Staff Screening and Immunisation Policy

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Policy Statement

This policy is designed to protect staff and patients in their care where infection may pose a risk to themselves or patients in relation to diseases listed below. This policy brings together a number of existing ACT Health facilities' infection control and occupational health and safety (OHS) policies.

General principles related to duty of care, informed consent, privacy, confidentiality and access to appropriate information and health care apply in this policy.

The term 'staff' and 'health care worker' are used interchangeably in this document. A definition of 'health care worker' is provided in Section B1 of this policy.

Purpose and Scope

The purpose of this policy is to minimize transmission of disease between staff and patients. Transmission of disease in health care settings, although uncommon, has been known to occur and it is important that policies are in place to enhance the safety of the environment for both staff and patients in ACT Health operated facilities.
Specifically this policy aims to:

- advise staff and students of their rights and OHS responsibilities as well as their duty of care to fellow staff, students and users of ACT Health services in relation to diseases outlined in this policy; and
- assist ACT Health managers to meet their OHS responsibilities and their duty of care to staff, students and other users of ACT Health services in relation to diseases outlined in this policy.

All Divisions and Streams, particularly those responsible for staff and students with direct patient contact:

- must immediately incorporate this policy into the recruitment and orientation process for all new staff and students working in ACT Health operated facilities prior to their appointment or clinical placement;
- must apply this policy to all existing staff and students within one year of the release of this policy; and
- should have in place procedures for the implementation of this policy.

Vaccination and serological testing recommended for specific staff and students will be determined by their risk as outlined in Table 1 *Risk Categorisation Guidelines*. Vaccination and serological testing is not compulsory. However it is strongly recommended that staff and students adhere to infection control and OHS advice outlined in this policy not just for the protection of their own health, but also for the protection of patients in their care.

Screening requirements for tuberculosis are outlined in Section A9 *Occupational TB Screening Strategy*.

The Policy

a) Immunisation

Staff, depending on their work activities, must ensure they are immunised against the following diseases according to recommendations in the *Australian Immunisation Handbook 9th Edition*:

Diphtheria	Pertussis (Whooping cough)	Tetanus
Measles	Mumps	Rubella (German Measles
Hepatitis B (HBV)	Varicella (Chicken Pox/ shingles)	Influenza (Flu)

Staff must ensure they have acceptable evidence of protection against hepatitis B if their work duties involve direct contact with patients and infectious material.

Staff must ensure they have acceptable evidence of protection against measles, mumps, rubella, varicella, pertussis, diphtheria and influenza if their work duties involve direct contact with identified client groups who are at increased risk of complications from these diseases.

Staff, who for whatever reason, are unable to provide acceptable evidence of protection against diseases listed above must become familiar with Section A.8 of this policy.

b) Serological testing for staff performing exposure prone procedures

Staff who perform 'exposure prone procedures' must be aware of their status for the following diseases by seeking serological testing according to recommendations in local and national testing policies:

Hepatitis B (HBV)	Hepatitis C (HCV)	Human Immunodeficiency Virus (HIV)

A definition of 'exposure prone procedure' is provided in Section B1 of this policy.

Staff whose serological testing results are positive for either hepatitis B DNA or hepatitis B 'e' antigen (HbeAg), HCV RNA, or HIV antibody must not perform 'exposure prone procedures' unless otherwise directed by an Expert Advisory Panel.

It is also recognised that infectivity status changes with hepatitis B DNA positivity, HCV RNA positivity and HIV viral loads. Advice should be sought from an Expert Advisory Panel before performing exposure prone procedures.

c) Tuberculosis (TB) screening

Staff are required to undergo baseline screening for tuberculosis if their work duties include direct contact with patients or infectious material.
Staff who have been diagnosed with 'TB disease' affecting the lungs or respiratory tract (pulmonary or laryngeal TB disease) must avoid patient contact and not enter any clinical areas until their infectious risk is considered negligible by a respiratory physician.

A definition of 'TB disease' is provided in Section B1 of this policy.

d) Other personnel

Other personnel, including students, trainees, agency and contract staff undertaking temporary clinical placement with ACT Health have the same occupational health and safety responsibilities as staff permanently employed by ACT Health, depending on their work activities as per Table 1 *Risk Categorisation Guidelines*.

A definition of 'other clinical personnel' is provided in Section B1 of this policy

e) Attachments

There are two main attachments to this document:

Appendix A – outlines the policy process.

Appendix B – outlines associated information including definitions and accompanying forms.

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1 APPENDIX A: POLICY PROCESS

1.1 Related legislation, standards, policies and guidelines

The following legislation, standards and ACT Health policies have been referred to in the formulation of this policy. This policy is also consistent with recommendations outlined in national guidelines.

1.1.1 Legislation

- ACT *Occupational Health and Safety Act* 1989
- ACT *Health Records (Privacy and Access) Act* 1997
- ACT *Medicines, Poisons and Therapeutic Goods Act* 2008
- ACT *Public Health Act* 1997
- ACT *Humans Right Act* 2004
- Commonwealth *Quarantine Act* 1908

1.1.2 Standards

- ACHS EQuIP 4 1 Clinical: 1.5, 1.5.2,
  2 Support: 2.2, 2.1.2, 2.2.5,

1.1.3 Related ACT Health Policies

- *Infection Prevention and Control* CED06-008
- *Human Immunodeficiency Virus, Hepatitis B Virus,*
- *Hepatitis C virus infected Health Care Workers Management Policy*
- *The management of people with HIV infection who knowingly risk infecting others* CED07-002
- *Occupational Health and Safety Policy* CED08-007
- *Consent to Treatment Policy* CED06-010 (under review)
- *Staff Influenza Immunisation Policy* CED08-017
- *Risk Management Guidelines* CED08-036
- *RiskMan Reporting Policy* CED07-032
- *Code of Conduct* INTHR06-005
- *Contractor Safe work practice and compliance policy CED08-033*

1.1.4 National Guidelines

- National Health and Medical Research Council. *Australian Immunisation Handbook (9th Edition)* (2008).
- Communicable Disease Network Australia, National Public Health Partnership Australian Health Ministers' Advisory Council. *Infection Control Guidelines for the prevention of transmission of infectious diseases in the health care setting* (2004)
- Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis and the Blood Borne Virus and STIs Subcommittee of the Australian Population Health Development Principal Committee. *National Hepatitis C testing policy* (2007)
- Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis and the Blood Borne Virus and STIs Subcommittee of the Australian Population Health Development Principal Committee. *National HIV testing policy* (2006)
- Communicable Disease Network Australia. *Guidelines for Managing Blood Borne Virus infection in Health Care Workers* (2005) (under review)

1.1.5 Related Interstate Policies

- NSW Health. *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases* (2007)
- NSW Health. *HIV, Hepatitis B or Hepatitis C – Health Care Workers infected* (2005)
- Victorian Department of Human Services. *Immunisation for health care workers* (2007)
- South Australian Department of Health. Immunisation Guidelines for health care workers in South Australia (2006)
- WA Health. *Health Care Worker Immunisation Protocol* (2007)
- WA Health. *Policy for health care workers with Blood Borne Virus*
- WA Health. *Tuberculosis and Health Care Workers* (2004)
- Queensland Health. Policy for Immunisation of Health Care Workers (2007)

1.2 Risk Categorisation

1.2.1 Staff risk categories

The following categorisation of staff in Table 1 is to be used as a general guide to assess requirements under this Policy. Work activities, rather than job title, must be considered on an individual basis when determining risk category.

