical practitioner or immunisation clinic nurse **AND/OR**
- Serological confirmation of protection **AND/OR**
- Other evidence. This may include evidence of a HCW's status from a confidential HCW immunisation register, for example, the *Staffvax Database* maintained by Calvary Public Hospital Bruce Infection Control and Staff Health (CPHB IC&SH) Department, or the *Immunisation Register* maintained by the Occupational Medicine Unit at Canberra Hospital, or an immunisation database maintained by another Australian State or Territory Department of Health.

Please review **Table A** in detail. **Serology is inappropriate for some specified infectious diseases.**

Statutory Declarations

A Statutory Declaration of protection against an infectious disease is **not** considered acceptable evidence. In some circumstances, CPHB may require serological evidence of protection. For example, if a vaccination record does not contain vaccine brand and batch or official certification from the vaccination provider (clinic/practice stamp).

HCWs Performing Exposure Prone Procedures (EPPs) – Category A1 HCWs

For HCWs performing EPPs (Category A1 HCWs), evidence of serological testing for Hepatitis B (HBV), Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV) includes:

- ▶ **For HBV:** HBs Ag and Anti-HBs.
- ▶ **For HIV:** HIV Ab/Ag test.
- ▶ **For HCV:** HCV Antibody.

This evidence is required:

- ▶ Prior to initial employment as an A1 HCW;
- ▶ When changing position to a new Category A1 role;
- ▶ If there has been a possible occupational exposure to a BBV;
- ▶ If there has been had a possible non-occupational exposure to a BBV.

Other Personnel

Plumbers and sewerage workers in health care facilities should consider vaccination against Hepatitis A. Endoscopists/colonoscopists performing endoscopies/colonoscopies on a regular basis should also consider vaccination against Hepatitis A.

Serological Testing for Vaccine-Preventable Infectious Diseases

Of the vaccine-preventable infectious diseases, post-vaccination serological testing is only required for Hepatitis B. See **Table A**.

Table A

Documented evidence of protection against the specified infectious diseases required from Category A and A1 applicants

NOTE additional requirements for Category A1 staff members listed above.

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS	OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/tetanus/pertussis vaccine (dTpa) within the past 10 years. Not ADT.	Serology will not be accepted.	Not applicable.
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine.	<u>AND</u>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL.
		<u>OR</u>	<u>OR</u> Documented evidence of anti-HBc.
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart.	<u>OR</u>	<input type="checkbox"/> Positive IgG for measles, mumps and rubella.
			Not applicable.
Varicella (chicken pox)	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age).	<u>OR</u>	<input type="checkbox"/> Positive IgG for varicella.
			<u>OR</u> <input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (varicella IgG preferred if uncertain).
Tuberculosis (TB)	Not applicable.	<input type="checkbox"/> Interferon-Gamma Release Immunoassay (IGRA) (Within previous 6 month period)	<input type="checkbox"/> Tuberculin skin test (TST). (Within previous 6 month period)
		NOTE if positive result on either IGRA or TST, the applicant MUST attend clinical review and clearance by the Canberra Hospital Department of Respiratory and Sleep Medicine (DRSM - ph 6244 2066)	
Influenza (Flu)	<input type="checkbox"/> Annual flu vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June or through the peak winter season up to September. ^A	Not applicable.	Not applicable.

^A Outside of these times, HCWs assessed by CPHB as compliant with all requirements of the *CPHB Occupational Assessment, Screening and Vaccination* policy (except the influenza requirements) for the purposes of performing the work duties required of their Category A and A1 position will be offered employment.

The infectious diseases specified in **Table A** meet the minimum recommended vaccinations for persons at increased risk of certain occupationally acquired vaccine-preventable diseases, as identified in the current edition of *The Australian Immunisation Handbook*.

Rationale for Pre-Employment TB Screening

The purpose of pre-employment TB screening is to:

- Establish TB status and diagnose and treat cases of TB disease or latent TB infection (LTBI).
- Establish baseline health, TST and/or chest X-ray status.

- Raise awareness of TB disease and promote recognition of signs and symptoms of TB.

