Canberra Health Services Procedure

Occupational Assessment, Screening and Vaccination

New and existing staff members

Contents

Purpose

The purpose of this document is to detail the mandatory requirements for occupational assessment, screening and vaccination (OASV) for Canberra Health Services (CHS) staff and students to minimise the risk of transmission of specified diseases.

These diseases include SARS-CoV-2 (COVID-19), diphtheria, tetanus, pertussis, hepatitis B, measles, mumps, rubella, varicella and tuberculosis (TB).

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Scope

This procedure applies to existing and prospective Category A CHS staff (see Section 2) including salaried and non-salaried employees, contracted staff, students on clinical placement and volunteers.

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Section 1 – Roles and Responsibilities

1.1 Chief Executive Officer (CEO)

The CEO has overall responsibility for the OASV procedure. The CEO:

- provides resources to enable the Occupational Medicine Unit (OMU) to assess, screen and vaccinate staff.
- provides resources to enable Department of Respiratory and Sleep Medicine (DRSM) to screen and clinically assess staff.

1.2 Executive Directors/Executive Group Managers/Executive Branch Managers

Executive Directors, Executive Group Managers and Executive Branch Managers will be responsible for:

- ensuring that all staff members participate in this procedure.
- granting permission for exceptional circumstances to be applied to individual 'unprotected' cases as per this procedure (see Sections 3 and 4).

1.3 Managers / Supervisors

Managers and supervisors provide People and Culture (as necessary) with the risk categorisation for position(s) when recruiting. This includes whether the position performs exposure prone procedures (EPP). Managers and supervisors will be responsible for:

- ensuring that staff members are aware of this procedure.
- ensuring that new staff who commence work before any vaccine course complete the course and that the staff member presents the evidence to OMU within the agreed time frames.

- ensuring that staff with a temporary medical contraindication or exemption present to OMU for reassessment at the conclusion of the temporary exemption (see Section 3).

1.4 People and Culture and the Medical Officer Support Credentialling Education and Training Unit (MOSCETU)

The Division of People and Culture and MOSCETU will be responsible for:

- ensuring this procedure is incorporated into all staff recruitment processes.
- ensuring all staff position descriptions are risk categorised according to the risk of occupational exposure to the specified infectious diseases (Category A or B) and requirement for exposure prone procedures (Category A-EPP), with the category included in position description at the time of advertisement
- ensuring all job advertisements and all information kits for applicants include reference to this procedure and indicate the risk category of the position
- ensuring all job advertisements for positions that involve EPP include reference to the following:
  - *Healthcare Workers Living with Blood Borne Viruses or Performing Exposure Prone Procedures and at Risk of Exposure to Blood Borne Viruses Procedure* (available on the Policy and Guidance Documents Register)
  - the Australian National Guidelines for the Management of Healthcare Workers Living With Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses (the National Guidelines) [1]
- ensuring information kits for Category A applicants include all required OMU forms and Information Sheets
- ensuring that new recruits are only accepted for appointment if they comply with the requirements of this procedure
- ensuring whenever there has been a break in service, a new certificate of compliance is attained.

1.5 ACT Health Clinical Placement Office

The ACT Health Clinical Placement Office will be responsible for:

- ensuring students (including post graduate clinicians on clinical rotations) who commence placement before completing their hepatitis B virus (HBV) vaccination course complete the course, present the serology testing to their educational institution and add the information to the Student Placement Online database
- ensuring orientation to CHS includes the student's responsibility to follow this procedure
- managing exceptional circumstances as they arise (e.g., students with medical contraindications and vaccine non-responders)
- advising students about risks, preventative measures and appropriate procedures in exceptional circumstances.