Table 1. Risk Categorisation Guidelines

Risk Category	Criteria
Category A **Contact with patients or contact with blood, body substances or infectious material**	**Category A1** • Staff and students who perform exposure prone procedures (EPPs) on patients.
	Category A2 • All other staff and students who have *close contact** with patients (besides EPPs). • Staff and students who do not have *close contact** with patients but potentially have some contact with blood, body substances, infectious material in a laboratory, clinical waste, laundry, ward cleaning, food handling settings or in a morgue/forensic medicine setting.
Category B **No contact with patients or blood or body substances**	• Staff and students who have *no close contact** with patients or blood or body substances as part of their main work duties. People in this category have no greater exposure risk than the general public to diseases outlined in this policy.

**Close contact* means having direct care for or contact with patients where there is a real possibility of contact with blood, body substances or infectious material.

1.2.2 What is an exposure prone procedure?

Exposure prone procedures (EPPs) are invasive procedures where there is potential for contact between the skin (usually finger or thumb) of a health care worker 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 have been associated with the transmission of hepatitis B, HIV and hepatitis C from infected health care workers to patients despite adherence to standard infection control procedures. Procedures where the hands and fingertips of the worker are visible and outside the patients body at all times and internal examinations/procedures that do not require the use of sharp instruments are not considered to be exposure prone and thus less likely to pose a risk of transmission of hepatitis B, HIV and hepatitis C from infected health care worker to patient.

Section B2 outlines examples of procedures that are likely to be 'exposure prone'.

1.2.3 Immunisation/serological testing/screening recommended by risk category

Table 2 outlines immunisation and testing recommended for staff, depending on their risk category. Staff who have close contact with patients or who handle infectious material are required to have a documented Tuberculin Skin Test (TST) (Mantoux test) and/or Chest Xray result as part of baseline screening for TB**.** Section A8 further outlines requirements for health care workers in relation to TB screening.

Laboratory staff who handle specimens of meningococcal C, typhoid, yellow fever, poliomyelitis and the plague should consider vaccination against these diseases. If laboratory staff are in doubt about their level of protection against the diseases listed above, they are advised to speak with the Occupational Medicine Unit (OMU), Calvary Infection Control/Staff Health Clinic or their general practitioner.

Staff may already be immune against vaccine preventable diseases listed in this policy, either through vaccination or past infection.

Section A4.3 outlines what is acceptable evidence of protection against vaccine preventable diseases.

Table 2 Vaccination/serological testing/TB screening by risk category

Infectious Disease *	Staff Risk Categories (see Table 1)		
	A1 **Contact with clients or contact with blood, body substances or infectious material Through performing Exposure Prone Procedures**	**A2** **Contact with clients or contact with blood, body substances or infectious material**	**B** **No contact with clients or blood or body substances**
Tuberculosis	Baseline Screening Required if close contact with patients/infectious material	Baseline Screening Required if close contact with patients/infectious material	Baseline Screening Not Required
Hepatitis C*	Serological Testing Recommended	Serological Testing Not Recommended	Serological Testing Not Recommended
HIV*	Serological Testing Recommended	Serological Testing Not Recommended	Serological Testing Not Recommended
Hepatitis B	Vaccination Recommended Serological testing recommended for staff whose status for hepatitis B is unknown	Vaccination Recommended Serological testing recommended for staff whose status for hepatitis B is unknown.	Vaccination/serological testing Not Recommended
Measles/Mumps/ Rubella	Vaccination Recommended Serological testing recommended for staff born during or since 1966 (unless they have documented evidence of 2 doses of MMR vaccine).	Vaccination Recommended Serological testing recommended for staff born during or since 1966 (unless they have documented evidence of 2 doses of MMR vaccine)	Vaccination Recommended
Varicella	Vaccination Recommended	Vaccination Recommended	Vaccination Recommended
Diphtheria/Tetanus /Pertussis	Vaccination Recommended	Vaccination Recommended	Vaccination Recommended
Influenza***	Vaccination Recommended Annually	Vaccination Recommended Annually	Vaccination Recommended Annually

* Staff in health facilities who are (a) plumbers or (b) endoscopy staff performing colonoscopies on a regular basis are also advised to consider hepatitis A vaccination.

** There is no vaccine currently available for hepatitis C or HIV.

For influenza, also refer to *ACT Health* ***Staff Influenza Immunisation Policy (2008).

1.3 Responsibility of Staff

1.3.1 General professional responsibilities

Staff have a professional responsibility to protect patients in their care from diseases that can be potentially transmitted in a health care setting.

1.3.2 Informed consent

An informed consent process will occur before any vaccination, serological testing and TB screening are undertaken. An immunisation consent form is found in Section B6.

As part of the consent process, staff and students must be made aware of the need for vaccination and TB screening as well as the risks of not being vaccinated and screened for TB, to both themselves and their patients.

More information on consent and what is regarded as valid consent can be found in ACT Health's *Consent to Treatment* Policy.

1.3.3 Immunisation and serological testing for vaccine preventable disease

Staff may be exposed to and transmit, vaccine-preventable diseases including, but not limited to influenza, measles, mumps, rubella, varicella, diphtheria, pertussis and hepatitis B in their workplace. The likelihood of contact with patients and/or blood or body substances determines vaccination recommendations. In accordance with National Health and Medical Research Council guidelines, staff who may be potentially exposed to blood and body substances (Category A1 and A2 staff) should receive a primary course of hepatitis B vaccination if they have not already done so.

Staff should receive the vaccines they require before or within the first two months of employment with ACT Health, with the exception of influenza vaccine, which should be administered annually preferably between the months of March and June. Influenza vaccine can be given through the peak winter season up to September.

Free immunisation for ACT Health staff will be available via The Canberra Hospital Occupational Medicine Unit (OMU) and the Calvary Infection Control & Staff Health Clinic. Staff will not be reimbursed for costs of having immunisation through their general practitioner or other provider.

Acceptable evidence of protection against vaccine-preventable disease

Table 3 provides information for staff regarding the acceptable evidence recommended to demonstrate protection against the vaccine preventable diseases (refer B1 for definition) covered by this Policy. A statutory declaration is not acceptable evidence.

Table 3. Acceptable Evidence of Protection

Vaccine Preventable Disease	Acceptable evidence to demonstrate protection
Diphtheria,Tetanus, Pertussis	One documented dose of adult dTpa vaccine.
Influenza	This vaccine is recommended annually. One documented dose of the latest influenza vaccine.
Hepatitis B	Documented evidence of a completed, age appropriate, primary course of hepatitis B vaccine; ***or*** documented evidence of immunity from past hepatitis B infection (anti-HBc). Post vaccination serological testing to confirm immunity is recommended at least 4 to 8 weeks after the completion of the primary course of hepatitis B vaccine.
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine at least one month apart; ***or*** documented evidence of positive IgG for measles, mumps and rubella. A person is usually not considered susceptible to measles if he/she was born before 1966.
Varicella	History of chickenpox; ***or*** documentation of physician-diagnosed shingles; ***or*** documented evidence of age appropriate varicella vaccination.

Serological testing for vaccine-preventable disease

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

Health care workers with a negative or uncertain history of vaccination for hepatitis B, measles, mumps or rubella should be serotested, where relevant.