Documented Evidence of TB Screening

Documented evidence of TB screening will only be deemed acceptable if that screening was performed within the 6 months prior to commencement of employment. There are two options:

1. Attend an **accredited TB screening facility** within Australia. The accredited TB screening facility in the ACT is the Department of Respiratory and Sleep Medicine (DRSM) at Canberra Hospital. The DRSM may provide advice about TB screening to job applicants from the ACT, interstate and overseas and assist job applicants identify other accredited TB screening facilities outside of the ACT, if required. There are regular TB Clinics, but appointments can also be arranged outside of the regular TB Clinic times. To make an appointment for TB screening at the DRSM TB Clinic contact: (02) 6244 2066; **OR**
2. **Interferon Gamma Release Immunoassays (IGRAs)** may be used where attendance at an accredited TB screening facility is not possible. This blood test is available through GPs, and results should be forwarded to the Infection Control and Staff Health (IC&SH) department prior to employment. For the purposes of this procedure a positive or indeterminate IGRA is regarded as positive, and requires TB clinical review through Department of Respiratory and Sleep Medicine (DRSM) at Canberra Hospital. Please note there is a cost to the individual associated with this test.

NOTE: The presence of Latent Tuberculosis Infection (LTBI) is not a contraindication to employment. The purpose of TB assessment, screening and clinical review is to:

- ▶ Establish whether an individual has evidence of latent TB infection (LTBI);
- ▶ Diagnose and treat active cases of TB in HCWs;
- ▶ Establish a baseline TST, IGRA and/or chest x-ray status.

A previous positive TST with evidence of adequate treatment or chemoprophylaxis for TB infection does not preclude the requirement for a pre-employment TB screening.

Follow-Up Testing

The frequency of periodic TB screening will depend on whether a HCW is considered to be working in a high, medium or low risk clinical area:

- ▶ **High Risk** means HCWs working in departments or service units where four or more people with infectious TB have attended over a 12-month period or laboratory scientists working with *Mycobacterium tuberculosis* culture. ***TST negative HCWs working in a high risk clinical area must have a follow-up TST on an annual basis.***
- ▶ **Medium Risk** means HCWs working in departments or service units where up to three people with infectious TB have attended over a 12-month period. ***TST negative HCWs working in a medium risk clinical area must have a follow-up TST at 5-yearly intervals.***
- ▶ **Low Risk** means HCWs in departments or service units where no people with infectious TB have attended over a 12-month period. ***TST negative HCWs working in a low risk clinical area need not be routinely screened during employment, unless they have been identified during contact tracing as at risk of infection.***

Additionally, immediate testing and clearance is required where:

- ▶ An existing HCW has symptoms suggestive of TB disease (regardless of their TB screening or TST status). The HCW must immediately attend the DRSM for exclusion of active TB. There is no risk of infection for HCWs with LTBI. There is a risk of infection for HCWs who are symptomatic with pulmonary or laryngeal TB disease and who are smear positive on testing of a sputum sample.
-

- ▶ Return from leave to CPHB after working in a healthcare facility of a country with a high incidence of TB or working directly with TB patients.
- ▶ Return from leave to CPHB after travelling for a cumulative time of ≥ 3 months in a country with a high incidence of TB.

Note: High Incidence of TB means a TB Incidence of ≥ 60 cases per 100,000 persons. The World Bank Group maintains a list of the incidence of TB per 100,000 people for all countries. See <http://data.worldbank.org/indicator/SH.TBS.INCD/countries/1W?display=default>

Risks, Consequences of Exposure and Protective Measures

Refer to the current edition of *The Australian Immunisation Handbook* for information about the specified infectious diseases and other infectious diseases. The current edition is available online at: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

For information about blood borne viruses, refer also to the *CPHB Blood Borne Virus in Health Care Workers policy* available online via the CPHB intranet.

