

Occupational Assessment, Screening and Vaccination Procedure for Category B Staff

1 Applies to

This Procedure applies to:

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

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

Responsible group 2: Infection Control Department Manager/Department Manager

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

Responsible group 3: Employee

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

4. Procedure

4.1 Compliance

All Category B HCW must comply with the requirements of this procedure, see CPHB Occupational Assessment, Screening and Vaccination Policy or Information Sheet 1 to determine risk category. This includes:

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

- All employees of CPHB who work in a Category B position;
- All contract staff who work onsite in a Category B position;
- All volunteers and participants in the Refugee Mentoring Program (RMP) whose duties involve Category B risks.

Compliance requirements

i. New category B staff members

In order to be considered compliant, all new category B staff members must:

- Complete Form 1 – Participation in Occupational Assessment, Screening and Vaccination and if the staff member elects to participate in screening and vaccination, attach acceptable evidence as per Section 4.3 of this procedure. See Table 1 (below) for summary of requirements.

ii. Existing category B staff members

- Complete Form 2 – Participation in Occupational Assessment, Screening and Vaccination and if the staff member elects to participate in screening and vaccination, attach acceptable evidence as per Section 4.3 of this procedure. See Table 1 (below) for summary of requirements.

Table 1: Summary of Requirements

Staff Category	Requirements
<p>Note: 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. You are still required to complete and submit the required paperwork as outlined below.</p>	
New Category B staff who wish to participate	<p>Prior to employment:</p> <ul style="list-style-type: none"> ▶ Submit Form 1 electing to participate in the occupational assessment, screening and vaccination process. Include evidence of vaccination as per section 4.3 of procedure. See Information sheet 2 for further information.
New Category B staff who do not wish to participate	<p>Prior to employment:</p> <ul style="list-style-type: none"> ▶ Submit Form 1 electing not to participate. No further paperwork is required.
Existing Category B staff who wish to participate	<ul style="list-style-type: none"> ▶ Submit Form 2, electing to participate in the occupational assessment, screening and vaccination process. Include evidence of vaccination as per section 4.3 of procedure. See Information sheet 2 for further information
Existing Category B staff who do not wish to participate	<ul style="list-style-type: none"> ▶ Submit Form 2, electing not to participate in the occupational assessment screening and vaccination. No further paperwork is required.

Information for Category B staff who elect to participate

4.2 The Specified Infectious Diseases

CPHB is committed to minimising the risk of transmission of the infectious diseases specified in Table 2. 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

Table 2: 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).

4.3 Evidence of Protection against the Specified Infectious Diseases

Acceptable evidence of protection against the specified infectious diseases is set out in Table 3, 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 Control and Staff Health (IC&SH) Department or an immunisation database maintained by another Australian State or Territory Department of Health.

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 3: Documented evidence of protection against the specified infectious diseases

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	Serology will not be accepted.	Not applicable.

	past 10 years. Not ADT.				
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).
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.	

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 Handbook¹.

NOTE Category B staff members have no greater risk of exposure to the specified infectious diseases than the general community.

5 Implementation

New HCWs

- All job advertisements for Category B positions and all information kits for Category B applicants must include reference to this procedure.
- This procedure is incorporated into all HCW recruitment and orientation processes.
- All information kits for Category B applicants must include an *Employment Information Sheet* about the assessment, screening and vaccination process as well as *Forms 1 and 2* and *Information Sheets 1, 2 and 3* attached to this procedure.

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

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.

6 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.
BBV	Blood Borne Virus; includes HIV, HBV and 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> for further information.
Category A1	HCWs who perform Exposure Prone Procedures are classed as Category A1 HCWs. Refer to <i>CPHB Occupational Assessment, Screening and Vaccination Policy</i> for further information.
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> for further information.
CPHB	Calvary Public Hospital Bruce.
CPHB IC&SH	Calvary Bruce Public Hospital Infection Control & Staff Health Department.
Contract Staff	Includes all health care workers onsite at CPHB or CHH who are not employed directly by CPHB. This includes agency 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.
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.
HCW	Health Care Worker. Inclusive of the following personnel: <ul style="list-style-type: none"> • 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 (including tertiary and secondary school students). • 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.

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

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
Hepatitis B	Hepatitis B Virus (HBV).
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.
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).
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.
Recruitment Team	CPHB personnel from Human Resources (HR).
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.

Student	A student enrolled in a program of study at a tertiary or secondary educational institution.
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.

