

<b>POLICY TITLE</b>	<b>INFECTIOUS DISEASES AND IMMUNISATION POLICY FOR STUDENTS UNDERTAKING CLINICAL PLACEMENTS IN HEALTH FACILITIES</b>
<b>FILE NUMBER</b>	200500455
<b>PURPOSE</b>	To advise students of legislative, ACT and NSW Government requirements regarding immunisation and blood-borne virus testing.
<b>RELEVANT TO</b>	Students undertaking placements in health facilities operated by the ACT and NSW Governments
<b>RESPONSIBLE OFFICER</b>	Deputy Vice-Chancellor
<b>INTRODUCED</b>	June 2003
<b>MODIFICATION HISTORY</b>	Revised 15 March 2005 (paper 230/2005 replaces 263b/2003); revised NSW Health Directives 27 July 2007
<b>RELATED POLICIES</b>	<a href="http://info.anu.edu.au/policies/Procedures/Human_Resources/OHS/Immunisation.asp">http://info.anu.edu.au/policies/Procedures/Human_Resources/OHS/Immunisation.asp</a> NHMRC: The Australian Immunisation Handbook (NHMRC 2003) <a href="http://immunise.health.gov.au/handbook.htm">http://immunise.health.gov.au/handbook.htm</a> NSW Health Department Circular <i>Occupational Screening and Vaccination Against Infectious Diseases</i> , 18 October 2002 ACT Department of Health and Community Care <i>Management of Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus Infected Health Care Workers</i> , May 1999 <i>Disclosure of Information by Students with a Disability or Illness</i> (20020493)
<b>KEY WORDS</b>	Infection, Disease, Immunisation, Immunity, Status, Confidentiality, Travel, Screening, Tests
<b>RELEVANT LEGISLATION</b>	<i>Crimes Act 1900</i> (NSW) <i>Disability Discrimination Act 1992</i> (Cth) <i>Discrimination Act 1991</i> (ACT) <i>Occupational Health and Safety Act 1989</i> (ACT) <i>Occupational Health and Safety (Commonwealth Employment) Act 1991</i> (Cth) <i>Public Health Act 1991</i> (NSW) <i>Public Health Act 1997</i> (ACT) <i>Public Health Regulations 2000</i> (ACT) <i>Privacy Act 1988</i> (Cth) <i>Sexually Transmitted Diseases Act 1956</i> (ACT)

## A. PRINCIPLES

### 1. Significance of clinical placements

Clinical placements are a significant and sometimes mandatory component of a number of programs at the Australian National University (the University). The University relies upon state,

territory and private health providers for access to clinical training facilities. Access to these facilities is regulated by the operators of the facilities. This policy focuses upon the requirements of the ACT and NSW governments and their health services, as that is where the majority of University placements occur.

Students who are not able to complete a clinical placement during their enrolment at the University as a result of not meeting a requirement of a health facility may not be able to complete the program in which they are enrolled. Students may be eligible to transfer to other University programs.

## **2. ACT and NSW Government requirements**

The ACT Department of Health and Community Care and the NSW Department of Health have policies that require all students undertaking placements, or who require access in any capacity to facilities operated by them, to know their infectious status throughout the period they undertake the placement. These policies also recommend students undertaking placements be vaccinated in accordance with the recommendations of the National Health and Medical Research Council (NHMRC) as documented in The Australian Immunisation Handbook [http://info.anu.edu.au/policies/Procedures/Human\\_Resources/OHS/Immunisation.asp](http://info.anu.edu.au/policies/Procedures/Human_Resources/OHS/Immunisation.asp)

In addition, students have a responsibility to protect their patients, their colleagues and themselves from infection.

Students undertaking placements in health facilities, particularly those conducting exposure-prone procedures, are inevitably exposed to infectious diseases in the course of their training. Many of the diseases are preventable through immunisation or by the adoption of safe-working practices. For these reasons, the University supports the approach adopted by the ACT and NSW governments and their health services.

This policy may be revised from time to time to reflect any developments by the ACT and NSW governments.

## **3. Other placements**

Where students undertake clinical placements in non-ACT and NSW government operated health facilities, such as health facilities operated by other state and territory governments or private providers, different requirements from those set out in this policy are likely to apply. These requirements must be identified and complied with prior to a placement commencing. Given the extensive requirements that may apply students should allow ample time for this process to occur.

Students who wish to undertake a period of study overseas should seek advice from an appropriate travel medicine facility to ensure they are aware of any specific health risks and that they obtain any relevant chemoprophylaxis.

Students must provide written documentation that they have obtained such advice to the designated coordinator for each relevant program of their Faculty, prior to their departure for an overseas placement.

## **B. ACT AND NSW GOVERNMENT PROCEDURES**

### **4. Responsibilities of the University**

Prospective students will be provided with copies of this policy, a suggested immunisation program (see Appendix 2) and information about blood-borne viruses (see Appendix 1) at the time the University offers them a place in a program. This information will also be published on the University's website.

### **5. Responsibilities of students**

All University students who have a clinical placement component in their program are required to meet the requirements of the relevant clinical placement facility. Students are responsible for any costs incurred in meeting the requirements. This policy outlines the combined requirements of ACT and NSW Governments.

Current NSW government requirements are available from <http://www.health.nsw.gov.au/policies> and are detailed at Appendix 3. Current ACT Department of Health and Community Care requirements are available from The Canberra Hospital (reference Staff Screening and Vaccination policy number 0116:002) and are detailed at Appendix 4.

Blood-borne virus tests recommended by the University are provided in Appendix 1. Vaccinations recommended by the University are provided in Appendix 2.

Where there is any restriction or qualification made to a student's activities in a clinical placement facility, including non-acceptance by a facility, the student must notify the University of the nature of the restriction or qualification and the reasons for its imposition. Depending on the nature of the reasons, where possible, the University will provide assistance to the student in accordance with its policy *Disclosure of Information by Student with a Disability or Illness* ([http://www.anu.edu.au/cabs/policies/412\\_disclosurepolicy.pdf](http://www.anu.edu.au/cabs/policies/412_disclosurepolicy.pdf)).

### **6. Minimisation of transmission**

Students must take all reasonable steps to minimise the risk of transmitting infectious diseases to other students, staff, patients or other people. As a minimum, where a student is infected with a blood-borne virus, he/she must exclude him/herself from any exposure-prone procedures.

A student who is infected with a contagious disease, particularly a blood-borne virus and who knowingly participates in clinical placements without notifying the clinical placement facility of their infected status is engaging in conduct that is likely to put patients, colleagues and other staff at risk. Students engaging in such behaviour could face disciplinary proceedings that may result in exclusion from the University.

Students are advised that it is a criminal offence under the *Crimes Act 1900 (NSW)* and *Crimes Act 1900 (ACT)* to intentionally cause or attempt to cause another person to contract an infectious disease. This offence carries a jail term.

### **7. Consequences of non-compliance**

Students have the first semester following initial enrolment to determine whether they will meet the requirements set out in this policy. Students who decline to meet the requirements will be required to take responsibility for their decision and sign a 'non-consent and indemnity' form. Such students will indemnify the University against action as a consequence of them acquiring or infecting another person with a vaccine preventable infection during clinical placement.

Students should note that their clinical placement provider would likely limit their access to exposure prone procedures if they choose not to consent to the requirements outlined in this policy. In addition, choosing not to consent to the requirements may affect a student's ability to complete the requirements of his/her course.

## Appendix 1: Blood-Borne Virus Tests

Students undertaking placements in health facilities, particularly those conducting exposure-prone procedures, must consider having the following tests:

1. Hepatitis B surface antigen and surface antibody
2. Mantoux testing
3. Varicella/zoster (Chicken Pox) antibody
4. Hepatitis A total antibody (IgG/M)

In order for students to be aware of their own infectious status they are also recommended to undergo:

1. HIV antibody test
2. Hepatitis C antibody

Students with a positive surface antigen should arrange to have the following tests performed to determine the relative degree of infectivity:

1. Hepatitis B e antigen; and
2. Hepatitis B DNA (recommended for students coming from a population with a high prevalence of pre-core mutants)

Prophylactic BCG vaccination is not routinely recommended.