Below is a brief description of the specified infectious diseases and other infectious diseases, which is taken from the NSW Health *A-Z Infectious Diseases* website: <http://www.health.nsw.gov.au/Infectious/Pages/a-to-z-infectious-diseases.aspx>

The Specified Infectious Diseases

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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Diphtheria.aspx
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. Management in the event of exposure: see the <i>CPHB Bruce Blood Borne Virus in Health Care Workers policy</i> available via the CPHB intranet.
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 1 st dose and children over 4 years of age who have not had a 2 nd dose. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Measles_Factsheet.aspx
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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Mumps.aspx
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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/whoopingcough/Pages/factsheet.aspx

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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Rubella-German-measles.aspx
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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx
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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Tetanus.aspx
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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Tuberculosis.aspx
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. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Chickenpox.aspx

Other Infectious Diseases

Hepatitis A (HAV)	Viral infection of the liver. The virus is spread by the faecal-oral route, including contaminated food or water or direct contact with an infected person. Vaccination and good hygiene prevents infection. The usual clinical presentation is acute fever, malaise, anorexia, nausea and abdominal discomfort, followed a few days later by dark urine and jaundice. Symptoms usually last several weeks. The likelihood that symptoms will follow infection increases with age: jaundice occurs in only a small proportion of infants and young children, but a majority of adults. Infants and children infected with HAV may have mild or no symptoms. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/hepa.aspx
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. Management in the event of exposure: see the <i>CPHB Blood Borne Virus in Health Care Workers policy</i> available via the CPHB intranet.

**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. **Management in the event of exposure:** see the *CPHB Blood Borne Virus in Health Care Workers policy* available via the CPHB intranet.



Participation in Occupational Assessment, Screening and Vaccination

FORM 1

NEW CATEGORY A AND A1 HEALTH CARE WORKERS

Health Care Workers (HCW) New to Calvary Public Hospital Bruce (CPHB) AND Existing HCW Applying for new Category A or A1 Positions

You must complete this form if you are a health care worker (HCW) who is applying for a Category A or A1 position. Refer to the *CPHB Occupational Assessment, Screening and Vaccination Policy* for more information.

You must attach evidence of your protection against the specified infectious diseases, in accordance with **Information Sheet 2 - Checklist of Required Evidence of Protection**.

Application for a Category A or A1 Position

Return your completed **Form 1** to the Calvary Public Hospital Bruce (CPHB) Human Resources as soon as possible. You should retain a copy for your own records.

If you are a vaccine non-responder or a HCW with a medical contraindication to a vaccination, please also complete and return **Form 4 - Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine**.

If you are a Category A1 HCW, you must complete Part 6 Exposure Prone Procedures of this form.

CPHB Infection Control and Staff Health (IC&SH) Department will assess your form(s) and decide whether further clinical review or testing is required and will contact you directly if you are required to provide any further documentation or evidence. If the IC&SH Department assess your documentation/evidence as sufficient, they will notify CPHB Human Resources (HR) to proceed with employment.

Contact details for Staff Health queries:

Phone: 6264 7076 or 6201 6174

Email: InfectionControl@calvary-act.com.au

Contact details for HR, or to return completed forms:

Phone: 6201 6122

In Person: Human Resources

Email: hr@calvary-act.com.au

Calvary Public Hospital Bruce

Mail: Human Resources

Cnr Belconnen Way & Haydon Drive

Calvary Public Hospital Bruce

Bruce ACT 2617

PO Box 254

Jamison Centre ACT 2614

1 Your Personal Details *(please print)*

Surname *First Name* *Date of Birth*

Home Address *Educational Institution (if student)* *Post code*

Telephone/Mobile *Email Address* *Gender*

Job Designation (eg Registered Nurse, Student) *Student Number (if student)*

2 I have read and understand the requirements of the *Occupational Assessment, Screening and Vaccination Policy* and *Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff*.

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 for the specified infectious diseases however have not yet been fully vaccinated against **Hepatitis B**. I have received at least the first dose of Hepatitis B vaccine (documentation provided) and undertake to complete the Hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition) and provide a post vaccination serology result within six months of commencement of duties, **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 and/or have a medical contraindication to a vaccine. **If yes, complete and submit Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine.**

▶ If you are a HCW new to CPHB, or an existing HCW applying for a new Category A or A1 position you **must** consent to participate in the assessment, screening and vaccination process. Category A or A1 job applicants identified as being suitable to fill a Category A job **will not be offered employment** 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:

Understand the risks and consequences of infection; and the management in the event of an exposure;

Agree to comply with the protective measures required in *Information Sheet 3*;

Understand it is my responsibility to contact CPHB IC&SH on 02 6264 7076 during work hours if I have any concerns about my immunisation or immunity status or if I wish to discuss a Hepatitis B, Hepatitis C or HIV diagnosis.

