

## Attachment 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements

Diseases	Vaccination Evidence	Serology Evidence	Other acceptable evidence	COMMENTS
				<i>Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health Vaccination Record Card for Health Care Workers and Students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An AIR transcript is also acceptable evidence of vaccination</i>
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A Serology will <u>not</u> be accepted	NIL	<ul style="list-style-type: none"> <li>dTpa booster is required 10-yearly</li> <li>DO NOT use ADT vaccine</li> </ul>
Hepatitis B	History of age-appropriate hepatitis B vaccination course	<b>AND</b> Anti-HBs $\geq$ 10mIU/mL	<b>OR</b> Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> <li>A verbal history and a completed <i>Hepatitis B Statutory Declaration</i> (Attachment 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained.</li> <li>Positive HBcAb and/or HBsAg result indicate compliance with this policy</li> <li>A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures</li> </ul>
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	<b>OR</b> Positive IgG for measles, mumps and rubella	<b>OR</b> Birth date before 1966	<ul style="list-style-type: none"> <li>Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy.</li> <li>Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.</li> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq</math> 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.</li> </ul>
Varicella	2 doses of varicella vaccine at least one month apart.	<b>OR</b> Positive IgG for varicella	N/A	<ul style="list-style-type: none"> <li>Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age</li> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq</math> 14 years)</li> </ul>
Influenza	One dose of current seasonal influenza vaccine by June 1 each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> <li>Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.</li> <li>Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Attachment 1 <i>Risk Categorisation Guidelines</i> (see Section 4)</li> </ul>
Tuberculosis	N/A	Refer to Section 3.8	Refer to Section 3.8	<ul style="list-style-type: none"> <li>Refer to Section 1.2 <i>Key Definitions</i></li> <li>Refer to Section 3 <i>TB Assessment and Screening</i></li> </ul>

## Attachment 5 Specified Infectious Diseases: Risks and Consequences of Exposure

<b>Hepatitis B Virus (HBV)</b>	Blood-borne viral disease. Infection can lead to 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/needle-stick, or unprotected sex. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx</a>
<b>Diphtheria</b>	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. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx</a>
<b>Tetanus</b>	Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx</a>
<b>Pertussis (Whooping cough)</b>	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx</a>
<b>Measles</b>	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 first dose and children over 18 months of age who have not had a second dose. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx</a>
<b>Mumps</b>	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 complications, e.g. swelling of testes or ovaries; encephalitis or meningitis may occur rarely. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx</a>
<b>Rubella</b>	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. Infection in pregnancy can cause birth defects or miscarriage. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx</a>
<b>Varicella (chickenpox)</b>	Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. In pregnancy, can cause fetal 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. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx</a>
<b>Influenza (flu)</b>	Viral infection, caused by A or B strains. 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, eg handshake. Spreads most easily in confined and crowded spaces. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Small children are at high risk of infection unless vaccinated. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx</a>
<b>Tuberculosis (TB)</b>	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. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx</a>

## Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and submitted Attachment 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration	√
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, <b>OR</b>	a
	b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	b
3	I have provided evidence of protection for hepatitis B as follows:	a
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs $\geq 10$ mIU/mL <b>OR</b>	b
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is $< 10$ mIU/mL (non-responder to hepatitis B vaccination) <b>OR</b>	c
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ <b>OR</b>	d
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the <i>Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process.	
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i> ) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.	
<b>Declaration: I _____ declare that the information provided is correct</b>		
Full name:	Worker cost centre (if available):	
D.O.B:	Worker/Student ID (if available):	
Email:	NSW Health agency /Education provider:	
Signature:	Date:	

## Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 *Undertaking/ Declaration Form*. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