## Appendix 2: Recommended Immunisation Program

The University recommends that students undertaking placements in health facilities, particularly those conducting exposure-prone procedures be immunised in accordance with the following:

1. Hepatitis B: Students with no evidence of immunity to Hepatitis B must receive a full course of Hepatitis B vaccination.
2. Varicella/Zoster (Chicken Pox): Students who do not have a definite recall of previous chicken pox must have serology performed. Those without immunity must be vaccinated.
3. Tetanus/Diphtheria: Students who completed a childhood immunisation schedule will not routinely require a booster until age 50. However, students who elect to receive the pertussis vaccine (see below) will receive a booster, as this is a combined vaccine.
4. Pertussis (whooping cough): Previous vaccination or pertussis illness does not provide lifelong prevention and students will be exposed in their clinical practice. An adult vaccination is now available in a combined Tetanus/Diphtheria/Pertussis formulation.
5. Hepatitis A: Students should consider this vaccine if they do not have serological evidence of immunity, especially if they are planning electives overseas or in remote Northern Australia.
6. Measles/Mumps/Rubella: Students without documentary evidence of MMR vaccination in the past should receive a booster of this live attenuated vaccine.
7. Influenza: It is recommended that students be vaccinated annually.



## Policy Directive

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# Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases

**Document Number** PD2007\_006

**Publication date** 01-Feb-2007

**Functional Sub group** Clinical/ Patient Services -Infectious diseases  
 Personnel/Workforce -Occupational Health & Safety

**Summary** This Policy Directive describes the requirements for employers, staff and other clinical personnel in relation to occupational assessment, screening and vaccination against specified infectious diseases and aims to:

(1) Assist employers to meet their occupational health and safety (OHS) obligations and their duty of care to staff, clients and other users of health service premises; and (2) Advise staff of their rights and responsibilities in relation to these OHS and duty of care requirements.

**Replaces Doc. No.** Occupational Screening and Vaccination Against Infectious Diseases [PD2005\_338] Tuberculosis Screening & Protection -Health Care Worker [PD2005\_209]

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations -Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals

**Audience** All staff

**Distributed to** Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

**Review date** 01-Feb-2012

**Director-General File No.** 05/3292

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

***Policy Directive***



**OCCUPATIONAL ASSESSMENT, SCREENING  
& VACCINATION AGAINST SPECIFIED  
INFECTIOUS DISEASES**

# Policy Directive



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# Policy Directive

## 1. Introduction



### 1.1 Purpose and Scope of the Policy

This Policy Directive describes the requirements for employers, staff and other clinical personnel in relation to occupational assessment, screening and vaccination against specified infectious diseases and aims to:

- Assist employers to meet their occupational health and safety (OHS) obligations and their duty of care to staff, clients and other users of health service premises, and
- Advise staff of their rights and responsibilities in relation to these OHS and duty of care requirements.

**This Policy Directive has been developed with particular reference to the National Health and Medical Research Council (NHMRC) *Australian Immunisation Handbook* (current edition).**

Adherence to Standard and Additional Precautions remains the first line of protection for staff and clients against exposure to infectious diseases. Ensuring that staff are protected against vaccine preventable diseases and screened for tuberculosis forms part of a broader infection control risk management strategy and complements NSW Health policy directive PD2005\_247 Infection Control Policy.

It is recommended that licensed private health care facilities have regard to this Policy Directive.

**Employers must immediately incorporate this policy into the recruitment and orientation process for all new staff and for all other clinical personnel prior to their appointment or clinical placement.**

**The policy must also be applied to all existing staff within one year of the release of this Directive. For implementation of the policy as it applies to TB refer to Table 4 *Work restrictions for unprotected/unscreened staff* and Appendix 1 *Occupational TB screening strategy*.**

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## 1.2 Related NSW Policies and Legislation

### *Related Policies*

PD2005\_072 Preventive Therapy  
 PD2005\_162 HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected  
 PD2005\_186 Employment Health Assessment Policy and Guidelines  
 PD2005\_203 Infection Control Management of Reportable Incidents  
 PD2005\_208 Bacille Calmette Guerin Vaccination  
 PD2005\_247 Infection Control  
 Policy PD2005\_311 HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed  
 PD2005\_328 Injury Management and Return-to-Work (NSW Health Policy and Procedures for)  
 PD2005\_354 Workcover NSW Reporting Requirements: Occupational Exposures to Blood-Borne Pathogens  
 PD2006\_014 Notification of Infectious Diseases under the Public Health Act 1991  
 PD2005\_406 Consent to Medical Treatment - Patient Information  
 PD2005\_409 Workplace Health and Safety: Policy and Better Practice Guide - NSW Health  
 PD2005\_579 Tuberculosis Related Services - Charging for  
 PD2005\_580 Tuberculin Skin Testing  
 PD2005\_581 Tuberculosis Contact Tracing  
 PD2005\_593 Privacy Manual (Version 2) - NSW Health  
 PD2005\_609 Patient Safety and Clinical Quality Program Implementation Plan  
 PD2006\_057 Immunisation Services - Authority for Registered Nurses

### *Related Legislation*

- Occupational Health and Safety Act 2000 (NSW)
- Occupational Health and Safety Regulation 2001 (NSW)
- Workers Compensation Act 1987 (NSW)
- Workplace Injury Management and Workers Compensation Act 1998 (NSW)
- Public Health Act, 1991 (NSW)
- Privacy and Personal Information Protection Act 1998 (NSW)
- Health Records and Information Privacy Act 2002 (NSW)
- Infection Control Standards contained in:
  - Medical Practice Regulation 2003;
  - Nurses and Midwives Regulation 2003;
  - Physiotherapists Regulation 2002;
  - Dental Practice Regulation 2004;
  - Dental Technicians Registration Regulation 2003, and
  - Podiatrists Regulation 2005.

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## 1.3 Definitions for the Purposes of this Policy Directive

**Adverse Event Following Immunisation (AEFI)** is an unwanted or unexpected event following immunisation.

**Assessment** for the purpose of this Policy is the full evaluation of a person by an appropriately trained clinician, in relation to their level of protection against the specified infectious diseases covered by the Policy.

**Contraindication** is 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 and/or serological confirmation of protection. This does not include a statutory declaration.

**Employer** refers to any person authorised to exercise the functions of employer of staff in public health organisations or provision of health support services and the NSW Ambulance Service.

**Exposure prone procedures (EPPs)** are those procedures where there is potential for contact between the skin (usually finger or thumb) of the health care worker (HCW) and sharp surgical instruments, needles or sharp tissues (splinters/ pieces of bone/tooth) in body cavities or in poorly visualised or confined body sites including the mouth. EPPs are a subset of invasive procedures (see PD2005\_162 *HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected* for further information).

**Health facility** for the purpose of this Policy refers to a defined service location such as a hospital, community health centre etc or other location where health services are provided.

**Immuno-deficient** is 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.

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**Licensed private health care facilities** are health care facilities licensed under the Private Hospitals and Day Procedure Centres Act 1988.

**Must** indicates a mandatory practice required by law or by Departmental policy directive.

**Non-responders** are persons who have been fully vaccinated according to Table 3 *Acceptable evidence of protection against specified infectious diseases*, but who have failed to demonstrate adequate antibody levels.

**Other clinical personnel** are persons who are not permanently, temporarily or casually employed in health facilities but are contracted to work, on clinical placement or supervising students' placements and includes agency staff, students (including work experience students) and contractors such as Visiting Medical Officers and Visiting Dental Officers.

**Protection** for the purpose of this Policy means the necessary measures that need to be taken to enable a person to be considered not susceptible to a specific disease.

**Public health system is:**

- Area health services
- Statutory health corporations
- Affiliated health organisations in respect of their recognised establishment and their recognised services
- Director-General in respect of the provision of ambulance services and health support services.

**Risk assessment** is the overall process of estimating the magnitude of risk and deciding what actions will be taken.

**Risk management** is the process of identifying and managing risks and opportunities to avoid exposure or loss and maximise benefits.