7 Related Calvary Documents

- [Occupational Assessment, Screening and Vaccination Policy](#)
- [Blood Borne Virus in the Health Care Workers policy](#)
- [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 \(Calvary National\)](#)
- [Occupational Assessment, Screening and Vaccination Procedure for Category A and A1 Staff procedure](#)

8 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 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>

9 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



Participation in Occupational Assessment, Screening and Vaccination

FORM 1

NEW CATEGORY B HEALTH CARE WORKERS

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

You must complete this form if you are a health care worker (HCW) who is applying for a Category B position. Refer to the *CPHB Occupational Assessment, Screening and Vaccination Policy or Information Sheet 1* (attached) for more information.

NOTE: 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.

Application for a Category B Position

Return your completed **Form 1** with attached evidence if indicated to Calvary Public Hospital Bruce (CPHB) Human Resources (HR) Department as soon as possible. You should retain a copy for your own records. You will be advised if further clinical review or testing is required.

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

Contact details for Staff Health queries:

Phone: 6264 7076 or 6201 6174

Email: InfectionControl@calvary-act.com.au

1

Your Personal Details *(please print)*

_____ <i>Surname</i>	_____ <i>First Name</i>	_____ <i>Date of Birth</i>
_____ <i>Home Address</i>	_____ <i>Educational Institution (if student)</i>	_____ <i>Post code</i>
_____ <i>Telephone/Mobile</i>	_____ <i>Email Address</i>	_____ <i>Gender</i>
_____ <i>Job Designation (eg Registered Nurse, Student)</i>	_____ <i>Student Number (if student)</i>	

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 B Staff*.

Approved by: Director of Patient Safety and Quality

Approved Date: 28/02/2018

UNCONTROLLED WHEN PRINTED

Review Date: 28/02/2021

3 **Select one of the following:**

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 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.

I do not wish to participate in the assessment, screening and vaccination process for the specified infectious diseases, and I have read **Information Sheet 3 Risks, Consequences of Exposure and Protective Measures** and understood the implications of not participating. If you do not wish to participate, please go to section 5 of this form.

4 **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.	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).
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.	

5

I certify that the information provided in this form is correct		
_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
If applicant is aged <18 yrs:		
_____	_____	_____
<i>Print name of Parent/Guardian</i>	<i>Signature</i>	<i>Date</i>



Participation in Occupational Assessment, Screening and Vaccination

FORM 2

EXISTING CATEGORY B HEALTH CARE WORKERS

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

You must complete this form if you are a health care worker (HCW) currently employed by Calvary Public Hospital Bruce (CPHB) in a Category B position.

NOTE: 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.

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

Return your completed **Form 2** with attached evidence if indicated 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.

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 B Staff*.

3 *Select one of the following:*

- 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,
- 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.
- I do not wish to participate in the assessment, screening and vaccination process for the specified infectious diseases, and I have read **Information Sheet 3 Risks, Consequences of Exposure and Protective Measures** and understood the implications of not participating. If you do not wish to participate, please go to section 5 of this form.

4 *If you consent to participate, please complete this section, 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	<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).
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.	

5

I certify that the information provided in this form is correct

Print Name

Signature

Date

INFORMATION SHEET 1

Category B Workers

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.

<p>Category A: Participation in the occupational assessment, screening and vaccination process is MANDATORY.</p>	
<p>Contact with patients and/or blood, body substances or infectious materials, including non-clinical staff working in ward or outpatient areas.</p>	<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>
<p>Category A1: Staff who carry out Exposure Prone Procedures (EPPs)</p> <p>Participation in the occupational assessment, screening and vaccination process is MANDATORY.</p>	
<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

<p>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.</p>	
<p>No contact with patients or blood, body substances or infectious materials.</p>	<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 eg administrative positions NOT in a ward, foodservices personnel in the kitchens. ▶ Only attends clinical areas infrequently and for short periods of time eg maintenance contractor undertaking work in clinical areas. <p>Examples include, but are not limited to: administration and clerical personnel in non-clinical work settings; some secondary students; stores personnel; kitchen personnel.</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)*.

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

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.

INFORMATION SHEET 2

Category B Workers

Checklist of Required Evidence of Protection

NOTE: 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, and participation is not mandatory.

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).

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

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	<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).	<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).
Influenza (Flu)	<input type="checkbox"/> Annual flu vaccination	Not applicable.		Not applicable.	

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*.

INFORMATION SHEET 3**Category B Workers****Risks, Consequences of Exposure and Protective Measures**

NOTE: 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, and participation is not mandatory.

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 *CPHB Bruce Blood Borne Virus in Health Care Workers policy* 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 1st dose and children over 4 years of age who have not had a 2nd 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 *CPHB Blood Borne Virus in Health Care Workers policy* 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.