1.6 Occupational Medicine Unit

OMU staff will be responsible for:

- assessing the evidence provided for all Category A staff member's protection against the specified infectious diseases (see Section 2)
- in the CHS onboarding portal, identify staff that meet the requirements of this procedure as being compliant, or where applicable mark individuals as unprotected or temporarily compliant
- promoting awareness of the National Guidelines amongst staff who perform EPPs (for example at orientation, infection control training and regularly at staff meetings).
- referring staff to attend for TB screening with DRSM if required
- providing a catch-up vaccination plan for existing staff giving priority to those working with high-risk groups or high-risk areas
- managing exceptional circumstances as they arise, such as workers with medical contraindications, vaccine non-responders and abstaining staff, including referral to the Expert Risk Assessment Panel
- maintaining a confidential staff 'Immunisation Register' which is accessible by authorised personnel only
- providing quarterly reports regarding workforce immunisation rates to the Peak Work Health Safety committee, as well as the Infection Prevention Control Clinical Response Committee.

OMU compliance assessors may be registered nurses, registered midwives or enrolled nurses who are appropriately trained in this procedure and in the interpretation of immunological test results, vaccination schedules, TB assessment and/or TB screening.

Assessors who have been found to have the required experience and knowledge in immunisation may perform assessments and refer difficult/uncertain results/assessments to an Authorised Nurse Immuniser, OMU CNC or doctor for advice.

1.7 Department of Respiratory and Sleep Medicine

DRSM staff will be responsible for:

- co-ordinating screening and clinical review of staff in relation to TB screening, follow up and clinical assessment
- recording staff assessed for TB and the required periodic testing on the 'Tuberculosis Register'
- providing clearance forms for staff screened for TB who are able to commence/continue work
- providing clearance forms for staff who are cleared for work at the completion of TB treatment.

The clearance form will advise staff of general requirements for TB periodic screening based on best knowledge of primary work area and informs staff if they move to a high-risk area their screening requirement will increase accordingly.

1.8 Expert Risk Assessment Panel

The Expert Risk Assessment Panel assists OMU compliance assessors in assessing risk and developing risk management plans for unprotected staff (for example those with a contraindication) or those on temporary compliance. The panel includes an Infectious Diseases Consultant, OMU Clinical Nurse Coordinator (CNC), the candidate/staff member and/or their direct line manager.

1.9 CHS staff

It is the responsibility of CHS staff to be aware of and adhere to the requirements of this procedure. Staff are to present for re-screening or vaccination as indicated in this procedure and/or on their certificate of compliance. If a staff member acquires an illness that impairs immunity after receiving initial compliance, it is their responsibility to present to OMU for reassessment of their compliance with this procedure.

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Section 2 – Risk Assessment, Screening and Vaccination

2.1 Risk Categorisation

CHS staff are categorised according to their risk of acquisition and/or transmission of specified vaccine preventable diseases. This risk is divided into Category A and Category B (see Figure 1). All Position Descriptions when advertised must include the designated risk category of the position.

Figure 1*:* Categories of Risk

Category A	
Contact with patients and/or blood, body substances or infectious materials, including non-clinical staff working in ward or outpatient areas.	• Direct contact with, or potential exposure to: - patients/clients - deceased persons or body parts - blood, body substances, infectious material - surfaces or equipment that might contain blood, body substances or infectious material, for example soiled linen, surgical equipment, syringes. • Other contact that would allow the acquisition or transmission of diseases that are spread by respiratory means, including: - frequent or prolonged face-to-face contact with patients or clients (e.g., interviewing or counselling individual clients or small groups, performing reception duties in an emergency/outpatient's department) - work in clinical areas such as wards, the emergency department, outpatient clinics (e.g., ward clerks and patient transport officers) - frequent attendance in clinical areas (e.g., food services staff who deliver meals).