**Screening** for the purposes of this Policy means the assessment of TB status.

**Specified Infectious Diseases** for the purposes of this Policy, comprises only the diseases listed below:

**Diphtheria**  
**Hepatitis B**  
**Measles**  
**Mumps**  
**Rubella**

**Pertussis**  
**Tetanus**  
**Tuberculosis**  
**Varicella**

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**Staff** refers to persons who are permanently, temporarily or casually employed by health facilities and includes volunteers.

**TB** refers to infection caused by *Mycobacterium tuberculosis*.

**TB medical assessment** for the purposes of this Policy relates to TB and is the clinical assessment and review of the person or review of their medical record, chest x-ray or other diagnostic information to develop an individual management plan.

**TB status** is the presence or absence of TB infection and/or active disease.

**TST** is tuberculin skin testing, which is a diagnostic tool used to identify people infected with *Mycobacterium tuberculosis (TB)*. TST is not a test for immunity but rather a measure of cell mediated immune responsiveness and possible infection with the TB organism.

**TST conversion** is defined as an increase in the diameter of TST induration of  $\geq 10$ mm between consecutive readings. TST conversion indicates recent TB infection.

**Two step TST** is designed to avoid false negative baseline TSTs, so a subsequent positive TST is not misinterpreted as a TST conversion. For additional information and technical requirements of this test please refer to PD2005\_580 Tuberculin Skin Testing.

**Unprotected** for the purposes of this Policy means that the person cannot provide the evidence of protection required by this Policy and is classed as susceptible to the disease. This includes staff who do not consent to participate and those who fail to attend assessment, screening and vaccination in accordance with this Policy. It does not include those staff described in Table 5 *Risk management strategy for vaccine non-responders and staff with medical contraindications*.

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## 2. Policy Summary

Employers must identify a medical practitioner with appropriate expertise to oversee the assessment, screening and vaccination program for their workplace.

It may be appropriate to consider appointing a nurse practitioner to work with the medical practitioner.

### Employers must:

- 1 Assess all existing staff to determine their level of protection against the specified infectious diseases and screen to determine their TB status, as described in Section 3, *Risk categorisation, assessment, screening and vaccination* and Appendix 1 *Occupational TB screening strategy*.
- 2 Vaccinate all consenting staff as necessary according to Section 3, *Risk categorisation, assessment, screening and vaccination*.
- 3 Assess the documented evidence of protection against specified infectious diseases and TB status provided by other clinical personnel prior to their appointment or clinical placement.
- 4 Ensure that work restrictions are enforced for staff who do not have the required evidence of protection against specified infectious diseases and/or TB screening as described in Table 3 *Acceptable evidence of protection against specified infectious diseases* and Section 4, *Management of unprotected/unscreened staff* and Appendix 1 *Occupational TB screening strategy*.
- 5 Report to the Department of Health on the percentage of staff fully protected against the specified infectious diseases and screened for TB.
- 6 Recruit all new staff in accordance with this Policy as described in Section 6, *Recruitment of new staff*.

### Staff must:

1. Comply with the requirements of the Policy

**OR**

2. Acknowledge in writing that they do not consent to assessment, screening and vaccination in accordance with this Policy and engage with their employer to determine future work options as described in Section 4, *Management of unprotected/unscreened staff* and Table 4, *Work Restrictions for unprotected/unscreened staff*.

### Other Clinical Personnel must:

Comply with the requirements of this Policy at their own cost and provide evidence of protection against all the specified infectious diseases and documentation of their TB status as a pre-requisite to appointment or clinical placement.

### Universities and other academic institutions must:

Advise other clinical personnel, in writing, of the requirements of the Policy.

### Employment agencies must:

Advise all other clinical personnel of their responsibilities under this Policy and ensure that all other clinical personnel provided to health facilities are protected against all the specified infectious diseases and have had appropriate TB screening and assessment of their TB status.

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## 3. Risk Categorisation, Assessment, Screening and Vaccination

### 3.1 Employer Responsibilities

#### **Privacy Considerations**

- Employers are required to manage staff personal health information in accordance with the Health Records and Information Privacy Act 2002. The Act sets out 15 Health Privacy Principles, which govern the collection, retention, use, disclosure and disposal of personal health information. Guidance on these principles is provided in PD2005\_593 *Privacy Manual (Version 2) - NSW Health*.

#### **Risk Categorisation**

- Employers must assess the risk category of all staff and other clinical personnel according to Table 1 for the specified infectious diseases and Appendix 1 for TB.
- Work activities, rather than job title, must be considered on an individual basis when determining risk category.

#### **Informing Staff**

- Employers must inform staff of their obligations under this Policy and advise them of the risks, preventive measures and appropriate procedures if exposed to a potentially infectious agent at work.
- Employers must ensure that staff are given adequate information, education and, where appropriate, pre- and post-test counselling to make informed decisions about assessment, screening and vaccination.

#### **Assessment**

- Employers must assess all staff to determine their level of protection against the specified infectious diseases and to determine their TB status consistent with Tables 1, 2 and 3 and Appendix 1.
- Employers must ensure that the documented evidence provided by other clinical personnel is assessed by appropriately qualified personnel.
- Employers must ensure that a comprehensive medical assessment and, when necessary, additional specialist advice is provided to staff and other clinical personnel working in specialised settings (such as microbiological laboratories and infectious disease wards); staff who notify the employer that they are pregnant; and those who notify the employer that they are immuno-deficient due to illness or medication use.
- Employers have a responsibility to develop an individualised risk management plan for immuno-deficient staff; fully vaccinated staff whose level of protection against certain infectious diseases is not measurable and staff who are unable to be vaccinated against certain vaccine preventable diseases due to medical contraindications. The individualised risk management plan must take into account the individuals susceptibility, their role within the organisation and the prevalence of the specified disease(s) within the community.

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## Consent

- Written consent for assessment, screening and vaccination must be obtained from all staff in accordance with NSW Health PD2005- 406 *Consent to Medical Treatment - Patient Information*.
- Employers must ensure that staff who do not consent to participate in assessment, screening and vaccination are advised of the potential risks involved and acknowledge in writing using the *Assessment, Screening and Vaccination Non-Participation Form* (Appendix 3) their non-participation, understanding of any risks consequent upon non-participation and the work restrictions associated with Section 4: *Management of unprotected/unscreened staff* and Table 4 *Work restrictions for unprotected/unscreened staff*.

## Service Provision

- Employers are responsible for meeting the full cost of assessment, screening and vaccination including, but not limited to, vaccines, service delivery, serology, TST, chest x-ray, medical and specialist assessment for all existing staff. Employers may wish to provide the vaccines recommended for the general population for Category B staff.
- Employers who are unable to provide their own occupational assessment, screening and vaccination service must arrange to have the service provided by an appropriate external provider at no cost to the staff.

## Vaccination

- Employers must arrange for vaccines to be administered by either medical practitioners or registered nurses under medical direction, or registered nurses who are authorised to immunise under the NSW Poisons and Therapeutic Goods Act 1966 (PD2006\_057 *Immunisation Services -Authority for Registered Nurses*).
- All vaccinations must be given in accordance with Table 2 *Protection/Screening required by risk category* and the recommendations of the current National Health and Medical Research Council *Australian Immunisation Handbook*, with particular reference to the indications and contraindications.

## TB Screening

- Employers must ensure that the assessment of an individual's status is undertaken by clinicians trained in TST screening and result interpretation in accordance with *Appendix 1 Occupational TB screening strategy*.
- Employers must ensure that all TB screening is undertaken in accordance with NSW Health Policy Directives and in collaboration with Area Health Service TB Prevention and Control Services.
- Employers must ensure appropriate referral processes for the interpretation of TST results and TB medical assessment of staff with regard to TB.

## Adverse Event Following Immunisation (AEFI)

- Employers must ensure that staff who report an AEFI are appropriately medically assessed and managed according to the provisions set out in Section 4 *Management of unprotected/unscreened staff*.

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- Employers must ensure all AEFIs are notified to the Area Health Service Public Health Unit.

### ***Documentation***

- Employers must ensure that staff assessment, screening and vaccination records are maintained and updated regularly and that a copy of the record is available to the staff.
- Employers must issue a personal record card to staff detailing the results of the assessment, screening and vaccinations administered, including date, batch number, type/brand name of each vaccine. The Adult Vaccination Record Card could be used for this purpose.
- Adult Vaccination Record Cards may be obtained from the Better Health Centre - Publications Warehouse. Tel: (02) 9816 0452, Fax: (02) 9816 0492.