As immunity cannot be presumed following primary vaccination for hepatitis B, post vaccination serological testing 4 to 8 weeks after completion of the primary course is recommended as per the *Australian Immunisation Handbook 9th edition.* Further 'booster' vaccination and serological testing is only required if hepatitis B 'surface' antibody (anti-HBs) titre is less than 10mIU/ml following primary vaccination.
Staff at significant occupational risk of hepatitis B exposure (such as Category A1 and A2 staff), who have a history of primary vaccination for hepatitis B but in whom seroconversion status is unknown, should approach the Occupational Medicine Unit or the Calvary Infection Control and Staff Health Clinic for advice on whether additional serological testing is recommended.

Category A1 and A2 Staff who have a known history of primary hepatitis B vaccination and a known history of post vaccination seroconversion (hepatitis B 'surface' antibody (anti-HBs) titre of greater or equal to 10mIU/ml) do not require repeat serological testing for hepatitis B unless they subsequently acquire an illness that impairs immunity (eg renal failure, HIV).

Category A1 and A2 staff who were born during or since 1966 and are non-immune to measles/mumps/rubella or who have only received one dose of MMR should be vaccinated with MMR, and have documented evidence of 2 doses *or* serological evidence of protection against measles, mumps, rubella.

Free serological testing for ACT Health staff (for the purpose of ascertaining level of protection against hepatitis B, measles, mumps, rubella) will be coordinated via The Canberra Hospital Occupational Medicine Unit (OMU) and the Calvary Infection Control & Staff Health Clinic. Staff will not be reimbursed for costs of having serological testing through their general practitioner or other provider.

Record keeping

Staff must maintain their own vaccination records. If staff have received vaccinations or testing relating to this policy by an external provider (for example their GP), then they are responsible for ensuring that their vaccination documentation is up to date.

Adverse events following vaccination

Staff must report adverse events following vaccination (AEFI) to their vaccination provider who should then report them to the Health Protection Service, ACT Health for follow-up using the form in Section B4. Staff must also report AEFI through RiskMan reporting.

Recommended Immunisation for specific clinical areas/client groups

Staff must ensure they have acceptable evidence of protection against hepatitis B if their work duties involve direct contact with patients and infectious material.

Staff must ensure they have acceptable evidence of protection against measles, mumps, rubella, varicella, pertussis, diphtheria and influenza if their work duties involve entering the following clinical areas:

- Ante-natal, peri-natal and postnatal areas including labour wards and recovery rooms;
- Neonatal Intensive Care Units/Special Care Units;
- Paediatric wards;
- Operating theatres and recovery rooms treating 'at risk' client groups (see below);
- Transplant and oncology wards;
- Respiratory wards;
- Emergency Departments and Intensive Care Units; and
- Residential care facilities, including aged care.

Staff must ensure they have acceptable evidence of protection against measles, mumps, rubella, varicella, pertussis, diphtheria and influenza if their work duties involve direct contact with the following 'at risk' client groups:

- Children less than 2 years of age including neonates and premature infants;
- Immuno-deficient clients (including transplant and oncology clients);
- Pregnant women;
- Clients with respiratory conditions; and
- Elderly patients.

Vaccine non-responders/staff with medical contraindications to vaccination

Staff who are hepatitis B vaccine non-responders, immuno-deficient, pregnant, or have medical contraindications to particular vaccines must accept information from OMU or Calvary Staff Health Clinic regarding: the risk of infection; the consequences of infection; how to minimize the risk of infection and management in the event of exposure (for example hepatitis B non-responders would need hepatitis B immunoglobulin within 72 hours of parenteral exposure to hepatitis B).

Staff in this situation are encouraged to provide a written declaration to the OMU or the Calvary Staff Clinic stating understanding of the information given to them.

Medical contraindications to particular vaccines are listed in the *Australian Immunisation Handbook 9th edition*.

Section A8 expands upon the risk management process for staff in this circumstance.

1.3.4 Serological testing for staff performing exposure prone procedures

Hepatitis B

Category A1 staff have an additional responsibility to know their hepatitis B status because of the potential for hepatitis B transmission through exposure prone procedures.

Category A1 staff who on serological testing are either **positive** for hepatitis B DNA or hepatitis B 'e' antigen (HbeAg) **must not perform** exposure prone procedures unless otherwise directed by an Expert Advisory Panel.

It is considered a breach of duty of care if a health care worker practices exposure prone procedures on patients without knowing their own hepatitis B status. It is also recognised that infectivity status changes with hepatitis B DNA positivity. Therefore, advice should be sought from an Expert Advisory Panel before performing exposure prone procedures.

> For detailed information on how hepatitis B infected health care workers are managed in the ACT, including the setting up of an Expert Advisory Panel, please refer to ACT Health's *Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus Infected Health Care Workers Management Policy (1999).*

Hepatitis C and HIV

In view of the general low risk of transmission of HIV and hepatitis C (HCV) in health care settings, and in accordance with national testing policies, routine testing of all health care workers for HIV and HCV is not recommended, as testing cannot ensure that, at any point in time, health care workers or patients are not potentially infectious.

In view of the documented risk of transmission of HIV and HCV from infected health care workers to patients during exposure prone procedures, and in accordance with national testing policies

health care workers who perform exposure prone procedures have a duty of care to their patients to know their HIV and HCV status by seeking serologic testing if any of the following apply:

- it is 12 months or longer since their last test if they are performing exposure prone procedures;
- they are untested or currently performing or about to commence performing exposure prone procedures;
- they have experienced a significant occupational exposure (such as percutaneous, ocular, mucous membrane to blood or potentially blood-contaminated secretions); or
- they are aware they may have had possible non-occupational exposure, including needle sharing and/or unprotected sexual intercourse with a person with or at increased risk of HIV/HCV.

A breach of this duty of care could be considered as negligence where a health care worker performing exposure prone procedures:

- is not aware of their HIV and/or HCV status;
- is infected with HIV and/or HCV and does not investigate other alternatives to performing exposure prone procedures; and
- does not notify the appropriate supervisor about any possible breaches in infection control which may have placed another person at risk.

Health care workers performing exposure prone procedures are encouraged to seek voluntary, confidential HIV/HCV testing through a health service that specialises in HIV/HCV testing and counseling such as Canberra Sexual Health Centre or through their general practitioner. Free serological testing will be available for staff through Canberra Sexual Health Centre. Staff will not be reimbursed for costs of having serological testing through their general practitioner or other provider.

Health care workers who **test positive** for HCV RNA or HIV antibody **must not perform** exposure prone procedures unless otherwise directed by an Expert Advisory Panel.

Although a health care worker is under no legal obligation to inform their work supervisor of their HIV or HCV status, it is desirable that a health care worker, who performs exposure prone procedures, informs their supervisor of a positive HIV antibody/HCV RNA test in order that:

- action can be taken to ensure that the duty of care to patients is not breached; and
- the health and safety in the workplace of the health care worker and their co-workers can be maximised.

Where a health care worker discloses their HIV/HCV status to a work supervisor, the supervisor must treat their disclosure with respect to the health care worker's right to confidentiality. All information provided will be treated in accordance with the ACT *Health Records (Privacy and Access) Act* 1997. Confidentiality not only safe guards personal rights but is also in the public interest. The right to confidentiality will encourage health care workers to seek appropriate testing and to consider disclosure of their HIV and HCV status to their supervisor. If it is likely that patients have been exposed to risk of HIV/HCV infection during exposure prone procedures, the

health care worker has a responsibility to inform their supervisor so that a confidential investigation can be arranged.

It is also recognised that infectivity status changes with HCV RNA positivity and HIV viral loads. Therefore advice should be sought from an Expert Advisory Panel before performing exposure prone procedures.