5 For each of the diseases listed below, indicate which vaccination or serology evidence you hold and **ATTACH EVIDENCE** with this form:

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS	OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/tetanus/per tussis vaccine (dTpa) within the past 10 years. Not ADT.	Serology will not be accepted.	Not applicable.
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine.	AND	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL.
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart.	OR	<input type="checkbox"/> Positive IgG for measles, mumps and rubella.
Varicella (chicken pox)	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age).	OR	<input type="checkbox"/> Positive IgG for varicella.
			<input type="checkbox"/> Documented evidence of anti-HBc.
			<input type="checkbox"/> Born prior to 1966
			<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (varicella IgG preferred if uncertain).

Tuberculosis (TB)	Not applicable.	<input type="checkbox"/> Interferon-Gamma Release Immunoassay (IGRA) (Within previous 6 month period) Note: all IGRA results which are positive or indeterminate require clearance from an Accredited Australian TB Screening Facility.	OR	<input type="checkbox"/> TB screening clearance certificate/letter from an Accredited Australian TB Screening Facility. (Within previous 6 month period)
Influenza (Flu)	<input type="checkbox"/> Annual flu vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June or through the peak winter season up to September.	Not applicable.	Not applicable.	

6 Do you have evidence of protection against **Hepatitis B**? Yes No *If yes, attach evidence as outlined in **Information Sheet 2**.*

If no:

- Have you received at least the first dose of HBV vaccine? Yes No
- Do you agree to complete the HBV vaccine course within the **minimum*** possible timeframe? Yes No
- Do you agree to provide CPHB IC&SH with a post-vaccination serology result **within 6 weeks** of completion of the HBV vaccine course? Yes No

*Refer to the *CPHB Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff, Section 5.2 Partial Compliance with Hepatitis B Vaccination* for further detail

7 Exposure Prone Procedures (EPPs)

ONLY COMPLETE PART 7 IF YOU ARE A CATEGORY A1 HCW.

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. Examples of professions that perform EPPs include surgeons and operating assistants, dentists, obstetricians and midwives, and trauma physicians and nurses.

HCWs who perform EPPs are **Category A1 HCWs** and must consent to provide information about their blood borne virus (BBV) status, which includes information about **Hepatitis B, Hepatitis C** and **HIV** status. Refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and **Information Sheet 2**. **This includes ALL dental, medical and midwifery students.**

HBV Status Do you have evidence of serological testing for **Hepatitis B** within the last 12 months?

- Yes *If yes, attach evidence as outlined in Information Sheet 2.*
- No *If no, you must obtain evidence as outlined in Information Sheet 2.*

▶ If you do **not consent** to provide evidence, you **will not be offered employment.**

HCV Status Do you have evidence of serological testing for **Hepatitis C** within the last 12 months?

- Yes *If yes, attach evidence as outlined in Information Sheet 2.*
- No *If no, you must obtain evidence as outlined in Information Sheet 2.*

▶ If you do **not consent** to provide evidence, you **will not be offered employment.**

HIV Status Do you have evidence of serological testing for **HIV** within the last 12 months?

- Yes *If yes, attach evidence as outlined in Information Sheet 2.*
- No *If no, you must obtain evidence as outlined in Information Sheet 2.*

▶ If you do **not consent** to provide evidence, you **will not be offered employment.**

Have you had an **occupational or non-occupational exposure** to a BBV since you were last tested?

Yes *If yes, attach details in a separate page.*

No

8

ONLY COMPLETE PART 8 IF YOU ARE A CATEGORY A1 HCW INFECTED WITH A BBV.

For more information, refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and the *CPHB Blood Borne Virus in Health Care Workers Policy*.

Is your BBV infection being managed by a medical specialist?