### ***Retention of Records***

- Employers must retain a secure, confidential clinical record of the staff risk category (including date of categorisation); the staff pre-vaccination assessment (including date of assessment); date and results of all tests; and date, batch number, type/brand name of all vaccines administered.
- Records relating to staff assessment, screening and vaccination must be stored separately to staff applications for appointment and personnel records.
- Employers must ensure that access to these confidential clinical records is limited to appropriately trained staff involved in the implementation of this policy.
- Employers must retain a secure and confidential record of staff Assessment, Screening and Vaccination Non-Participation Forms (Appendix 3).
- Records are to be retained in accordance with item 1.1.2 of General Disposal Authority 12 Personnel Records issued by the State Records Office.

## **3.2 Staff Responsibilities**

- Staff must comply with the assessment, screening and vaccination requirements of this Policy; or Staff who do not consent to assessment, screening and vaccination in accordance with this Policy must acknowledge this in writing (using the Assessment, Screening and Vaccination Non-Participation Form – Appendix 3).
- Staff must report AEFIs to their vaccination provider who should then report them to the Area Public Health Unit for follow-up.
- Staff must maintain their own assessment, screening and vaccination records and have them available for inspection.
- Staff must present for re-assessment if they transfer within the organization and there is the possibility that their risk categorisation has changed.

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## 3.3 Other Clinical Personnel Responsibilities

- Other clinical personnel must comply with this occupational assessment, screening and vaccination policy and cannot undertake employment or clinical placement within health facilities unless they can demonstrate complete protection against all the specified infectious diseases covered by this Policy and have documentation of their TB status as outlined in *Appendix 1 Occupational TB screening strategy*.

## 3.4 Universities, other Academic Institutions and Employment Agencies' Responsibilities

- Universities and other academic institutions must ensure that all other clinical personnel are advised in writing, prior to the commencement of their academic enrolment, of their responsibilities under this Policy.
- Universities and other academic institutions must ensure that other clinical personnel have been advised that they must provide evidence of protection against all the specified infectious diseases and documentation of their TB status as outlined in *Appendix 1 Occupational TB screening strategy* for assessment by the health facility, prior to or at the time of commencement of all clinical placements.
- Employment agencies must advise other clinical personnel of their full responsibilities under this Policy, must assess their level of protection against all the specified infectious diseases and TB status, and ensure that all persons provided to health facilities fully comply with the requirements for other clinical personnel in this Policy.

## 4. Management of Unprotected/Unscreened Staff

To meet their occupational health and safety (OHS) duty of care obligations to staff and clients, all employers must have a framework in place to manage unprotected/unscreened staff.

### Employers must ensure:

- Staff, who are not protected against the specified infectious diseases in this Policy or screened to determine their TB status, do not work in areas or with client groups where they may pose a risk of infection to at-risk groups, as described in Table 4 *Work restrictions for unprotected/unscreened staff*.
- A full risk assessment, according to Table 5 *Risk management strategy for vaccine non-responders and staff with medical contraindications*, is undertaken and that it is recommended that they not work in locations/roles where there is a high risk of exposure to infectious diseases and a high risk to the staff from exposure.

Whilst the management of unprotected/unscreened staff is a risk management strategy, it is not a substitute for the pursuit of optimal vaccination coverage against the specified infectious diseases in this Policy.

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## 4.1 Reassignment of Unprotected Staff

### *Consultation and Engagement*

Staff who are unable to remain in their usual work location, as a result of being classified as unprotected against particular infectious diseases or unscreened for TB, should be actively engaged in the process of determining their future work options. The important consideration is that there is a shared responsibility between employer and staff to make every effort to find alternative, suitable working arrangements for the staff.

The process should begin with a meeting with the individual concerned to:

- ensure that they understand the circumstances regarding their unprotected/unscreened status and any related implications
- provide them with an opportunity to clarify any outstanding issues
- offer them a final opportunity to reconsider any decision they may have made regarding assessment, screening and vaccination, if this is relevant
- identify possible short-term options
- commence a dialogue about potential future long-term options.

### *Short-term Management Options*

Once staff have been classified as unprotected/unscreened, immediate action will need to be taken to ensure that the infectious disease risks to the staff and clients are managed. This action may be short-term, until further consideration of more permanent options can be fully canvassed.

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

- temporary staff swaps
- temporary reassignment as additional assistance in low risk work areas
- attending outstanding training
- taking up other staff development opportunities
- undertaking administrative duties or providing additional administrative or management support
- where appropriate and practical, short-term working from home arrangements.

These options should be discussed with the staff as short-term arrangements, and as far as reasonable and practical, staff views should be taken into account in any decisions.

Where, despite all efforts by both parties, a work based short-term risk control solution is unable to be determined, leave options may need to be considered. However, this should be the very last option, as it is in the interests of both parties for staff to remain at work to better facilitate discussion and negotiation around more permanent reassignment options.

### *Long-term Management Options*

Successful temporary reassignment of unprotected/unscreened staff provides a good platform for considering more permanent arrangements, and ongoing liaison with, and engagement of, the staff is crucial to achieving future long-term solutions.

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

- transfer to an alternative clinical area
- retraining in an appropriate new clinical speciality
- retraining for duties in non-clinical areas
- transferring to administrative or management support roles, where practicable.

The health facility should recognise that staff who are being permanently reassigned may need considerable periods of ongoing support to ensure that the reassignment is successful and enduring. Advice about staff assistance services and relevant union support should be provided.

## 4.2 Service Delivery Issues

In certain circumstances, it may be argued that reassignment of an unprotected/unscreened staff member poses a genuine and serious risk to service delivery.

Such situations would be limited to circumstances where:

- the staff member is highly specialised, and/or a sole practitioner eg in some rural or remote areas; and
- there is a significant demand for the specialty service; and
- failure to provide the specialist service would pose a significant risk to the local community; and
- it would be difficult to replace the position, and/or would result in a significant period of time without the service.

In these circumstances, the Chief Executive has the discretionary power to retain the unprotected/unscreened staff member in their current position.

The OHS obligations and duty of care requirements for this unprotected/unscreened staff member remain unchanged. The health facility will need to conduct a risk assessment specific to the individual circumstances, and implement all reasonable and practicable risk elimination and/or control measures, to protect the staff member and clients. This may involve routine use of Standard and Additional Precautions in accordance with the NSW Infection Control policy relevant to the particular disease. For instance, in the case of a neonatal intensive care unit, the unprotected/unscreened staff member would be required to adopt full airborne, contact and droplet precautions in addition to Standard Precautions at all times while working in that unit. Another example might involve a specialist medical officer who has been recruited from overseas but has not had sufficient time to be fully protected against hepatitis B. In this instance, provided that it has been determined that the person is not infectious, he/she could be permitted to perform EPPs following the commencement of a course of hepatitis B vaccine, on condition that a written undertaking was provided to complete the course within the period specified by the Area Health Service.

The results of the risk assessment, and the controls instituted, should be documented, and records kept that can be made available to a WorkCover Inspector upon request. In addition, information regarding these individual cases must be reported to the Director-General annually.

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Should there be an adverse outcome for the staff member, other staff or clients, the health facility will need to be able to demonstrate that it took every reasonable action possible to ensure the safety of the staff and clients concerned.

### **4.3 Workers Compensation Issues**

Staff that contract an infectious disease in the course of their work, regardless of their immune status, are entitled to workers compensation.

NSW legislation requires that all incidents involving an illness or injury to a staff member where workers compensation is, or maybe payable, must be reported to the relevant workers compensation insurer within 48 hours of the employer becoming aware of the illness or injury.

Therefore, health facilities must ensure that all AEFIs and all work related exposures to infectious diseases requiring medical intervention and/or any lost time, are reported to the Workers Compensation Fund Manager, regardless of whether the staff member intends making a claim.

Local risk management and OHS staff can provide advice in relation to workers compensation and notification requirements.