> For detailed information on how HIV/HCV infected health care workers are managed in the ACT, including the setting up of an Expert Advisory Panel, please refer to ACT Health's *Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus Infected Health Care Worker Management Policy (1999).*

1.3.5 Tuberculosis screening

Staff should be aware of their obligations in relation to TB. Staff who have close contact with patients or infectious material are required to have a documented Tuberculin Skin Test (TST) (Mantoux test) and/or Chest Xray result as part of baseline screening for TB**.** Refer to Section A8 *Occupational TB Screening Strategy* for further details.

Acceptable evidence of tuberculosis screening

Documented evidence of TB screening will only be deemed acceptable if that screening was performed in an accredited TB screening facility within Australia (in the case of the ACT, the Canberra Hospital Thoracic Medicine Unit). Free TB screening for ACT Health staff will be available via the Canberra Hospital Thoracic Medicine Unit.

Work restrictions

Not all people with TB infection are infectious. People with dormant/latent TB infection are not considered an infectious risk. Only people who are symptomatic with pulmonary/laryngeal 'TB disease' and who are 'smear positive' on testing of a sputum sample can potentially transmit the infection to others. A definition of 'TB disease' is provided in Section B1.

ACT Health staff with pulmonary/laryngeal 'TB disease', particularly those who are 'smear positive' on sputum sample, must avoid patient contact at all times and must not enter any clinical areas. Staff in this situation may already be under the care of a respiratory physician and would either be managed in hospital in an isolation room with negative pressure ventilation, or managed at home where they would be isolated from the public until their risk of transmission to others is considered negligible by a respiratory physician. Section A7 expands upon the risk management process for health care workers in the above circumstance.

1.3.6 Change in risk categorization

Staff must be aware of their responsibilities as outlined in this policy especially if their risk categorisation has changed, or is likely to change, because of a change in work activities as described in Table 1 *Risk Categorisation Guidelines*.

1.3.7 Temporary and voluntary staff

Staff who are working for ACT Health on a temporary or a voluntary basis have the same occupational health and safety responsibilities as staff permanently employed by ACT Health, depending on their work activities as per Table 1 *Risk Categorisation Guidelines*.

1.3.8 Other clinical personnel

Other clinical personnel such as students, trainees contract staff and agency staff undertaking Category A1 or A2 clinical placements with ACT Health must ensure that they have acceptable evidence of protection against the vaccine preventable diseases covered by this Policy and have documentation of TB screening. Refer to Section B3 for information for students and trainees.

A definition of 'other clinical personnel' is provided in Section B1. Contractors must also become familiar with the ACT Health policy titled Contractor Safe Work Practice and Compliance Policy.

1.4 General Responsibilities of ACT Health

This section outlines the general responsibilities of ACT Health in relation to this policy. These responsibilities are expanded upon in Section A5.

1.4.1 Privacy considerations

Personal health information of staff must be managed in accordance with the ACT *Health Records (Privacy and Access) Act 1997*. The Act sets out principles, which govern the collection, retention, use, disclosure and disposal of personal health information.

1.4.2 Informing and supporting staff

Staff must be informed of their responsibilities under this Policy and be advised of the risks, preventive measures and appropriate procedures if exposed to a potentially infectious agent at work.

To encourage compliance with these obligations, regular reminders must be given to staff of their responsibilities in relation to this Policy, and of the arrangements for easily accessible and confidential testing, counselling and vaccination when required.

Staff must also be supported by creating a work environment that minimises the risk of infection, including appropriate training in infection control techniques and provision of equipment that reduces the risk of exposure.

1.4.3 Assessment

The risk category of all staff and other clinical personnel must be assessed according to Table 1 *Risk Categorisation Guidelines*. Work activities, rather than job title, must be considered on an individual basis when determining risk category.

ACT Health must ensure that a comprehensive medical assessment of protection against vaccine preventable diseases and of TB status is available and, when necessary, additional specialist advice is offered and provided to staff.
ACT Health has a responsibility to develop an individualised risk management plan for non-consenting staff, vaccine non-responders, immuno-deficient staff, and staff who are unable to be vaccinated due to medical contraindications.

The individualised risk management plan must take into account their role within the organization, their susceptibility to and the prevalence of the specified disease(s) within the community. This is expanded upon in Section A7.

1.4.4 Informed consent

An informed consent process must be set up as part of any vaccination, serological testing and tuberculosis screening of staff. An immunisation consent form is found in Section B6.

Once staff have been made aware of the need for vaccination and TB screening, as well as the risks of not being vaccinated and screened for TB to themselves and their patients, they must be encouraged to acknowledge this in writing as part of the informed consent process.

More information on consent and what is regarded as valid consent can be found in ACT Health's *Consent to Treatment* Policy.

1.4.5 Immunisation and serological testing for vaccine preventable disease

Vaccines are to be administered by either medical practitioners or registered nurses under medical direction, or registered nurses who are authorised to immunise under the legislative framework of the ACT *Medicines, Poisons and Therapeutic Goods Act* 2008.

ACT Health will offer free immunisation (and serological testing for the purpose of ascertaining protection against hepatitis B, measles, mumps, rubella) for staff via The Canberra Hospital Occupational Medicine Unit (OMU) and the Calvary Infection Control & Staff Health Clinic. ACT Health will not reimburse staff for costs of having immunisation through their general practitioner or other provider. Immunisation must be given in accordance with recommendations in the current National Health and Medical Research Council *Australian Immunisation Handbook (9th edition)*, with particular reference to the indications and contraindications.

Adverse Event Following Immunisation (AEFI) involving staff must be notified to the Communicable Disease Control Section of Health Protection Service, ACT Health. See Section B4 *Reporting form for adverse events*. Staff should also be encouraged to report AEFI through Risk Man reporting.

1.4.6 Serological testing for staff performing exposure prone procedures

The option of confidential voluntary serological testing should be offered to Category A1 staff through a health service that specialises in blood borne virus testing and counseling such as Canberra Sexual Health Centre or through their general practitioner or non-ACT Health provider if staff choose to go elsewhere.

Free serological testing for blood borne viruses will be available for staff performing exposure prone procedures via Canberra Sexual Health Centre. ACT Health will not reimburse staff for costs of having serological testing through their general practitioner or other provider. If staff in this circumstance have already had hepatitis B serological testing (for the purpose of checking their level of protection) then there is no need to repeat this testing when hepatitis C and HIV is tested. It is only recommended that hepatitis B testing be repeated if hepatitis B DNA or hepatitis B 'e' antigen (HbeAg) was not included in the original testing for hepatitis B.

1.4.7 Tuberculosis screening

ACT Health must ensure that the assessment of an individual's TB status is undertaken by clinicians trained in TST screening and result interpretation in accordance with Section A8 *Occupational TB screening strategy*. Health care workers who have close contact with patients or who handle infectious material are required to have a documented Tuberculin Skin Test (TST) (Mantoux test) and/or Chest Xray result as part of baseline screening for TB.

Free TB screening will be available for staff via the Canberra Hospital Thoracic Medicine Unit.

1.4.8 Documentation

A personal record card that records the results of the assessment, screening and vaccinations administered, including date, batch number, type/brand name of each vaccine, should be issued to staff.

1.4.9 Retention of records

ACT Health 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/TB screening; and date, batch number, type/brand name of all vaccines administered.