Yes *If yes, attach details in a separate page.*

No *If no, include details below*

9

I certify that the information provided in this form is correct

Print Name

Signature

Date

If applicant is aged <18 yrs:

Print name of Parent/Guardian

Signature

Date



Participation in Occupational Assessment, Screening and Vaccination

FORM 2

EXISTING CATEGORY A AND A1 HEALTH CARE WORKERS

Health Care Workers (HCW) Currently Employed by Calvary Public Hospital Bruce (CPHB)

ONLY COMPLETE THIS FORM IF YOU ARE AN EXISTING HCW WORKING IN A CATEGORY A or A1 POSITION

You must complete this form if you are a health care worker (HCW) currently employed by Calvary Public Hospital Bruce (CPHB) in a Category A or A1 position (see information sheet 1 for category information). **Attach evidence** of your protection against the specified infectious diseases in accordance with **Information Sheet 2 Checklist of Required Evidence of Protection**.

Return your completed **Form 2** to the Infection Control and Staff Health (IC&SH) Department as soon as possible. You should retain a copy for your own records. CPHB IC&SH will assess your forms. You will be advised if further clinical review or testing is required.

Note:

- If you are a **Category A1 HCW**, you **must** complete **Part 6 Exposure Prone Procedures** of this form.
- If you are a **vaccine non-responder** or a HCW with a **medical contraindication to a vaccination**, please also complete and return **Form 4 - Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine**.
- If you **decline to participate** in the occupational assessment, screening or vaccination process **DO NOT COMPLETE THIS FORM**. Instead, you **MUST** complete **Form 5 Non-Participation in Occupational Assessment, Screening and Vaccination – Health Care Workers Currently Employed by CPHB**, and be managed as an unprotected HCW.

Contact details for queries or to return completed forms:

Phone: 6264 7076 or 6201 6174

Email: InfectionControl@calvary-act.com.au

Mail: Infection Control and Staff Health
Calvary Public Hospital Bruce
PO Box 254
Jamison Centre ACT 2614

In Person: Infection Control and Staff Health
Level 2, Residence B - Sr Mark Maher Bldg
Cnr Belconnen Way & Haydon Drive
Bruce ACT 2617

1

Your Personal Details *(please print)*

Surname *First Name* *Date of Birth*

Home Address *Post code*

Telephone/Mobile *Email Address* *Gender*

Job Designation (eg Registered Nurse) *Work Area or Department* *Staff Id Number*

2 I have read and understand the requirements of the *Occupational Assessment, Screening and Vaccination Policy* and *Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff*.

3 Tick one of the following:

I agree 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 completing these 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 and/or have a medical contraindication to a vaccine. **If yes, also complete and submit Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine.**

NOTE: If you decline to participate in the assessment, screening and vaccination process **cease** completing Form 2 (this form). You **must complete and submit Form 5** as soon as possible.

For each of the diseases listed below, indicate which vaccination or serology evidence you hold and **ATTACH EVIDENCE** with this form:

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS		OTHER EVIDENCE	
Diphtheria, Tetanus, Pertussis	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/tetanus/pertussis vaccine (dTpa) within the past 10 years. Not ADT.	Serology will not be accepted.		Not applicable.	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine.	AND	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL.	OR	Documented evidence of anti-HBc.
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart.	OR	<input type="checkbox"/> Positive IgG for measles, mumps and rubella.	Not applicable.	
Varicella (chicken pox)	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age).	OR	<input type="checkbox"/> Positive IgG for varicella.	OR	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (varicella IgG preferred if uncertain).
Tuberculosis (TB)	Not applicable.	<input type="checkbox"/> Interferon-Gamma Release Immunoassay (IGRA) (Within previous 6 month period) Note: all IGRA results which are positive or indeterminate require clearance from an Accredited Australian TB Screening Facility.		OR	<input type="checkbox"/> TB screening clearance certificate/letter from an Accredited Australian TB Screening Facility. (Within previous 6 month period)
Influenza (Flu)	<input type="checkbox"/> Annual flu vaccination, noting it is preferable	Not applicable.		Not applicable.	

	for the flu vaccine to be administered between the months of March and June or through the peak winter season up to September.		
--	--	--	--

5 Do you consent to vaccination against all **vaccine preventable** infectious diseases for which you **do not have evidence** of vaccination or immunity?