For more information about the risk management process, and the management of staff who contract a work related illness, see the following policy directives:

- PD2005\_328 *Injury Management and Return-to-Work (NSW Health Policy and Procedures for)*
- PD2005\_409 *Workplace Health and Safety: Policy and Better Practice Guide - NSW Health*

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## 5. Monitoring and Reporting Guidelines

- Employers must establish a system to report aggregate data to the Director-General, Department of Health by 30 June each year. The report is to include the percentage of Category A staff protected against the specified infectious diseases and screened for TB.
- Employers must report on the number of unprotected/unscreened staff working in prohibited clinical areas or with prohibited clients under the discretion of the Chief Executive, as described in Section 4, *Management of unprotected/unscreened staff*
- Employers must periodically review de-identified data on TST conversions within their facility to assess the potential for ongoing transmission of TB
- Employers must ensure an annual facility/department TB risk assessment is undertaken and documented as described in this Policy *Appendix 1 Occupational TB screening strategy*. The TB risk assessment must be conducted by a TB Risk Assessment Panel. It is recommended this Panel include: the Area TB coordinator/manager, a respiratory physician experienced in TB management, a public health physician or epidemiologist, an infectious disease specialist, an infection control practitioner, a senior health-care administrator and a senior occupational health nurse/physician.

## 6. Recruitment of New Staff

The recruitment process is aimed at ensuring that applicants can provide documented evidence of protection against the specified infectious diseases and tuberculosis status based on the risk categorisation of the position for which they are applying.

### Employer Responsibilities

Employers must ensure that:

- From the date of release of this Policy all position descriptions include the designated risk category of that position based on the advice in Table 1 and Appendix 1.
- All information kits for applicants include reference to the Policy, specifically the Information Sheets in Appendices 4 and 5.
- The applicant is advised that an offer of employment will not be made until acceptable evidence of protection against the specified infectious diseases and TB screening is provided.
- The documentation relating to evidence of protection and tuberculosis screening must be assessed by an appropriately trained clinician prior to an offer of employment being made.

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## 7. Tables

### Table 1. Risk Categorisation Guidelines

The following categorisation of staff is to be used as a guide to assess requirements under this Policy. However, work activities, rather than job title, must be considered on an individual basis when determining protection/screening requirements.

Further categorisation is required to determine the frequency of tuberculosis screening as outlined in Appendix 1 *Occupational TB screening strategy*.

Risk Category	Criteria
<p><b>Category A</b> Contact with clients or contact with blood, body substances or infectious material.</p>	<p>Staff who have contact with clients and those working in laboratories and departments of forensic medicine/morgues.</p>
<p><b>Category B</b> No contact with clients or blood or body substances</p>	<p>Staff who have no contact with clients or blood or body substances and who are not deployed to clinical areas have no greater exposure to infectious diseases than the general public.</p>

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**Table 2. Protection/Screening Required by Risk Category**

- Employers must ensure that a comprehensive medical assessment and, where necessary, additional specialist advice is provided to staff and other clinical personnel working in specialised settings (such as microbiological laboratories and infectious disease wards); staff who notify the employer that they are pregnant; and those who notify the employer that they are immuno-deficient due to illness or medication use.
- Employers have a responsibility to develop an individualised risk management plan for immuno-deficient staff, fully vaccinated staff whose level of protection against certain infectious diseases is not measurable, and staff who are unable to be vaccinated against certain vaccine preventable diseases due to medical contraindications. The individualised risk management plan must take into account the individuals susceptibility, their role within the organisation and the prevalence of the specified disease(s) within the community.

**Key:** Y = Protection/TB screening required

N = Protection/TB screening not routinely required

R = Vaccines recommended for the general population

<b>Protection/TB Screening Required by Risk Category</b>		
<b>Infectious Disease</b>	<b>Risk Categories</b>	
	<b>A</b>	<b>B</b>
<i>Diphtheria, tetanus, pertussis</i>	Y	R
<i>Hepatitis B</i>	Y	N
<i>Measles, Mumps, Rubella</i>	Y	R
<i>Tuberculosis</i>	Y	N
<i>Varicella</i>	Y	R
<i>Influenza</i>	R (annual)	R (annual)

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### Table 3. Acceptable Evidence of Protection Against Specified Infectious Diseases

This table provides information regarding the acceptable evidence required to demonstrate protection against the specified infectious diseases covered by the Policy. Refer also to *Appendix 1 Occupational TB screening strategy*.

Pre- and post-vaccination serological testing for diphtheria, tetanus, and pertussis is not recommended and should not be undertaken.

Staff with a negative or uncertain history of varicella should be serotested.

Infectious Disease	Acceptable Evidence to Demonstrate Protection
<b><i>Diphtheria, tetanus, pertussis</i></b>	One documented dose of adult dTpa vaccine.
<b><i>Hepatitis B</i></b>	Documented evidence of a completed, age appropriate, course of hepatitis B vaccine and documented evidence of anti-HBs $\geq$ 10mIU/mL; or documented evidence of past hepatitis B infection (anti-HBc).
<b><i>Measles, mumps, rubella</i></b>	Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least one month apart; or documented evidence of positive IgG for measles, mumps and rubella.
<b><i>Varicella</i></b>	History of chickenpox; or documentation of physician-diagnosed shingles; or documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.

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**Table 4. Work Restrictions for Unprotected/unscreened Staff**

Staff who are **NOT** protected against the following specified infectious diseases or screened for TB must **NOT** work with the following client groups and within the following clinical areas.

There are no work restrictions for staff who are not protected against influenza, however annual influenza vaccination is strongly recommended.

INFECTIOUS DISEASE THAT STAFF ARE NOT PROTECTED AGAINST	CLIENT GROUPS THAT UNPROTECTED STAFF MUST NOT WORK WITH	CLINICAL AREAS IN WHICH UNPROTECTED STAFF CANNOT WORK
<i>Hepatitis B</i>	Must not perform EPPs	
<i>Measles, mumps, rubella, varicella and pertussis</i>	<ul style="list-style-type: none"> <li>• Children less than 2 years of age including neonates and premature infants</li> <li>• Immuno-deficient clients (including transplant and oncology clients)</li> <li>• Pregnant women</li> <li>• Respiratory clients</li> </ul>	<ul style="list-style-type: none"> <li>• Ante-natal, peri-natal and postnatal areas including labour wards and recovery rooms</li> <li>• Neonatal Intensive Care Units and Special Care Units</li> <li>• Paediatric wards</li> <li>• Operating theatres and recovery rooms treating prohibited client groups</li> <li>• Transplant and oncology wards</li> <li>• Respiratory wards</li> <li>• Emergency Departments</li> <li>• Intensive Care Units</li> </ul>
INFECTIOUS DISEASE THAT STAFF ARE NOT SCREENED FOR	CLIENT GROUPS THAT UNSCREENED STAFF MUST NOT WORK WITH	CLINICAL AREAS IN WHICH UNSCREENED STAFF CANNOT WORK
<i>TB</i>	All Client Groups *	All Clinical Areas *

\* The implementation of TB screening may be phased so that this policy applies to all high risk staff within one year of the release of this document and medium and low risk staff within two years of the release of the policy.

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**Table 5. Risk Management Strategy for Vaccine Non-responders and Staff with Medical Contraindications**

This table provides information regarding risk management strategies for staff who are vaccine non-responders or who have medical contraindications, and cannot demonstrate protection against certain infectious diseases.