	Examples include but are not limited to: dentists, doctors, contracted domestic and environmental staff, nurses, mortuary technicians, laboratory scientists, allied health practitioners, tertiary students, personal care assistants, clerical personnel on wards, maintenance engineers who service equipment, sterilising service personnel, personnel responsible for the decontamination and disposal of contaminated materials, laundry personnel, waste facility personnel (e.g. Sterilising Services).
Category B	
***NO contact with patients or blood, body substances or infectious materials*.**	• Do **not** have contact with, or potential exposure to: - patients/clients - deceased persons or body parts - blood, body substances, infectious material - surfaces or equipment that might contain blood, body substances or infectious material, for example soiled linen, surgical equipment, syringes. • Do **not** have other contact that would allow the acquisition or transmission of diseases that are spread by respiratory means. • Normal work location is not in a clinical area e.g., administrative positions not in a ward, food services personnel in kitchens. • Only attend clinical areas infrequently and for short periods of time e.g., maintenance contractor undertaking work in clinical area. Examples include but are not limited to administration and clerical personnel in non-clinical work settings, some secondary students, stores personnel, kitchen personnel.

2.1.2 Exposure Prone Procedures (EPPs)

EPPs are invasive procedures where there is potential for direct contact between the skin of the staff member and sharp objects (surgical instruments, needles, sharp tissues, spicules of bone or teeth) in poorly visualised or confined body sites or cavities, including the mouth of the patient. This is regardless of whether the hands are gloved or not. Procedures where there is potential for contact with a sharp instrument, needles or sharp tissues in open view, for example cannulation or venepuncture, are not considered EPPs. During EPPs, there is an increased risk of transmitting Blood Borne Viruses (BBVs) between staff and patients. Healthcare workers who perform EPP's must know their BBV status at commencement of employment and undergo testing for HBV, HCV and HIV (see Definition of Terms) at least once every three years as set out in the National Guidelines.
Category A staff who are required to perform EPPs as part of their role are sub-classified as Category A-EPP.

Professions that perform EPPs include, but are not restricted to:

- medical practitioners (including junior medical officers, interns and resident medical officers) in particular:
  - surgeons and surgical assistants

  - emergency/trauma physicians (e.g., insertion of chest drains/multiple fractures)
  - obstetricians
- nurses and midwives, including surgical assistants and trauma nurses
- dentists and dental assistants
- students (dental, medical, perioperative [scrub nurse] nursing and midwifery).

Each year, healthcare workers who perform EPPs make a declaration to the Australian Health Practitioner Regulation Agency (AHPRA) at the time of annual registration renewal, stating that they are compliant with the National Guidelines. For more information refer to the *Healthcare Workers Living with Blood Borne Viruses or Performing Exposure Prone Procedures and at Risk of Exposure to Blood Borne Viruses Procedure.*

2.2 Screening and Vaccination Requirements

Category A staff are required to provide evidence of their protection against the infectious diseases listed in Table 1 to the OMU via the CHS onboarding portal, prior to being issued a compliance certificate from an OMU assessor (see Section 5). On receipt of all required documentation the OMU will aim to issue a compliance certificate within five business days.

Category B staff are managed directly through their recruitment channel.

Table 1: Vaccination/assessment requirements for Specified Infectious Diseases

Specified Infectious Diseases	Cat A	Cat B	Evidence Required
SARS-Cov-2 (COVID-19) 2 doses	Required	Required	Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with the Australian Technical Advisory Group on Immunisation (ATAGI) minimum intervals)
SARS-Cov-2 (COVID-19) 3 doses	Recommended	Recommended	TGA approved or recognised COVID-19 vaccine (in accordance with the ATAGI minimum intervals)
Diphtheria	Required	Recommended	One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) within the past 10 years.
Pertussis (Whooping cough)	Required	Recommended	
Tetanus	Required	Recommended	
Measles	Required	Recommended	Two doses of measles/mumps/rubella vaccine (MMR) 4 weeks apart **or** positive IgG for measles, mumps **and** rubella **or** birth date before 1966
Mumps	Required	Recommended	
Rubella (German Measles)	Required	Recommended	
Varicella (Chicken Pox)	Required	Recommended	Two doses of varicella vaccine 4 weeks apart (only one dose required if immunised at less than 14 years of age) **or**

			positive IgG for varicella-zoster virus (VZV) **or** VZV PCR positive chickenpox or shingles infection
Influenza (Flu) (season dependent)	Recommended	Recommended	Annual seasonal influenza vaccine
TB	Required	Recommended	Negative TST or TB IGRA (see Section 2.2.2)
Hepatitis B (immunity)	Required	Recommended	Age-appropriate course of HBV vaccination **and** anti-HBs ³10IU/ml **or** anti-HBc and/or HBs antigen detected