Yes
 No because I am a vaccine non-responder and/or have a medical contraindication to a vaccine. I have completed and attached **Form 4**.

NOTE: If you decline to participate in the assessment, screening and vaccination process **cease** completing Form 2 (this form). You **must complete and submit Form 5** as soon as possible.

6 Exposure Prone Procedures (EPPs)

ONLY COMPLETE PART 6 IF YOU ARE A CATEGORY A1 HCW.

HCWs who perform EPPs are **Category A1 HCWs** and must consent to provide information about their blood borne virus (BBV) status, which includes information about **Hepatitis B, Hepatitis C** and **HIV** status. Refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and **Information Sheet 2**.

This evidence is required:

- ▶ Prior to initial employment as an A1 HCW;
- ▶ When changing position to a new Category A1 role;
- ▶ If there has been a possible occupational exposure to a BBV;
- ▶ If there has been a possible non-occupational exposure to a BBV.

Please answer the questions below:

1. Do you have evidence of serological testing for the following within the last 12 months?

Hepatitis B Yes *If yes, continue to question 2;*
 No *If no, you are able to access free confidential testing through the IC&SH department.*

Hepatitis C Yes *If yes, continue to question 2;*
 No *If no, you are able to access free confidential testing through the IC&SH department.*

HIV Yes *If yes, continue to question 2;*
 No *If no, you are able to access free confidential testing through the IC&SH department.*

2. Were you positive for a BBV on this serology?
 Yes *If yes, you must receive approval to perform EPPs from the Expert Advisory Committee;*
 No *If no, continue to question 3;*

3. Have you had an **occupational or non-occupational exposure** to a BBV since last tested?
 Yes *If yes, please attend serological testing. You are able to access free confidential testing through the IC&SH department, or alternately you may access testing through your GP or the Sexual Health Clinic at ACT Health*
 No

7 **ONLY COMPLETE PART 6A IF YOU ARE A CATEGORY A1 HCW INFECTED WITH A BBV.**

For more information, refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and the *CPHB Blood Borne Virus in Health Care Workers policy*.

Is your BBV infection being managed by a medical specialist?
 Yes *If yes, attach details in a separate page.*
 No *If no, attach details in a separate page.*

Is your BBV infection being monitored by an Expert Advisory Committee?

- Yes *If yes, attach details in a separate page.*
 No *If no, include details below*

I certify that the information provided in this form is correct

Print Name

Signature

Date



Tuberculosis (TB) Screening Assessment Tool

FORM 3

CATEGORY A AND A1 HEALTH CARE WORKERS

You must complete this form if you are a health care worker (HCW) who is applying for a Category A or A1 position **OR** you are a HCW currently employed by Calvary Public Hospital Bruce (CPHB) in a Category A or A1 position. Refer to the *CPHB Occupational Assessment, Screening and Vaccination for Category A and A1 Staff Procedure* for more information.

NEW HCWs – APPLICATION FOR A CATEGORY A or A1 POSITION

ALL new HCWs require either a **tuberculin skin test (TST) or interferon gamma release assay (IGRA)/TB Quantiferon within the 6 months prior to commencement** (attach evidence to *Form 1*). If the result of the IGRA test is indeterminate, positive, or if you answer YES to any responses in Parts 2-5 of this form **you also require** clinical review and clearance by the Canberra Hospital Department of Respiratory and Sleep Medicine (DRSM - ph 6244 2066).

Return your completed **Form 1, Form 3, test results and clearance by the DRSM (if required)** to the Calvary Public Hospital Bruce Human Resources as soon as possible. You should retain a copy for your own records.

CPHB Infection Control and Staff Health (IC&SH) Department will assess your form(s) and decide whether further clinical review or testing is required and will contact you directly if you are required to provide any further documentation or evidence. If the IC&SH Department assess your documentation/evidence as sufficient, they will notify CPHB Human Resources to proceed with employment.

EXISTING HCWs – ONGOING PERIODIC TB SCREENING

Existing HCWs who have not previously been screened for tuberculosis and answer YES to any responses in Parts 2-5 require clinical review and clearance by the Canberra Hospital Department of Respiratory and Sleep Medicine (DRSM – ph 6244 2066).