Staff Member	Employer Responsibilities	Staff Responsibilities
<p><b><i>Hepatitis B vaccine non-responder</i></b></p>	<ul style="list-style-type: none"> <li>• Ensure an individual risk assessment for hepatitis B exposure is undertaken.</li> </ul> <p>Where there is a risk of exposure and the staff member or other clinical personnel wishes to remain in their usual work location/role:</p> <ul style="list-style-type: none"> <li>• Ensure detailed information is provided regarding the risk of hepatitis B infection, the consequences of hepatitis B infection and management in the event of body substance exposure.</li> <li>• Ensure the staff member meets their responsibilities in column 3.</li> </ul>	<ul style="list-style-type: none"> <li>• Accept information regarding the risk of hepatitis B infection; the consequences of hepatitis B infection and management in the event of body substance exposure.</li> <li>• Provide a declaration stating understanding of the above information.</li> </ul>

<p><b><i>Vaccine non-responders, Immuno-deficient, Pregnant, or Medical Contraindications.</i></b></p>	<ul style="list-style-type: none"> <li>• Ensure a medical assessment is undertaken to determine the degree of immuno-deficiency, when applicable.</li> <li>• Ensure an individual risk assessment for infectious disease exposure is undertaken.</li> <li>• Recommend that the staff member not work in locations/roles where there is a high risk of exposure to infectious diseases and a high risk to the staff member from exposure.</li> </ul> <p>Where there is a risk of exposure and the staff member wishes to remain in their usual work location/role:</p> <ul style="list-style-type: none"> <li>• Ensure detailed information is provided regarding the risk of infection to the specified infectious diseases; the consequences of infection and management in the event of exposure.</li> <li>• Ensure the staff member meets their responsibilities in column 3.</li> </ul>	<ul style="list-style-type: none"> <li>• Accept information regarding the risk of infection; the consequences of infection and management in the event of exposure.</li> <li>• Provide a declaration stating understanding of the above information.</li> </ul>
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# Policy Directive



## 8. Appendices

### Appendix 1. Occupational TB Screening Strategy

#### Rationale for Occupational TB Screening

Staff and other clinical personnel may be at increased risk of exposure to tuberculosis. Periodic monitoring with TST can identify staff and other clinical personnel newly infected and therefore at risk of developing TB.

The purpose of TB screening prior to, or at the time of, employment or appointment is to:

- establish TB status
- diagnose and treat cases of active TB
- establish baseline health, TST or chest x-ray status
- raise awareness of TB disease, to promote recognition of the signs and symptoms of TB.

The purpose of TB screening during employment is to:

- detect recently acquired latent TB infection
- diagnose and treat cases of active TB
- raise awareness of TB disease, to promote recognition of the signs and symptoms of TB.

#### Assessment of Risk and Frequency of Screening Within the Health Facility

TB risk assessment must be conducted by a TB Risk Assessment Panel. It is recommended this Panel include: the Area TB coordinator/manager, a respiratory physician experienced in TB management, a public health physician or epidemiologist, an infectious disease specialist, an infection control practitioner, a senior health-care administrator and a senior occupational health nurse/physician.

##### 1. Category A staff and Other Clinical Personnel

Transmission of TB is a recognised risk in health facilities. The magnitude of the risk varies considerably and is related to the prevalence of TB in the community, the client population served, the type of health facility, the staff members' occupational group, the area in the facility in which the staff member works, and the effectiveness of TB infection-control interventions.

##### *New recruits to the public health system*

Assessment of TB status is an essential component of this Policy. Baseline TB screening and the assessment of TB status must have been undertaken at the time

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of employment or within the 12 months prior to employment for all new category A recruits to the public health system.

### ***Risk classification within a health facility***

To determine the risk of TB infection for staff and some other clinical personnel (see *Frequency of screening of other clinical personnel* below) within a health facility, a risk assessment must be undertaken for each department or service unit. For the purposes of this Policy, the number of infectious TB clients admitted to the facility, department or service unit and the analysis of staff TST screening data will determine the frequency of screening required (Table 6). A classification of high, medium or low risk and a recommendation on the frequency of TST screening must be made for each staff member. In addition to reviewing numbers of infectious TB clients when assessing risk for TB and determining screening frequency, it is important to consider the incidence of TB within the community served by the specific health facility, department or service unit over time to better understand the risk of exposure to TB.

**Table 6. TB screening recommendations by risk classification for Category A staff**

<b><i>Risk classification</i></b>	<b><i>Number of infectious TB clients</i></b>	<b><i>Screening Recommendations</i></b>
<b>High Risk</b>	Departments or service units where 4 or more people with infectious TB have attended over a 12-month period.	Staff who are TST negative must have a follow-up TST on an annual basis.
<b>Medium Risk</b>	Departments or service units where 1 to 3 people with infectious TB have attended over a 12-month period.	Staff who are TST negative must have a follow-up TST at 5 yearly intervals.
<b>Low Risk</b>	Departments or service units where no clients with infectious TB have attended over a 12month period.	Periodic assessment of TB status is not required.

### ***Staff moving between facilities in the public health system***

Staff moving between facilities in the public health system must have an assessment of their TB status, classification of risk in their previous position and classification of risk in their intended position to determine the frequency of TB screening required at the time of employment.

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It is the individual staff member's responsibility to provide documentation of classification of TB risk from their previous position for assessment by their new employer. Where documentation of risk classification cannot be provided TB screening must have been done within the past 12 months unless the person is known to have had a previous positive TST.

Where staff move between facilities that have a different risk classification and screening frequency, a determination of the timeframe for future screening must be undertaken at the time of employment. If staff are moving between facilities that have the same classification of risk, then TB screening frequency remains the same and additional TB screening is not required at the time of employment.

## ***Frequency of Screening of Other Clinical Personnel***

Other Clinical Personnel who:

- are contracted to work for defined periods within health facilities (eg Visiting Dental Officers) must have periodic TST screening in accordance with the risk classification assigned to the department or service units in which they work.
- work in a number of health facilities for short periods of time (eg agency staff or students on clinical placement) are to have periodic TST screening undertaken at 5 yearly intervals unless they are directed to do otherwise by their employer or exposure to TB has occurred.

## **2. Category B Staff**

Category B staff do not require TB screening as their level of risk is no greater than that of the general community.

## **Additional TB Screening Recommendations**

All staff and other clinical personnel with symptoms suggestive of TB (regardless of their TST status) should be evaluated for active disease immediately.

TST must be administered and read by:

- medical practitioners who have been trained in the technique; or
- registered nurses who have been trained in the technique and under the direction of a medical practitioner; or
- registered nurses who are authorised to immunise and administer TST under the NSW Poisons and Therapeutic Goods Act 1966 (PD2006\_057 *Immunisation Services - Authority for Registered Nurses*).

Staff and other clinical personnel who were previously TST negative and test positive during any screening must be directed to have a chest x-ray and be referred for TB medical assessment.

TST positive staff and other clinical personnel do not require further or periodic TST screening.

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TST negative, asymptomatic staff do not require chest x-rays.

Staff and other clinical personnel whose initial TST is negative and who have a history of BCG vaccination or risk factors for past TB infection, should have a two-step TST to establish a true baseline for future assessment of TST conversion.