**The NSW Health agency** will assess this form and decide whether TB screening or clinical review is required.

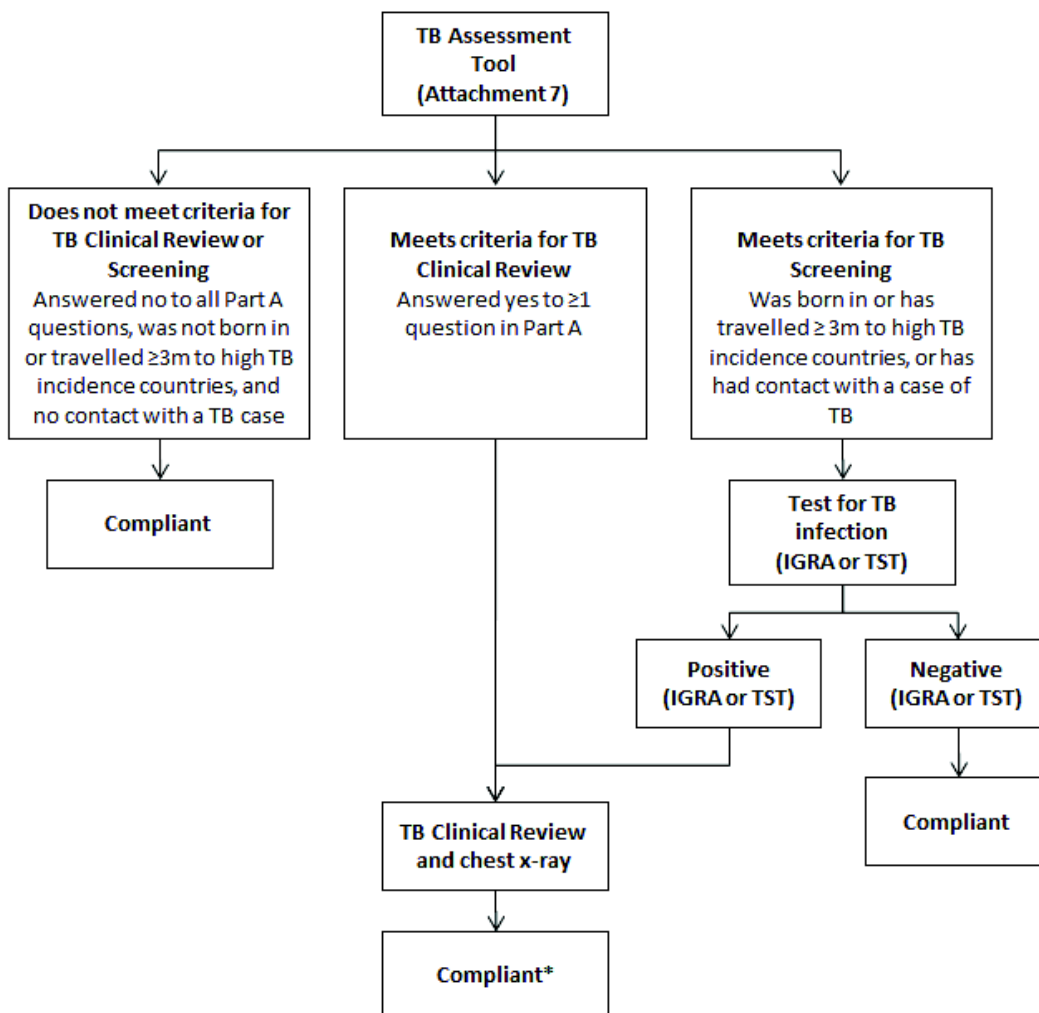
**New recruits, other clinical personnel and volunteers** will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

**The education provider** must forward a copy of this form to the health service for assessment.

**Existing Category A staff, clinical personnel, volunteers and students** who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

Part A		
1. Do you currently have a cough that has lasted longer than 2 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If yes, have you had any episode of haemoptysis (coughing up blood)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you had unexplained fever, chills or night sweats in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you had any unexplained weight loss in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.</i>		
Part B		
1. What is your country of birth?		
2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Country</i>	<i>Duration of stay</i>	<i>Approximate dates/ year</i>
_____	_____	_____
_____	_____	_____
<i>(attach a separate page if necessary)</i>		
3. Have you ever had contact with a person known to have TB? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, detail the nature of the contact (attach separate page if necessary):		
4. Have you ever been tested for TB before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form</i>		
<b>Worker/Student Declaration: I declare that the information provided on this form is correct</b>		
<b>Full name:</b> _____	<b>Worker cost centre (if applicable):</b>	
<b>Date of birth:</b> / /	<b>Student ID (if applicable):</b>	
<b>Phone:</b> _____	<b>NSW Health agency /Education provider:</b>	
<b>Email:</b>		
<b>Signature:</b>	<b>Date:</b>	

## Attachment 8 Algorithm for TB Assessment, Screening and Review



*\*TB compliance may be revoked in the event of non-adherence to the recommendations of the TB Service regarding preventive treatment and or chest x-ray surveillance.*