Return your completed **Form 2, Form 3, test results and clearance by the DRSM (if required)** to the Calvary Public Hospital Bruce Human Resources department as soon as possible.

Contact details for Staff Health queries:

Phone: 6264 7076 or 6201 6174

Email: InfectionControl@calvary-act.com.au

Contact details for HR, or to return completed forms:

Phone: 6201 6122

Email: hr@calvary-act.com.au

Mail: Human Resources
Calvary Public Hospital Bruce
PO Box 254
Jamison Centre ACT 2614

In Person: Human Resources
Calvary Public Hospital Bruce
Cnr Belconnen Way & Haydon Drive
Bruce ACT 2617

1

Your Personal Details *(please print)*

New HCW - Category A/A1 Job Applicant

Existing HCW

Surname

First Name

Date of Birth

Home Address

Educational Institution (if student)

Post code

Telephone/Mobile

Email Address

Gender

Job Designation (eg Registered Nurse, Student)

Student Number (if student)

Staff Id Number

Work area/department

2

Clinical History

Have you experienced any of the following symptoms in the **previous four weeks**:

- ▶ Cough for longer than 2 weeks Yes No
- ▶ Haemoptysis (coughing blood) Yes No
- ▶ Fevers / Chills / Temperatures Yes No
- ▶ Night Sweats Yes No
- ▶ Fatigue / Weakness Yes No
- ▶ Anorexia (loss of appetite) Yes No
- ▶ Unexplained Weight Loss Yes No

3

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 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

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

4

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



High incidence of TB means a TB Incidence of ≥ 40 cases per 100,000 persons. **Before you complete Part 5 of this form**, review the list of **countries with a high incidence of TB** at the internet site maintained by the World Bank Group: <http://data.worldbank.org/indicator/SH.TBS.INCD/countries/1W?display=default>

5

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

6

Periodic Re-screening (refer to *Information Sheet 2* for definitions)

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

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

I certify that the information provided in this form is correct.

Print Name

Signature

Date



Vaccine Non-Responders and HCW with a Medical Contraindication to a Vaccine

FORM 4

CATEGORY A AND A1 HEALTH CARE WORKERS

You must complete this form if you are a Category A or A1 Health Care Worker (HCW) 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.

DO NOT COMPLETE THIS FORM if you are a HCW who satisfies "partial compliance" to the Hepatitis B (HBV) vaccination requirements as set out in the *CPHB Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Health Care Workers, Section 5.2 Partial Compliance with Hepatitis B Vaccination*.

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

1

Your Personal Details *(please print)*

Surname *First Name* *Date of Birth*

Home Address *Post code*

Telephone/Mobile *Email Address* *Gender*

Job Designation (eg Registered Nurse, Student)

Staff Id Number *Work area/department*

2

- I have read and understand the information in the *CPHB Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 staff*.
- I am unable to be vaccinated against the following vaccine-preventable infectious diseases:
 - HBV – Hepatitis B Diphtheria Measles
 - Varicella Tetanus Mumps
 - Influenza Pertussis Rubella
- 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 CPHB to manage me as an **unprotected HCW**.
- I consent to being managed as an **unprotected HCW**.
- I understand I can contact the Calvary Health Care Bruce Staff Health Department on 02 6264 7076 during work hours if I have any concerns about my immunisation or immunity status.

3

I certify that the information provided in this form is correct

Print Name

Signature

Date



Non-Participation in Occupational Assessment, Screening or Vaccination

FORM 5

CATEGORY A OR A1 HEALTH CARE WORKERS

You must complete this form if you are a health care worker (HCW) currently employed by Calvary Public Hospital Bruce (CPHB) in a Category A or A1 position **who declines to participate** in occupational assessment, screening or vaccination against any of the specified infectious diseases.

DO NOT COMPLETE THIS FORM IF YOU ARE A HCW NEW TO CPHB OR AN EXISTING HCW APPLYING FOR A NEW POSITION OR A VACCINE NON-RESPONDER OR A HCW WITH A MEDICAL CONTRAINDICATION TO A VACCINATION.