Records relating to staff assessment, vaccination, serological testing and tuberculosis screening (including written consent/non-consent) must be stored separately to staff applications for appointment. ACT Health must ensure that access to these confidential clinical records is limited to appropriately trained staff. Records are to be managed in accordance with the ACT *Health Records (Privacy and Access) Act 1997*.

1.4.10 Monitoring and reporting

To monitor the impact of this policy, an annual report will need to be submitted by OMU, Calvary Staff Health Clinic and Thoracic Medicine Unit to the Injury Prevention and Management Branch of ACT Health by 31 July each year. The annual report is to include aggregated, de-identified data for the 12 months of the financial year just completed on the percentage of 'Category A' staff protected against vaccine preventable diseases outlined in this policy and screened for TB.

The reason for collating this information is to ascertain levels of vaccine/TB screening 'coverage' amongst staff and to identify whether further staff education on the rationale of the policy needs to be undertaken. The annual reporting form is provided in Section B5. Data collated for the report must be handled in accordance with the ACT *Health Records (Privacy and Access) Act 1997*.

1.4.11 Recruitment of new staff

During the recruitment process, all new applicants to Category A1 and Category A2 positions must be made aware of their rights and responsibilities as outlined in this Policy. ACT Health must ensure that:

- from the date of release of this Policy all position descriptions include the designated risk category of that position are based on the advice outlined in this Policy; and
- the rights and responsibilities of health care workers outlined in this Policy are clearly articulated in all position descriptions.

If a prospective applicant is unable to attend the OMU/Calvary Staff Health Clinic to complete their documentation relating to immunisation prior to a final offer of employment, then ACT Health must seek assurance from the applicant that they will finalize this documentation during the first two months of their employment with ACT Health.

Prospective applicants must provide documented evidence that they have attended an accredited TB screening facility within Australia for baseline TB screening (in the case of the ACT, the Canberra Hospital Thoracic Medicine Unit) prior to a final offer of employment being made.

1.5 Responsibilities of ACT Health

1.5.1 Portfolio-wide

The specific responsibility of ACT Health in relation to this Policy is to:

- ensure that staff and students are informed of their responsibilities under this Policy;
- ensure that staff and students are informed as to where to obtain screening for TB (a requirement under this Policy if there is to be contact with patients/clients or infectious material);
- ensure that staff and students are informed as to where they can receive vaccinations recommended under this Policy;
- ensure that staff and students performing exposure prone procedures are informed of their responsibilities in relation to blood borne viruses;
- raise awareness with all staff and students in the organization, of the importance of ensuring high levels of protection against vaccine preventable diseases covered by this Policy and TB screening;
- monitor vaccine coverage rates on an annual basis and strive to achieve increasingly higher level of coverage amongst staff;
- monitor TB screening rates on an annual basis and strive to achieve increasingly higher level of TB screening amongst staff; and
- determine ‘targets’ across the portfolio for the uptake of vaccination and TB screening amongst staff.

1.5.2 Human Resources Management Branch

The Branch will:

- incorporate this Policy into the recruitment process for new staff and students;
- identify possible areas for targeted strategies to increase coverage; and
- ensure that the details of this Policy are clearly articulated to prospective staff and students.

1.5.3 Injury Prevention and Management Unit

The Unit will:

- collate annual reports on vaccination coverage and TB screening rates amongst staff working for ACT Health;
- prepare immunisation coverage/TB screening reports and disseminate reports to Portfolio Executive; and
- include information on immunisation, TB screening and recommendations for serological testing for blood borne viruses as a standing item on all ACT Health OHS committee meeting agendas.

1.5.4 Patient Safety and Quality Unit

The Unit will:

- develop risk management plans to limit the risk of transmission of vaccine preventable diseases to patients at increased risk of complications resulting from these diseases;
- develop risk management plans to limit the risk of transmission of TB to patients at increased risk of complications resulting from TB; and
- analyse data collected through RiskMan of any AEFI related to vaccination.

1.5.5 TCH Occupational Medicine Unit/Calvary Infection Control and Staff Health Clinic

These facilities will:

- provide free immunization to consenting staff including the provision of after hours clinics for night staff;
- provide advice for staff on where they should go to receive vaccination if staff prefer to seek an alternative provider, such as their general practitioner, to administer vaccinations recommended under this Policy;
- order, purchase and 'cold chain' the vaccines recommended under this Policy;
- promote and advertise immunisation clinic times;
- provide education sessions to staff on immunisation as appropriate;
- maintain immunisation records and consent forms;
- provide annual data on the number of staff immunised by risk category to Injury Prevention and Management Branch to enable coverage to be determined and strategies targeted as required; and
- determine resources necessary to deliver immunisation programs both in terms of nursing and administrative support for any data entry and management.

1.5.6 Thoracic Medicine Unit, TCH

The Unit will

- provide free TB screening for staff in ACT Health operated health facilities where relevant;
- provide advice for staff coming from interstate/overseas who are intending to work in ACT Health operated facilities as to where they should go for accredited TB screening outside the ACT, if screening elsewhere is more convenient for staff;
- assist Human Resources Branch in the appraisal of documentation provided by prospective applicants to ACT Health positions prior to final offer of employment during the recruitment process;
- promote and advertise chest clinic times for TB screening;
- provide education sessions to staff on the importance of TB screening as appropriate;
- provide annual data on the number of staff screened for TB to the Injury Prevention and Management Branch to determine level of uptake and enable targeted strategies as required; and
- determine resources necessary to deliver TB screening program both in terms of nursing and administrative support for any data entry and management.

1.5.7 Canberra Sexual Health Centre

The Centre will:

- provide free confidential testing and counseling on blood borne viruses to staff who seek voluntary testing.

1.5.8 Population Health Division

The Division will:

- review *Staff Screening and Immunisation* Policy in consultation with TCH Occupational Medicine Unit, Thoracic Medicine Unit (TCH), Calvary Infection Control and Staff Health Clinic, Injury Prevention and Management unit, Human Resources Management Branch, Patient and Safety Quality Unit and other key community stakeholders to ensure that the policy remains consistent with existing ACT Health policy and national guidelines, as necessary, but at least within five years.

1.6 Responsibilities of Academic Institutions and Employment Agencies

1.6.1 Academic institutions

Universities and other academic institutions must ensure that all clinical personnel are advised in writing of their responsibilities under this Policy, prior to the commencement of their academic enrolment.

The responsibility for ensuring that students have adequate occupational assessment, screening, education and immunisation should be met by the academic institution. Refer to Section B3 for further details.

Universities and other academic institutions must ensure that all clinical personnel have been advised that they must provide evidence of protection against vaccine preventable diseases outlined in this Policy and documentation of their TB status for assessment by the health facility.

1.6.2 Employment agencies

Employment agencies must advise clinical personnel, including agency staff, of their full responsibilities under this Policy and must assess their staff's level of protection against vaccine preventable diseases outlined in this Policy and TB status.

1.7 Managing Risk

ACT Health must have a risk management framework in place to manage staff and students who:

- do not consent to occupational immunisation and TB screening;
- do not have acceptable evidence of protection or who are waiting for documentation relating to evidence of protection to be finalised;
- are unable to be vaccinated against specific vaccine preventable diseases due to medical contraindications;
- who are considered infectious by a respiratory physician following a diagnosis of pulmonary or laryngeal 'TB disease'; and
- who are infected with hepatitis B and/or HCV and/or HIV (i.e. the health care worker is positive on serological testing for either hepatitis B DNA/hepatitis B 'e'antigen (HbeAg) and/or hepatitis C RNA and/or HIV antibody).