Further information about specified infectious diseases is provided in *Information Sheet 3: Specified Infectious Diseases: Risks, Consequences of Exposure and Protective Measures* (see Attachment B).

2.2.1 Appropriate evidence of protection against infectious diseases

Acceptable evidence of protection includes:

- a written record of vaccination signed and dated by a medical practitioner or immunisation clinic nurse
- serological confirmation of protection
- a certificate from the Australian Immunisation Register (AIR) maintained by Medicare
- other stamped/signed and dated evidence e.g., confirmation of a staff member's status from a confidential immunisation register such as:
  - the OMU's Immunisation Register
  - the Calvary Health Care Bruce Staff Health Department's Staffvax Database
  - an immunisation database maintained by an Australian state or territory Department of Health.

Further detail is provided in *Information Sheet 2: Checklist of Required Evidence of Protection* (see Attachment C).

Evidence of COVID-19 vaccination is only accepted in the form of an AIR immunisation history statement or AIR COVID-19 digital certificate (evidence of COVID-19 vaccination). For non-Australian citizens or residents who have received a COVID-19 vaccine overseas, please refer to the TGA's list of international COVID-19 vaccines recognised by Australia (available at: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia).

The OMU assessor must be satisfied that the evidence is from a legitimate source. Should a staff member present a vaccination record in a foreign language, it may be translated to English using the free translating service website provided by the Department of Home Affairs (https://translating.homeaffairs.gov.au/en) or the applicant may be asked to have it translated.

2.2.2 TB Assessment and Screening

The purpose of TB screening and assessment is to identify evidence of latent or active TB infection. All new Category A staff must complete the TB assessment tool via the CHS onboarding portal. CHS requires all staff members to submit a **negative TST or TB IGRA** (TB QuantiFERON) (see Definition of Terms) **within the last 36 months** as part of our broad-spectrum screening program.

The OMU will review the TB assessment tool and blood results submitted by the applicant and determine whether further screening is required by the DRSM or an appropriately accredited respiratory clinic (for a list of appropriately accredited chest clinics contact the OMU or DRSM). If further screening is required, the OMU will inform the applicant, along with the hiring manager of this requirement. It will be the applicant's responsibility to attend a clinic and obtain a 'clearance to work' certificate/letter before the OMU can update the individual's status to compliant in the CHS onboarding portal. If the applicant lives in the ACT, the OMU will refer the applicant to the DRSM.

2.2.3 Overseas applicants and TB

In July 2022, The Australian Government Department of Home Affairs amended the health examinations required for VISA applications to include chest-x-rays for anyone applying >15 years of age, and latent TB screening required for any person from a high risk country (see https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/what-health-examinations-you-need). This means if a candidate has applied for a Category A position and has gone through this VISA process, they have satisfied the screening requirements already and do not need to repeat it for the purpose of their employment. Candidates in this situation should still complete the TB assessment tool to rule out active TB.

These candidates will need to present to the DRSM within 2 months of commencing their employment with CHS for follow-up assessment and consultation. The OMU assessor will note this in the CHS onboarding portal and notify the DRSM.

2.3 Volunteers

In 2022, the Volunteer Programs were recategorised into Category A and Category B (see Attachment D- New Volunteer Categories). The requirements for a Category A volunteer were also reviewed and their mandatory vaccination and screening requirements, including TB assessment, were amended. The required evidence of protection against the nominated infectious diseases for Category A volunteers is listed in Table 2.