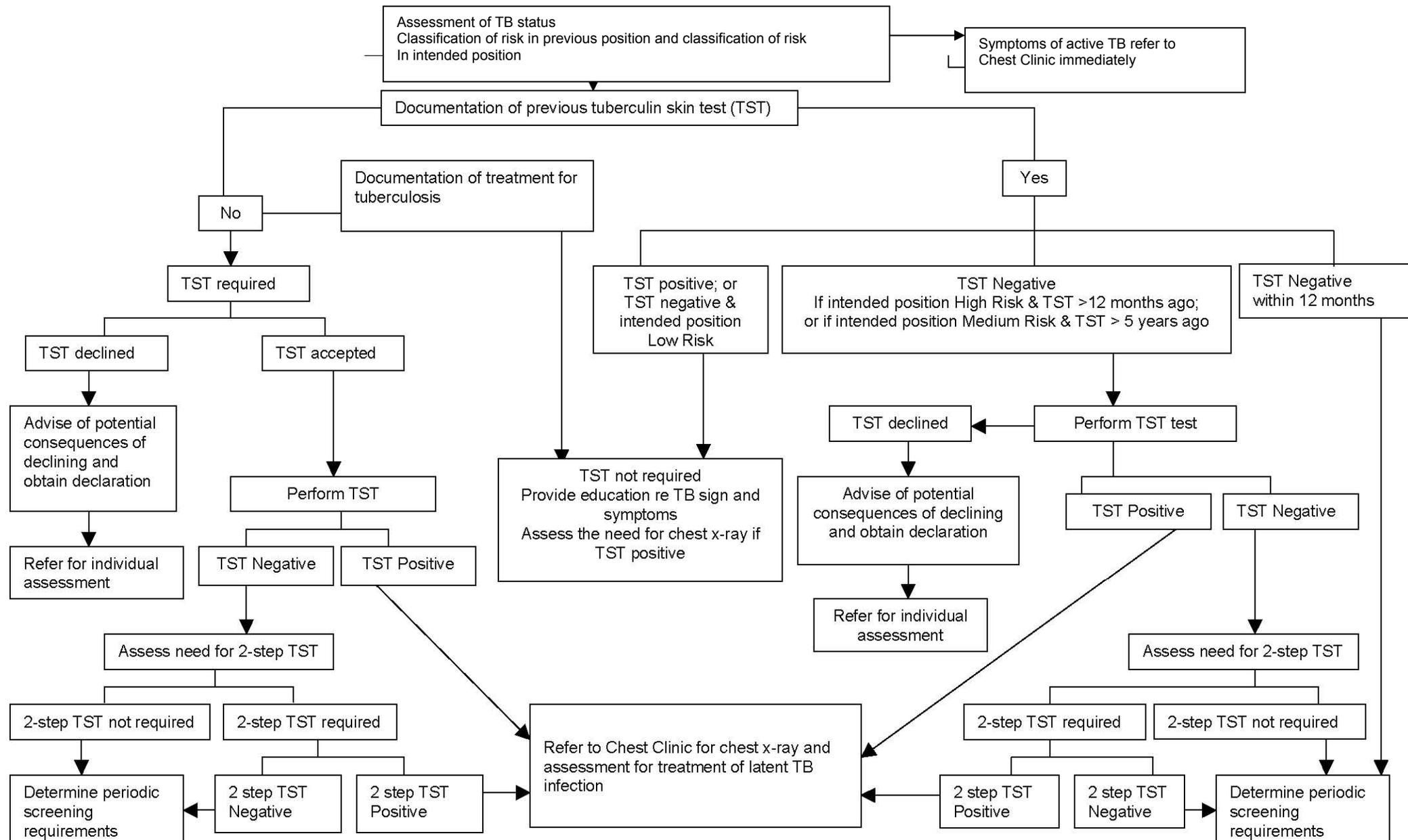
Staff and other clinical personnel exposed to active TB should be screened according to the recommendations in Policy Directive PD2005\_581 Tuberculosis Contact Tracing.

**Refer to Appendix 2 *Occupational TB screening flowchart* to guide TB screening actions.**

### **Implementation of Occupational TB Screening Strategy**

The implementation of TB screening may be phased so that this policy applies to all high risk staff within one year of the release of this document and medium and low risk staff within two years of the release of the policy.

Appendix 2. Occupational TB Screening Flow Chart



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### Appendix 3. Assessment, Screening and Vaccination Non-participation Form

Staff are required to acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this Policy.

#### ***Non-Participation in Assessment, Screening and Vaccination Form***

I have read and understood the Policy Directive regarding assessment, screening and vaccination and the infectious diseases covered by the Policy.

I decline to:  
(tick box for those declined)

- Participate in assessment/vaccination for diphtheria/tetanus/pertussis (dTpa)  
(circle applicable)
- Participate in assessment/vaccination for hepatitis B  
(circle applicable)
- Participate in assessment/vaccination for measles, mumps, rubella  
(circle applicable)
- Participate in screening for tuberculosis
- Participate in assessment/vaccination for varicella  
(circle applicable)

I am aware of the potential risks my non-participation in assessment, screening and/or vaccination may pose and that non-participation will require my employer to manage me as unprotected/unscreened as described in Section 4 *Management of unprotected/unscreened staff* and Table 4 *Work restrictions for unprotected/unscreened staff* of this Policy.

Signature

Date

Name

Date of Birth

Address

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### Appendix 4. Information Sheet for Category A Applicants

#### Occupational Assessment, Screening and Vaccination Information for Applicants Assessed as Risk Category A Staff.

**Category A - Contact with clients or contact with blood, body substances or infectious material. This includes staff working in laboratories and departments of forensic medicine/morgues.**

**Category A staff and other clinical personnel must be protected/screened against the following infectious diseases:**

DISEASE	Acceptable evidence of protection against specified infectious diseases includes a written record of vaccination signed by the provider and/or serological confirmation of protection. This does not include a statutory declaration.
<b><i>Diphtheria, tetanus, pertussis</i></b>	One documented dose of adult diphtheria/tetanus/pertussis vaccine (dTpa).
<b><i>Hepatitis B</i></b>	Documented evidence of a completed, age appropriate, course of hepatitis B vaccine and documented evidence of anti-HBs $\geq$ 10mIU/mL; or documented evidence of past hepatitis B infection (anti-HBc).
<b><i>Measles, mumps, rubella</i></b>	Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least one month apart; or documented evidence of positive IgG for measles, mumps and rubella.
<b><i>TB</i></b>	All persons will need to be screened for TB (to exclude active TB and establish baseline TB status) by local Chest Clinic/Area Health Service Accredited TST Provider.
<b><i>Varicella (chickenpox)</i></b>	History of chickenpox; or documentation of physician diagnosed shingles; or documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.

**Annual influenza vaccination is strongly recommended for all staff.**

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## Appendix 5. Information Sheet for Category B Applicants

### Occupational Assessment, Screening and Vaccination Information for Applicants Assessed as Risk Category B Staff.

#### Category B - No contact with clients or blood or body substances

Staff who have no contact with clients or blood or body substances and who are not deployed to clinical areas have no greater exposure to infectious diseases than the general public.

The National Health and Medical Research Council recommends that the general population be vaccinated against the following infectious diseases:

DISEASE	Acceptable evidence of protection against specified infectious
<i>Diphtheria, tetanus, pertussis</i>	One documented dose of adult dTpa vaccine.
<i>Measles, mumps, rubella</i>	Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least one month apart; or documented evidence of positive IgG for measles, mumps and rubella.
<i>Varicella (chickenpox)</i>	History of chickenpox; or documentation of physician diagnosed shingles; or documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.

**Annual influenza vaccination is strongly recommended for all staff.**

#### Appendix 4: ACT Health Requirements Staff Screening and Vaccination Policy

<i>Area Originating Policy</i>	<i>Replaces No.</i>	<i>Policy No. : Issue No.</i>
Occupational Medicine / Infectious Diseases Unit	0116:001	0116:002

[Pre-commencement screening](#) | [Vaccination Guidelines](#) | [Hepatitis B](#) | [Diphtheria/Tetanus](#) | [Measles/Mumps/Rubella\(MMR\)](#) | [Varicella](#) | [Hepatitis A](#) | [Influenza](#) | [Tuberculosis Screening](#) | [Risks to females of child bearing age](#) | [References](#) |

#### **Purpose:**

To ensure protection of staff and patients against potentially infectious diseases through appropriate screening, testing and vaccination of health care workers (HCW).

#### **Policy:**

This policy applies to all health care workers at The Canberra Hospital (TCH). Health care workers are any persons who work at TCH in a health care setting whose activities normally involve patient/client care and/or contact with blood and body substances. For the purpose of this policy, health care workers at TCH include:

- employees;
- salaried specialists;
- Visiting medical officers;
- contracted health care workers;
- health care workers and others employed by outside agencies (eg. ACT Community Care, and security personnel); and
- students (medical, and allied health).

#### **Pre-commencement screening of health care workers**

Screening, as set out in this policy, of all health care workers prior to commencing (or renewing contract) at TCH is mandatory.

All areas responsible for the recruitment of health care workers at TCH are to provide the Occupational Medicine Unit (OMU) with details of new staff before they commence employment. A list of health care workers recruited will be provided by the HRM to the OMU.

All staff who participate in pre-commencement screening are asked to contact the Occupational Medicine Unit for their results.

Pre-commencement screening includes appraisal of medical history and immunisation records for hepatitis B, measles, mumps, rubella, varicella, diphtheria, tetanus, and tuberculosis. Hepatitis A vaccine is only offered as a staff vaccination to plumbers and those who work with endoscopy equipment.

All health care workers must present prior to commencing work or renewing a contract at TCH to the:

- Thoracic Medicine Unit for baseline tuberculosis screening (unless they can provide recent documented evidence within the last three months); and
- The Occupational Medicine Unit, for appraisal of immunisation history.