For specific information on how hepatitis B/hepatitis C/HIV infected health care workers are managed in the ACT, please refer to ACT Health's *Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus Infected Health Care Worker Management Policy (1999).*

1.7.1 Consultation and engagement

Staff and students, who following a risk assessment, fit into one of the above categories, 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 the most suitable working arrangements for the staff member in question.

The process should begin with a meeting with the staff member concerned to:

- ensure that they understand potential implications related to their specific circumstance;
- 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; and
- identify possible short-term options and commence a dialogue about potential future long-term options.

1.7.2 Short-term management options

Immediate action will need to be taken to ensure that the infectious disease risks to staff and patients are managed for the above categories of staff. This action may be short-term, until further consideration of more permanent long term options can be fully canvassed.

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

- taking up staff development opportunities;
- remaining in current work position, in the interim, with additional infection control precautions. The OHS obligations and duty of care requirements of the staff member in question remain unchanged. For example, unprotected staff must not work in clinical areas where an outbreak is known to be occurring (involving a disease against which they are not protected) until such time the outbreak is declared over. A definition of an 'outbreak' is provided in Section B1;
- temporary reassignment in low risk work areas;
- undertaking administrative duties or providing additional administrative or
- management support; and
- where appropriate and practical, short-term working from home arrangements.

These options should be discussed with the affected staff member in question as short-term arrangements and, as far as reasonable and practical, the staff members 's 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 the staff member in question to remain at work to better facilitate discussion and negotiation around more permanent work options.

An example of a short-term option might involve a health care worker 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 exposure prone procedures following the commencement of a course of hepatitis B vaccine, on condition that a written undertaking is provided to complete the course within a specified period. While awaiting completion of their primary course of hepatitis B vaccination, the health care worker must accept information from OMU or Calvary Staff Health Clinic regarding: the risk of infection; the consequences of infection; how to minimize the risk of infection and management in the event of exposure (eg hepatitis B immunoglobulin must be administered within 72 hours of parenteral exposure to hepatitis B).

Staff who are found to have pulmonary or laryngeal 'TB disease' must immediately cease working with all client groups and in all clinical areas. Short-term management of staff in this circumstance will be coordinated according to advice by the Thoracic Medicine Unit.

1.7.3 Long-term management options

Ongoing liaison with and engagement of the staff member in question is crucial to achieving long-term solutions. A formal risk assessment may need to be conducted and reviewed by a specially convened Expert Advisory Panel to guide this process. See Section A8.6. Potential *long-term options* may include but are not limited to:

- remaining in current position with additional infectious control procedures if following a risk assessment that there is no other option but to keep the staff member in their current position. The OHS obligations and duty of care requirements of the health care worker remain unchanged;
- transfer to an alternative clinical area;
- retraining in an appropriate new clinical speciality; or
- retraining for duties in non-clinical areas.

ACT Health 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 assistance services for health care workers and relevant union support should be provided.

Prior to reinstatement to their usual work activities, staff who have been treated for pulmonary or laryngeal 'TB disease' must have their infectious status reassessed by a respiratory physician with expertise in TB. If their infectious risk to others is subsequently regarded as negligible, then reinstatement to usual work activities will be considered according to advice from the Thoracic Medicine Unit.

1.7.4 Service delivery issues

In certain circumstances, it may be argued that reassignment of a 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 for that specialty in the ACT;
- there is a significant demand for the specialty service;
- failure to provide the specialist service would pose a significant risk to the ACT community; or
- it would be difficult to replace the position which could result in a significant period of time without the service being provided.

The OHS obligations and duty of care requirements of the staff member remain unchanged. ACT Health 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 patients.
A formal risk assessment may also need to be conducted and reviewed by a specially convened Expert Advisory Panel (see Section A7.6). The results of the risk assessment and the controls instituted should be clearly documented. Should there be an adverse outcome for the staff member in question, other staff or patients, ACT Health must be able to demonstrate that it took every reasonable action possible to ensure the safety of the other staff and clients concerned.

With regards to service delivery issues relating to a health care worker with pulmonary or laryngeal 'TB disease', the advice of the Thoracic Medicine Unit must be sought in the first instance.

1.7.5 Management of vaccine non-responders and staff with medical contraindications

If a staff member is a *hepatitis B vaccine non-responder*, ACT Health must ensure that an individual risk assessment for hepatitis B exposure is undertaken. Where there is a risk of exposure and a health care worker wishes to remain in their usual work location/role, ACT Health must ensure that detailed information is provided regarding the risk of hepatitis B infection, the consequences of such infection and management in the event of body substance exposure (eg hepatitis B immunoglobulin must be administered within 72 hours of parenteral exposure to hepatitis B).

If a staff member is *immuno-deficient, pregnant or has medical contraindications to vaccination*, then ACT Health must:

- ensure an individual risk assessment for infectious disease exposure is undertaken, particularly for those diseases where it has been identified that the health care worker is susceptible; and
- ensure that detailed information is provided to the health care worker in question regarding the risk of potential infection, the consequence of infection and management in the event of exposure as well as information on how to minimize the risk of infection.

Medical contraindications to particular vaccines are listed in the Australian Immunisation Handbook (9th Edition).

1.7.6 Expert Advisory Panel

It is anticipated that, for the majority of staff members, for whom a risk management process is put in place to minimise disease transmission in the workplace, the convening of an Expert Advisory Panel will not be necessary.

In a minority of cases in which serious concerns are raised about the infectious risk of individual staff, an Expert Advisory Panel may need to be convened.

The membership and terms of reference of the Expert Advisory Panel is expanded upon in existing ACT policy *Management of Human Immunodeficiency Virus, Hepatitis B virus, and Hepatitis C virus infected health care worker policy (1999).* Although the above policy discusses in detail the role and function of the Expert Advisory Panel in relation to HBV/HCV/HIV infected health care workers, the same principles apply for other scenarios outlined in this policy.

1.7.7 Resolution of disputes

Where there is a dispute over the ability of a staff member to continue with all or part of his/her employment responsibilities, the matter should be referred to an Expert Advisory Panel as outlined earlier. In those rare cases where an infected/unprotected staff member refuses to accept the advice of the Expert Advisory Panel, and/or the staff member's medical provider believes that the infected/unprotected health care workers continued practice constitutes a risk to public health, the Chief Health Officer of ACT Health must be notified.

1.8 Occupational TB Screening Strategy

1.8.1 Rationale for occupational TB screening

Staff working in health care settings may be at increased risk of exposure to tuberculosis. Periodic monitoring with Tuberculin Skin Test (TST) can identify health care workers 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 and diagnose and treat cases of TB disease;
- establish baseline health, TST or chest x-ray status; and
- raise awareness of TB disease and promote recognition of 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 TB disease; and
- raise awareness of TB disease, to promote recognition of the signs and symptoms of TB.

1.8.2 Assessment of risk for baseline screening

Free TB screening for ACT Health staff will be available via the Canberra Hospital Thoracic Medicine Unit. The Thoracic Medicine Unit is an accredited TB screening facility**. Appointments can be made on (02) 6244 2066.** The Thoracic Medicine Unit will also be able to provide advice for health care workers coming from interstate/overseas on where they should go for accredited TB screening outside the ACT, if screening elsewhere is more convenient for staff.