It is the responsibility of the Volunteer Service Coordinators to forward the completed *Form 1: Volunteers (Category A)* (see Attachment E) to OMU. OMU will assess the documents and send all correspondence to the Volunteer Service. The OMU will issue a Volunteer Certificate of Compliance (Attachment F) to the volunteer service coordinator on completion of the assessment. The OMU will not cover any costs for vaccination or serology for volunteer services.

Table 2: Vaccination/risk assessment required for Category A volunteers

Specified Infectious Diseases	Cat A	Evidence Required
SARS-Cov-2 (COVID-19) 2 doses	Required	TGA approved or recognised COVID-19 vaccine (in accordance with the ATAGI minimum intervals)
SARS-Cov-2 (COVID-19) 3 doses	Recommended	TGA approved or recognised COVID-19 vaccine (in accordance with the ATAGI minimum intervals)
Diphtheria	*Required	*One adult dose of dTpa within the past 10 years only for volunteers working in the division of Women, Youth and Children (dTpa recommended for all other volunteers)
Pertussis (Whooping cough)	*Required	
Tetanus	*Required	
Measles	Required	Two doses of MMR vaccine 4 weeks apart **or** positive IgG for measles, mumps **and** rubella **or** birth date before 1966
Mumps	Required	
Rubella (German Measles)	Required	
Varicella (Chicken Pox)	Required	Two doses of varicella vaccine 4 weeks apart (only one dose required if immunised at less than 14 years of age) **or** positive IgG for varicella-zoster **or** VZV PCR positive chickenpox or shingles infection
TB	Required	Risk assessment required (see Attachment E). For review by DRSM if at risk.
Influenza (Flu) (season dependent)	Recommended	Annual seasonal influenza vaccine
Hepatitis B (immunity)	Recommended	Age-appropriate course of HBV vaccination **and** anti-HBs 10IU/ml **or** anti-HBc and/or HBs antigen detected

2.4 Students (including non-CHS employees) on clinical placement

Students undertaking a clinical placement with CHS are considered to be new staff for the purpose of this procedure and therefore must complete the requirements in Section 2.2. A completed *Form 1: Category A Students* (see Attachment A) and evidence of protection against the specified diseases are to be submitted to the student's educational institution. Students who do not consent to participate in the assessment, screening and vaccination process will not be permitted to attend clinical placement.

Dental, medical, perioperative (scrub nurse) nursing and midwifery students are classed as Category A-EPP staff as they may be required to perform or assist with EPPs during their clinical placement and must provide information about their BBV status. These students will need to comply with EPP requirements as stipulated in Section 2.1.2. Students cannot request approval to abstain from the procedure.

The educational institution must:

- inform all students of the requirements of this procedure
- ensure that all students have completed all forms and have provided evidence of protection against the specified diseases
- indicate on the Student Placement Online database that the student has completed the requirements of this procedure
- if requested, provide the required status according to OASV requirements as outlined in *Information Sheet 2* (Attachment C) to OMU
- ensure the students do not commence clinical placements if they do not comply with the requirements of this procedure
- have a mechanism to provide further assessment and counselling for students who are unable to complete the requirements of this procedure.

2.5 Contracted Staff (e.g., cleaning services, agency staff)

It is the responsibility of the contracted company to ensure that all contracted staff in a Category A position comply with the mandatory screening and vaccination requirements set out in Table 1. Contracted staff cannot request approval to abstain from these requirements. CHS contracts will reflect this requirement.

The CHS staff member who has oversight of the contract must ensure the contracted company:

- informs all contracted staff of the requirements of this procedure
- ensures contracted staff do not work at CHS if they do not comply with the requirements of this procedure.

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Section 3 - Temporary Compliance and Unprotected Staff

If a staff member is not able to provide evidence of immunity or age-appropriate vaccination history to the specified infectious diseases, they are considered not compliant. They will be issued either an unprotected or temporary compliance certificate.