Submit your completed form to the Calvary Public Hospital Bruce Infection Control and Staff Health Department (CPHB IC&SH). If you are currently working in a **Category A or A1 position**, you **must not work with high risk client groups or high risk clinical areas** unless you are approved to do so by the CPHB Expert Advisory Committee. If you are currently working in a **Category A1 position**, you **must not perform exposure prone procedures** unless you are approved to do so by an Expert Advisory Committee. See the *CPHB Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Health Care Workers* for more information.

1

Your Personal Details *(please print)*

Surname	First Name	Date of Birth
Home Address		Post code
Telephone/Mobile	Email Address	Gender
Job Designation (e.g. Registered Nurse, Intern)		
Staff Id Number	Work area/department	

2

- I have read and understand the information in the *CPHB Occupational Assessment, Screening and Vaccination* policy, and the *CPHB Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 staff*.
- I do not consent to the assessment, screening or vaccination of the following specified infectious diseases:
- | | | | |
|-------------------------------------|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis B (HBV) | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis (TB) | |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Varicella | |
- 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 I can contact CPHB IC&SH on 02 6264 7076 during work hours if I have any concerns about my immunisation or immunity status
- I understand that my decision to decline to participate in the assessment, screening and vaccination of the specified infectious diseases will require CPHB to manage me as an **unprotected HCW**, as described in the *CPHB Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Health Care Workers*.

3

EXPOSURE PRONE PROCEDURES ONLY COMPLETE PART 3 IF YOU ARE A CATEGORY A1 HCW

HCWs who perform EPPs are **Category A1 HCWs** and must consent to provide information about their blood borne virus status, which includes information about their **HBV, Hepatitis C** 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 *CPHB Blood Borne Virus in Health Care Workers* policy.

This evidence is required:

- ▶ Prior to initial employment as an A1 HCW;
- ▶ When changing position to a new Category A1 role;
- ▶ If there has been a possible occupational exposure to a BBV;
- ▶ If there has been a possible non-occupational exposure to a BBV.

I am an existing **Category A1 HCW** and **do not consent** to provide information about my status for:

HBV HCV HIV

I understand my decision not to provide the required information means I will be managed as an **unprotected HCW** as described in the *CPHB Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Health Care Workers*.

I certify that the information provided in this form is correct

4

Print Name

Signature

Date



Occupational Assessment, Screening and Vaccination for Staff Not Employed by Calvary Public Hospital Bruce (CPHB)

FORM 6

INCLUDES STUDENTS, CONTRACT, AGENCY AND LOCUM STAFF

All onsite staff in Category A or A1 positions not employed directly by CPHB

Organisations which provide staff to CPHB in Category A or A1 positions **must** complete this form in accordance with the requirements of CPHB *Occupational Assessment, Screening and Vaccination Policy* and *Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff*. The completed form must be provided to CPHB Human Resources Department **prior to the individual staff member attending CPHB**. You must complete this form if your organisation provides:

- Students attending clinical placements not managed by the Clinical Placement Office at ACT Health;
- Agency Staff, Locums and Visiting Medical Officers working at CPHB in a Category A or A1 position;
- Contracted staff including all cleaning, linen, waste, sterilising and food services staff;
- Company representatives providing product support including in the operating theatre.

The organisation should not provide confidential documentation to CPHB, but must ensure they have viewed evidence of the individuals' protection against the specified infectious diseases in accordance with **Information Sheet 2 – Checklist of Required Evidence of Protection**, prior to completing this form.

Return the completed **Form 6** to CPHB Human Resources Department as soon as possible. You should retain a copy for your own records.

1 Staff Members Details *(please print)*

Surname _____ First Name _____ Date of Birth _____

Telephone/Mobile _____ Email Address _____

Organisation Name and Address _____

- 2 I have read and understand the requirements of the *Occupational Assessment, Screening and Vaccination Policy* and *Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff*, including **Information Sheet 2 – Checklist of Required Evidence of Protection**.

- 3 The staff member _____ (name) of _____ (organisation name) will attend CPHB in a:

- Category A position
 Category A1 position (see *Information Sheet 1 – risk categorisation* for further information)

This staff member meets all requirements of the *Occupational Assessment, Screening and Vaccination Policy* and *Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff*.

Name of individual completing the form

Signature of individual completing the form

Contact details of individual completing the form