As a general rule, staff who provide direct care for patients or handle infectious material, are required to have a documented TST and/or Chest Xray result as part of baseline screening for TB. Category A1 and A2 staff in this circumstance are required to have baseline TB screening to assess their TB status. Category B staff do not require TB screening as their level of risk is no greater than that of the general community.

Asymptomatic staff who are TST negative at baseline screening, do not require baseline chest x-rays.

Staff 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 who are TST positive will be offered a chest xray and appropriate follow up.
If a TST positive health care worker refuses a chest xray and the respiratory physician decides there is a reasonable suspicion of pulmonary or laryngeal 'TB disease', the health care worker may not continue with their duties. The Chief Health Officer must be notified.

1.8.3 Assessment of risk to determine frequency of ongoing screening

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 4). 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 4 Recommendations for periodic TB screening by risk classification for Category A1 and A2 staff

Risk classification	Number of infectious TB clients	Screening recommendations
High Risk	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
Medium Risk	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.
Low risk	Departments or service units where no clients with infectious TB have attended over a 12-month period.	Periodic assessment of TB status is not required.
Laboratory staff working with cultured TB specimens must have follow up TST testing on an annual basis.		

It is important to note that live vaccines (such as MMR, varicella) can interfere with the results of a TST, however live vaccines can be administered on the same day as a TST without interfering with the results. If a live vaccine is given a day or more before a TST, there must be a 28 day interval between the vaccine and the TST. A live vaccine can be given following the evaluation of a TST. NOTE: In the case of a 2 step TST, a dose of MMR or varicella vaccine can be given on the same day the first TST is administered. Then 28 days must elapse between that dose of MMR or varicella vaccine and administering a second TST

1.8.4 Management of staff exposed to pulmonary/laryngeal 'TB disease'

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

1.8.5 Declining TB screening

If a staff member declines TB screening and a respiratory physician has a reasonable suspicion that the staff member may have 'active' pulmonary or laryngeal tuberculosis, then that staff member must not continue with their duties. The Chief Health Officer must be notified.

2 APPENDIX B – DEFINITION AND FORMS

2.1 Definitions for the purposes of this Policy

Acceptable evidence can be either written documentation of vaccination administered in accordance to the Australian Immunisation Handbook and/or serological testing which demonstrates that an individual is adequately protected against vaccine preventable diseases outlined in this policy. This does not include a statutory declaration.

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

Assessment is the full evaluation of a person by an appropriately trained clinician, in relation to their level of protection against vaccine preventable diseases covered by the Policy as well as an evaluation of their tuberculosis status.

Blood borne Diseases – hepatitis B, hepatitis C (HCV) and human immunodeficiency virus (HIV) are classified as blood borne diseases.

Clinical Area is an area or health facility where patients/clients are assessed and clinically managed.

Clinical placement is a professional practice placement undertaken within a workplace setting by allied health, nursing and midwifery students, inclusive of undergraduate, post-graduate and 'return to profession' programs that are formally undertaken with an education/vocational/tertiary institution and/or professional association bodies.

Close contact means having direct care for/contact with patients where there is a real possibility of contact with blood, body substances or infectious material.

Contractor is any company, partnership, other entity, or individual that does not have a direct employment relationship with ACT Health and has an agreement to provide ACT Health with services, product or, in relation to ACT Health infrastructure, carry out construction, alteration, improvement, refurbishment, demolition or other works.

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.

Exposure prone procedures (EPPs) are a subset of invasive procedures where there is potential for contact between the skin (usually finger or thumb) of the health care worker 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.

Health care worker is any employee of ACT Health. The term ‘staff’ and ‘health care worker’ are interchangeable for the purpose of this Policy, recognizing that not all staff have direct patient contact.

Health facility refers to a defined service location such as a hospital, community health centre or other location where health services are provided.

Hepatitis C (HCV) status is the presence or absence of Hepatitis C infection and/or active disease.

Human Immunodeficiency Virus (HIV) status is the presence or absence of HIV infection and/or active disease.

Immunisation is the process by which an individual becomes immune against a particular infection either through natural infection or through vaccination. By being immune, one is protected from acquiring the disease in question.

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.

Non-responders are persons who have been fully vaccinated according to Table 3 *Acceptable evidence of protection* but who have failed to demonstrate seroconversion for those vaccine preventable diseases where serological testing post vaccination is relevant (primarily for hepatitis B).

Other clinical personnel are persons who are not permanently, temporarily or casually employed in ACT Health operated facilities but are contracted to work, on Category A1 or A2 placements. This includes agency staff, students (including work experience students) and contractors (for example Visiting Medical Officers and Visiting Dental Officers).

Outbreak refers to more cases of a particular disease than expected in a given area or among a defined group of people over a particular period of time.

Protection means the necessary measures that need to be taken to enable a person to be considered not susceptible to a specific disease.

Risk assessment is the overall process of estimating the magnitude of risk.

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

Students are those people completing a tertiary qualification at a University or TAFE that requires them to complete a Category A1 or A2 placement in an ACT Health operated facility.

TB Screening means the assessment of tuberculosis status for health care workers who have contact with patients/clients as part of their work duties.

TB infection refers to infection caused by *Mycobacterium tuberculosis.* Not all TB infection is infectious. For example latent TB infection is not considered infectious. Only those individuals who have TB infection that subsequently develops into laryngeal or pulmonary 'TB disease' can potentially transmit TB to other people (see definition of TB disease below).

TB disease refers to people infected with TB who have active disease. People symptomatic with pulmonary TB disease (TB affecting the lungs) or laryngeal TB disease (TB affecting the upper

airways) can potentially transmit TB to other people. People with non-pharyngeal/non-laryngeal TB disease are generally not infectious.

TB medical assessment 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. A TST is the same as a Mantoux test.

TST conversion is defined as an increase in the diameter of TST induration of more than 10mm 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.

Vaccination is the administration of antigenic material (the Vaccine) to produce immunity to a disease. Vaccines can prevent or ameliorate the effects of infection by a pathogen.

Vaccine preventable diseases comprise the diseases listed below. One can prevent acquisition of these diseases through vaccination.

- Diphtheria
- Pertussis (Whooping cough)
- Tetanus
- Hepatitis B
- Measles
- Mumps
- Rubella
- Varicella (Chicken Pox)
- Influenza

Volunteer is an individual who undertakes work in an ACT Health operated facility that is not paid or remunerated (except out of pocket expenses) and works to fulfil a charity or community service good.

2.2 Examples of exposure prone procedures

Exposure prone procedures (EPPs) are a subset of invasive procedures where there is potential for contact between the skin (usually finger or thumb) of the health care worker 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. Procedures which lack these characteristics are unlikely to pose a risk of transmission of blood borne viruses from infected health care worker to patient.

Examples of exposure prone procedures include:

- caesarian section, vaginal hysterectomy, abdominal hysterectomy, high vaginal repair;
- gastrectomy, whipples, hemicolectomies, open cholecystectomy, splenectomy;
- all stenotomy splitting procedures, aortic and bifemoral bypass surgery, coronary artery bypass surgery;
- all prosthetic joint replacements;
- pneumectomy, intercostal (chest tube) catheter insertion; and
- all procedures performed in the mouth (oral surgery including dentistry).

These examples are offered only as a guide and are not a comprehensive list. Where there is uncertainty regarding the application of any of these defined terms, such as whether a certain procedure is exposure prone or not, the matter may be referred to an Expert Advisory Panel.

Provided a procedure is not conducted in poorly visualised or confined body sites, then they are not considered to be exposure prone.