3.1 HBV- Temporary Compliance

The full adult-formulation hepatitis B vaccine is given in a 3-dose schedule. Post-vaccination serological testing is required 4-8 weeks after completing the vaccination course. This means that the minimum time to complete a course of HBV vaccine and serological testing can take

up to five months. This is in accordance with recommendations in the current edition of The Australian Immunisation Handbook. [2]

It is recognised that it may not be possible for some new staff (including students and non-CHS staff on clinical placement) to complete the HBV vaccination requirements prior to the commencement of their employment or first clinical placement. These new staff will be granted a 'Temporary Compliance – Vaccination Incomplete'. They are only to commence employment/placement if they have:

- completed all other vaccination requirements and consent to being managed as an unprotected staff member
- provided documented evidence that they have received at least the first dose of HBV vaccine
- agreed to complete the HBV vaccine course within the minimum possible timeframe and provide a post-vaccination serology result within 6 weeks of having completed the HBV vaccine course.

It is the staff member's responsibility to ensure they complete the vaccination course and have the serology testing conducted within the above time. CHS staff are eligible to have this completed in OMU but can choose to do this with their own healthcare provider.

A student's failure to complete the HBV vaccine course and provide a post-vaccination serology result within 6 weeks may result in suspension from attending further clinical placements in CHS facilities.

Educational institutions are responsible for advising students about the risks, preventative measures and appropriate procedures if they are exposed to blood or body fluids on clinical placement prior to having received a full course of HBV vaccine. See the *Management of Occupational Blood and Body Fluid Exposures Procedure* for more information.

3.1.1 HBV non-responders:

An HBV non-responder is a person who:

- is not infected with the virus
- has a documented history of an age-appropriate course of HBV vaccine
- has a current level of antibody to HBV surface antigen (anti-HBs) of <10 mIU per mL.

Persistent HBV non-responders must include in their evidence of protection documentation that they:

- are unprotected for HBV
- will minimise exposure to blood and body fluids
- understand the management in the event of exposure (including hepatitis B immunoglobulin with 72 hours of parenteral or mucosal exposure to HBV).

3.1.2 Temporary compliance for other specified infectious diseases (measles, mumps, rubella and varicella)

Whilst every effort should be made for all staff to meet all requirements, due to vaccine spacing requirement (e.g., any live vaccine requires 1 month in between doses) it is recognised that some hiring managers may require the staff member to commence employment sooner than the completion date of a vaccination course.

If a new recruit requires a vaccination for any other specified infectious disease in order to reach compliance against this procedure (e.g. MMR) and where there is a time required between completing a course (e.g. MMR-II vaccine requires at least 28 days between doses), the OMU assessor will undertake a risk assessment and if required, consult with the expert risk panel. If there is found to be minimal to no risk, the recruit will be provided with temporary compliance until the vaccination course is complete. This will be on a case-by-case basis.

In this instance:

- CHS recruitment will advise OMU that the staff member is required to commence before the vaccination course is complete.
- The staff member should only commence once they have received their first dose.
- It must be communicated to the hiring manager, CHS recruitment, OMU and the recruit when the vaccination course will be completed.
- The staff member will provide the evidence of completion to OMU.

3.2 Management of staff with a contraindication

A medical contraindication to vaccination is a medical condition or risk factor in a worker that makes receiving a specific vaccine potentially harmful, as assessed by a suitably qualified medical practitioner. Staff who are unable to be vaccinated due to a temporary or permanent medical condition are required to provide evidence of their circumstances, for example a medical certificate or AIR Immunisation Medical Exemption Form (available at https://www.servicesaustralia.gov.au/im011) from their doctor. They must also fill out *Form 2: Vaccine Non-responders and Staff with a Medical Contraindication to Vaccination* (see Attachment G).

The Expert Risk Assessment Panel may need to be consulted in certain circumstances along with appropriate decision makers such as the Executive Director. Each case will be assessed individually based on the role of the staff member and the nature of their clinical work. The hiring manager, recruitment officer and Executive Director will perform a risk assessment and complete a *Risk Management Plan for Unprotected Staff* (Attachment H) to issue an unprotected compliance certificate on a case-by-case basis.