If pre-commencement screening indicates the requirement for immunisation, health care workers are strongly advised to have the recommended vaccination(s). Declining recommended vaccinations will not prevent the health care worker from commencing at TCH. However, those health care workers who do decline recommended vaccination(s) must take responsibility for their decision and sign a 'non-consent' form. This does not preclude the health care worker from having the recommended vaccination(s) at some time in the future.

Health care workers who do not attend the Thoracic Medicine Clinic and Occupational Medicine Unit for pre-commencement screening will automatically be considered to have declined screening and accepted responsibility for their decision. In doing so, these health care workers absolve TCH of any responsibility should they occupationally acquire a vaccine preventable infection at TCH. They will be sent notification of this.

Health care workers, and some other classifications, located at TCH campus but employed by other agencies eg. ACT Community Care, ACT Ambulance Service, Security personnel, cleaning staff and nursing agencies, must meet the requirements of this policy at the expense of the outside agency.

Students of medicine and allied health must provide appropriate evidence of adequate hepatitis B surface antibody titre level (>10 mIU/mL) and baseline tuberculosis screening to the Occupational Medicine Unit and conform with this policy before they commence at TCH. Nursing students must comply with university immunisation policies.

### **Vaccination Guidelines**

The National Health and Medical Research Council (NHMRC)- as per the Australian Immunisation Handbook, recommend the following vaccinations.

#### **Hepatitis B Vaccination**

Hepatitis B vaccination is offered free to TCH staff.

All health care workers at The Canberra Hospital are strongly advised to maintain up to date vaccination against hepatitis B.

Hepatitis B vaccination is not compulsory, however, health care workers who do not wish to be vaccinated against hepatitis B or have their hepatitis B surface antibody titre measured, must take responsibility for their decision by signing a 'non-consent' form.

The recommended schedule for initial hepatitis B vaccine consists of 3 doses. There should be an interval of 1 to 2 months between the first and second doses with a third dose 2 to 5 months after the second dose. For individuals at high risk an accelerated schedule of 0, 7 and 21 days with a booster at 12 months.

As immunity cannot be presumed post-vaccination, confirmatory hepatitis B antibody testing 4

weeks after the third hepatitis B vaccination or booster dose is required for health care workers and others at occupational risk.

It is now understood that an ongoing hepatitis B antibody level of >10 mIU/mL is NOT essential for protection against hepatitis B. Recent studies have shown that once an at risk vaccinee has had their immune system (specifically, memory B lymphocytes) primed, they will recognise the hepatitis B virus, even if it is many years later and their antibody titre has dropped below 10 mIU/mL. In other words, immunological memory cannot be measured by determining antibody levels, which, as mentioned above, may be insignificant within a few years of vaccination.

*Hepatitis B antibody titre greater than 10 mIU/mL:* This level of antibody is required to achieve initial priming of the immune system. Once a health care worker (or other person at occupational risk) has serological confirmation of a hepatitis B antibody titre greater than 10 mIU/mL (a level considered seroprotective), there is now NO requirement for further hepatitis B booster or serological testing.

*Hepatitis B antibody titre less than 10 mIU/mL:* Health care workers (and others at occupational risk) with a hepatitis B antibody titre of less than 10 mIU/mL are recommended to have a single hepatitis B booster, unless they are non-responders (see below). They should then have their hepatitis B antibody titre re-checked 8 to 12 weeks after the booster.

Health care workers who cannot achieve a hepatitis B antibody titre greater than 10 mIU/mL following initial course of three hepatitis B vaccinations, should have blood drawn to check for hepatitis B surface antigen. They should also be offered as either a 4<sup>th</sup> double dose, or a further three doses at monthly intervals with testing 2 weeks after each additional dose. Persistent non-responders are to be informed of the possible need for hepatitis B immunoglobulin within 48 hours following a high-risk occupational exposure.

Once those not at occupational risk of exposure to blood or body substances (usually non health care workers) have completed an initial course of hepatitis B vaccine, there is no requirement to measure antibody titre nor is there a requirement for further booster doses.

### **Diphtheria/Tetanus**

In line with the latest recommendations NHMRC, ADT booster for people who have had a full primary course of 3 diphtheria-containing vaccines and at least 2 boosters then when they reach the age of 50 a booster is required. Tetanus vaccination is still recommended if >5-10 years have elapsed following tetanus wound injury. Staff who have not previously received diphtheria vaccination are also likely to have missed tetanus vaccination. These staff will be offered 3 doses of ADT vaccine at 2 monthly intervals. Diphtheria tetanus pertussis boosters are available for those who have received a primary course.

### **Measles/Mumps/Rubella (MMR)**

Health care workers without a definite history of measles or rubella or documented evidence of vaccination within the last 10 years, are to have measles and/or rubella Immunoglobulin (IgG) measured. Vaccination (MMR) is recommended for those with negative IgG or those who may have previously only received one dose of MMR.

Non-immune health care workers exposed to measles should be relieved from patient care duties from day 5 following the exposure to day 21. MMR vaccination is recommended for those within 72 hours of contact. After 72 hours immunoglobulin may be offered for up to 7 days.

Health care workers with measles should not provide patient care until at least 7 days after the appearance of the rash.

Non-immune health care workers exposed to rubella should be relieved from patient care duties from day 7 following exposure through to day 21. Health care workers with Rubella should not care for patients until at least 5 days after the appearance of the rash.

Non-immune health care workers exposed to mumps should be relieved from patient care from day 5 following exposure to day 26.

### **Varicella**

Health care workers and other staff with patient contact without stated reliable history of varicella are to be tested for varicella IgG. Those with negative varicella IgG are strongly recommended to have varicella immunisation (cost to be borne by TCH).

It should be noted that immunisation with varicella vaccine does not produce measurable antibodies in recipients.

Non-immune health care workers exposed to varicella should be removed from patient care duties 10 days after the exposure through to 21 days. During this period, health care workers should avoid group meetings and gatherings, including areas such as the staff cafeteria. Health care workers who develop varicella are to remain at home until the lesions have crusted.

### **Hepatitis A**

With the current low prevalence (1999) of hepatitis A in the Canberra community, the only staff who are recommended to have hepatitis A vaccination are:

- plumbers; and
- endoscopy staff performing colonoscopies on a regular basis.

The prevalence of hepatitis A amongst patients presenting to the hospital will be kept under review by the Infection Control Committee.

### **Influenza**

Influenza vaccination is recommended annually to health care workers who have contact with patients. Other staff may be offered Influenza vaccination at the discretion of each Service Management Team (SMT).

### **Tuberculosis Screening**

All staff who have contact with patients at The Canberra Hospital are required to have a documented Tuberculin Skin Test (TST) (Mantoux test) and/or Chest X-Ray (CXR) result.

Tuberculin Skin Test (TST) negative staff who work in high-risk areas such as respiratory ward/clinic, Operating Room, Intensive Care Unit, Emergency Department, Aged Care Unit, Oncology, Endoscopy Clinic, Mortuary and Pathology Laboratories that handle Tuberculous Material, require annual Tuberculin Skin Test (TST).

If a Tuberculin Skin Test (TST) is positive, the staff member will be offered a chest x-ray and appropriate follow-up.

If a health care worker refuses a chest x-ray and the Respiratory Physician decides there is reasonable suspicion of active pulmonary tuberculosis, the health care worker may not continue with their duties. The Chief Health Officer must be notified.

Staff are to be evaluated according to routine contact tracing procedures if they are exposed to a patient with infectious tuberculosis.

### **Risks to females of child bearing age**

Female health care workers of childbearing age are to be advised that if they become pregnant or are planning pregnancy, they should avoid direct contact with patients with varicella (chicken pox), measles, rubella (german measles) or acute infection with parvovirus B19 if they are not known to be immune to these diseases.

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### **Policy Sponsor:**

Occupational Medicine Unit  
 Reviewed & authorised by:  
 Infection Control Committee  
 HRM Recruitment  
 Thoracic Medicine Unit  
 Clinical Governance Executive Committee  
 Medical Advisory Committee

Review Date: 2008

<i>Reviewed/Authorised</i>	<i>Date</i>
John Mollett, General Manager	17/4/04

**Related Links :**

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