2.3 Policy processes for students and trainees

2.3.1 Responsibility of academic institutions

The responsibility for ensuring that students have adequate occupational assessment, screening, education and immunisation should be met by the academic institution.

Acceptable evidence of protection for all students needs to be provided to ACT Health by the academic institution.

2.3.2 Responsibility of students

Students must take all reasonable steps to minimise the risk of transmitting infectious diseases to other students, staff, patients and others.

Students will need to submit a documented screening and immunisation history to the academic institution provider, in accordance with the ACT Health Student Placement Deed. Students who are not attached to an academic institution, (i.e. covered by a Trainee Deed), will need to submit a documented screening and immunisation history to the Student Placement Coordination Unit, Staff Development Unit of ACT Health.

2.3.3 Responsibility of ACT Health

ACT Health will ensure that all contracts with academic institutions and individuals will specify that a student undertaking a placement within any ACT Health facility, must have a documented screening and immunisation history, consistent with this Policy.

ACT Health is under no obligation to accommodate a student on placement prior to the receipt of satisfactory written evidence of a student having any required immunisation.

ACT Health may, at its absolute discretion, accommodate a student on placement who has not had the required immunisation**.** ACT Health will ensure that ACT Health managers and staff, including student supervisors, are aware of and comply with this Policy.

Security and confidentiality of information about the infectious disease and immunisation status of students will be maintained, in accordance with the ACT *Health Records (Privacy and Access) Act* 1997.

2.4 Reporting form for adverse events: also enter into RISKMAN

REPORT OF AN ADVERSE EVENT FOLLOWING IMMUNISATION (AEFI)

ACT CASE NO:_____

1. PERSON WHO EXPERIENCED THE ADVERSE EVENT

Name_____DOB___/___/___

Address_____Postcode_____

If a child, Parent/Guardian Name_____Phone_____

2. PAST MEDICAL HISTORY

If a child under 5 years - birth weight_____Gestational age (length of pregnancy)_____

Any known allergies?_____

Any other medical conditions?_____

Does the person take any routine medications?_____

Any prior adverse events following immunisation? **NO/YES**: If Yes, provide details_____

_____

General Practitioner_____Phone_____

3. VACCINES GIVEN ON THE DAY OF THE ADVERSE EVENT

Vaccine Provider Name/location_____Phone_____

Vaccine Type	Dose No	Date & Time Administered	Manufacturer	Batch No	Route/Site/Side (left or right)

Were any other vaccines given within 4 weeks prior to the adverse event? **NO/YES:** If Yes, specify details:

_____

4. **WHAT WAS THE NATURE OF THE ADVERSE EVENT?**

Was the person ill before the vaccine was given? **No/Yes** If Yes, provide details_____

_____

Date and time reaction occurred_____

Describe the adverse event_____

_____

How long did the event last? _____Recovery complete?_____

Was paracetamol given? **NO/YES** Was any other treatment required? **NO/YES**

If **yes**, describe what was required and who advised or provided the treatment_____

_____

5. DETAILS OF PERSON REPORTING THIS ADVERSE EVENT

Name _____Phone_____

Address_____Date: ___/____/_____The Communicable Disease Control Section will contact the immunisation provider, parent, or person who experienced the adverse event to clarify details regarding the immunisation and the following events.On completion, please fax this form to 6205 1739, Or mail to: the Communicable Disease Control Section, Locked Bag 5, Weston Creek, ACT 2611. Form Revised May 2007

2.5 Annual Reporting Form

ACT Health	**ANNUAL REPORTING FORM** **Due July 31st each year** **NUMBER/PROPORTION OF "CATEGORY A" STAFF WITH ACCEPTABLE EVIDENCE OF PROTECTION AGAINST VACCINE PREVENTABLE DISEASES AND SCREENING FOR TB**
Reporting period (financial year):	
Details of Health care facility (HCF):	
Contact Details of person at HCF collating data:	

Staff Risk category	**Category A (both A1 and A2)**	**Category B**
Number of current staff in risk category (to be filled out with the assistance of the Human Resources Branch)		**Annual reporting not applicable.**
Number of current staff with acceptable evidence of protection against Diphtheria, Tetanus, Pertussis		
Number of current staff with acceptable evidence of protection against Measles, Mumps, Rubella		
Number of current staff with acceptable evidence of protection against varicella		
Number of current staff with acceptable evidence of protection against influenza		
Number of current staff with acceptable evidence of protection against hepatitis B		
Number of current staff with acceptable evidence of screening for TB (to be filled out with the assistance of the Thoracic Medicine Unit)		

Please send form to: Injury Prevention and Management
Level 3, Building 6 The Canberra Hospital
Yamba Drive Garran ACT 2606

- Definition of *current staff* – staff who were employed by health care facility as of June 30th (end of financial year)
- Definition of *acceptable evidence* – see Section A4.3

2.6 Immunisation Consent Form

PART A: The ACT Health Policy Directive titled ***Staff Screening and Immunisation Policy*** has been explained to me regarding the importance of immunisation for health care workers.

a) I have ***acceptable evidence of protection*** (as per **Table 3** of the policy) against the following diseases (discuss with Occupational Medicine Unit if you require clarification):

-diphtheria/tetanus/pertussis (dTpa) **Yes/No**

-hepatitis B **Yes/No**

-measles, mumps, rubella **Yes/No**

-varicella (chicken pox) **Yes/No**

-influenza (flu) **Yes/No**

b) For those diseases for which I do not have documented evidence of protection, I consent/do not consent to vaccination for (only circle answers that are applicable):

-diphtheria/tetanus/pertussis (dTpa) **consent/do not consent**

-hepatitis B **consent/do not consent**

-measles, mumps, rubella **consent/do not consent**

-varicella (chicken pox) **consent/do not consent**

-influenza (flu) **consent/do not consent**

If you consent to vaccination – please proceed to **PART B** of Consent Form

If you do not consent to vaccination – please proceed to **PART C** of Consent Form

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PART B - If you consent to vaccination please read the following pre-vaccination checklist adapted from the ***Australian Immunisation Handbook (9th edition) 2008.*** Please tell your doctor/nurse if you (tick if applicable):

__ are unwell today
__ have a disease which lowers immunity (eg leukemia, cancer, HIV/AIDS) or are having treatment which lowers immunity (eg oral steroid medicines) such as cortisone and prednisone, radiotherapy, chemotherapy
__ have had a severe reaction following any vaccine
__ have had any severe allergies to (to anything)
__ have had any vaccine in the past month
__ have had an injection of immunoglobulin or received any blood products or whole blood transfusion within the past year
__ are currently pregnant or planning a pregnancy
__ have a past history of Guillian-Barre Syndrome
__ have a chronic illness
__ have bleeding disorder
__ do not have a functioning spleen

NB: If you have any questions about this checklist or any other matter related to vaccination, please talk to staff at the vaccination clinic BEFORE vaccination.

I acknowledge that I have read the Pre-Vaccination Checklist and request that the vaccination(s) as indicated over be administered by staff at designated vaccination clinic.

Signature Date

Name

Date

PART C – if applicable

If you do not consent to vaccination are there any specific reasons for declining? (Write below) – **Optional**

I am aware of the potential risks of declining vaccination may pose and that this may require my employer to manage me as outlined in **Section A.8** *Managing Risk* of the policy directive.

Signature Date

Name

Date

Office use only

Policy Directive explained by

Insert Signature
……..
Insert Name/Job Title/Date

Document Vaccines Given below (Vaccine name/Batch number/Date of administration)

Space for notes