3.2.1 Contraindication to the HBV vaccine

New recruits with a medical contraindication to the HBV vaccine may be employed in Category A positions, however they must:

- be directed to the *Management of Occupational Blood and Bodily Fluid Exposures Procedure* (available on the Policy and Guidance Documents Register)

- be provided with information regarding the risk and the consequences of HBV infection available on *Information Sheet 3* (Attachment B)
- provide evidence of the medical contraindication (e.g., letter from a doctor) and a signed *Form 2: Vaccine Non-responders and Staff with a Medical Contraindication to Vaccination* (Attachment G).

3.2.2 Contraindication to vaccines for diptheria, tetanus and pertussis (dTpa), measles, mumps and rubella (MMR), varicella-zoster virus (VZV) or COVID-19.
New staff (including students) applying for a Category A position/clinical placement who have a medical contraindication and cannot demonstrate dTpa, MMR, VZV or COVID-19 vaccination or proof of immunity must not be employed in a Category A position or attend a clinical placement until a risk assessment has been undertaken by the Expert Risk Assessment Panel and/or the Executive Director, and a Risk Management Plan for Unprotected Staff developed (see Attachment H).

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Section 4– Exceptional circumstances to permit employment of a Category A applicant without OMU processes

Exceptional circumstances may permit the commencement of employment of a Category A job applicant before they have met all the requirements of this procedure. Exceptional circumstances are limited to situations in which:

- the Category A job applicant delivers highly specialised work and there is a current workforce shortage in their area of expertise
- failure to employ the Category A job applicant would pose a genuine and serious risk to service delivery which is considered greater than the risk posed of not having met the requirements of this procedure.

Any such employment must only proceed with the written approval of the relevant Executive Director/Executive Group Manager/Executive Branch Manager (see Attachment I: *Executive Waiver*). Employment must only proceed within the framework of an individual risk management plan developed by the hiring manager and Executive in consultation with OMU and the Expert Risk Assessment Panel (if indicated or required), to protect the applicant, staff and consumers. The completed Risk Management Plan for Unprotected Staff (see Attachment H) must be forwarded to OMU.

It should be noted that granting this approval should be provided on the basis that all necessary efforts will then be made to meet all the requirements of this procedure as soon as possible.

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Evaluation

Outcome
CHS staff will meet the mandatory requirements for occupational assessment, screening and vaccination.

Measure
Staff compliance with vaccination requirements will be reviewed annually.

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Related Policies, Procedures, Guidelines and Legislation

Policies
- Nursing and Midwifery Board of Australia (NMBA) Requirements for Practice
- Work Health and Safety
- Recruitment

Procedures
- Infection Prevention and Control
- Healthcare Workers Living with Blood Borne Viruses or Performing Exposure Prone Procedures and at Risk of Exposure to Blood Borne Viruses
- Control of Tuberculosis
- Department of Respiratory and Sleep Medicine Registered Nurse Initiated X Rays (NIX) for Adults and Children
- Recruitment
- Patient Identification and Procedure Matching
- Management of Occupational Blood and Body Fluid Exposures

Legislation
- *Work Health and Safety Act* 2011
- *Health Records (Privacy and Access) Act* 1997
- *Medicines, Poisons and Therapeutic Goods Act* 2008
- *Public Health Act* 1997
- *Human Rights Act* 2004

Other
- Australian Charter of Healthcare Rights

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References

1. Australian National Guidelines for the Management of Healthcare Workers Living With Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses (2018). Communicable Diseases Network Australia. https://www.safetyandquality.gov.au/sites/default/files/2019-06/nat-guidelines-work-bbv.pdf)

2. Australian Immunisation Handbook (2018). National Health and Medical Research Council. https://immunisationhandbook.health.gov.au/

3. Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010). National Health and Medical Research Council. http://www.nhmrc.gov.au/guidelines-publications/cd33

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Definition of Terms

Expert Advisory Panel	A committee that determines the ability of a BBV infected staff members to perform all duties of their position and work in high-risk clinical areas.
HBV non-responder	A non-responder is a person without HBV infection who has a documented history of age-appropriate primary course of HBV vaccine, but with a current anti-HBs level <10mIU/mL.
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IgG	Immunoglobulin G
IGRA	Interferon gamma release immunoassay, a laboratory blood test used to identify people infected with TB. This test does not distinguish between LTBI and TB disease.
LTBI	Latent TB infection. This is the presence of TB infection without TB disease.
PCR	Polymerase Chain Reaction

TB	Tuberculosis, an infection primarily caused by *Mycobacterium tuberculosis.*
TST	Tuberculin Skin Test, a diagnostic tool used to identify people infected with TB. TST is not a test for immunity and does not distinguish between LTBI and TB disease.

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Search Terms

Vaccine, immunisation, screening, EPP, BBV, Hepatitis, vaccination, chickenpox, measles, mumps, pertussis, whooping cough, HIV, Rubella, Tuberculosis, blood borne virus, meningococcal, recruitment, staff, OMU

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Attachments

Attachment A – Form 1: Category A Students
Attachment B – Information Sheet 3: Specified Infectious Diseases: Risks, Consequences of Exposure and Protective Measures
Attachment C – Information Sheet 2: Checklist of Required Evidence of Protection
Attachment D – New Volunteer Categories
Attachment E – Form 1: Volunteers (Category A)
Attachment F – Volunteer Certificate of Compliance
Attachment G – Form 2: Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine
Attachment H – Risk Management Plan for Unprotected Staff – Category A
Attachment I – Executive Waiver

Disclaimer: *This document has been developed by Canberra Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Canberra Health Services assumes no responsibility whatsoever.*

Policy Team ONLY to complete the following:

Date Amended	*Section Amended*	*Divisional Approval*	*Final Approval*
01/03/2023	*Complete review*	*Kellie Lang, ED of NMPSS*	*CHS Policy Committee*
23/03/2023	*Amended to include new CHS onboarding portal*	*Leanne Muir, ADON NMPSS*	*CHS Policy Team*
31/03/2023	*Section 3.1 amended to meet updated AIH handbook*	*Leanne Muir, ADON NMPSS*	*CHS Policy Team*

This document supersedes the following:

Document Number	*Document Name*
CHHS17/233	*Occupational Screening Assessment and Vaccination*

Attachment A – Form 1: Category A Students

Form 1 – Category A Students

ACT Government | Canberra Health Services

Participation in Occupational Assessment, Screening and Vaccination (OASV)

This form is for students on clinical placement with Canberra Health Services (CHS) who are required to participate in the assessment, screening and vaccination process as part of their Category A position. Please read the Occupational Assessment, Screening and Vaccination Procedure (available at: https://www.canberrahealthservices.act.gov.au/about-us/policies-and-guidelines) to understand your mandatory requirements.

Please complete the form in full and follow the steps on page 2 to complete your compliance requirements. Attach all required evidence as instructed. Once complete, return the form and attached evidence to your educational institution.

Your Personal Details (please print):		
▲ Surname	▲ First Name	▲ Gender
▲ Date of birth	▲ Telephone / Mobile	▲ Email
Print Name	Signature	Date

Note: If you are a known vaccine non-responder and/or have a medical contraindication to a vaccine, please also complete and submit the Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine form (available from HR on request).

Please follow the below steps to complete your compliance:

Step 1:
Provide evidence of up to date (two (2) doses) mandatory TGA approved **COVID-19 vaccinations**.
Step 2:
Provide evidence of a **Diphtheria, Tetanus, Pertussis** (dTpa) vaccination within the last 10 years.
Step 3
Complete the **Tuberculosis (TB) screening and assessment** form (Attachment A). Follow the instructions on the form if further screening is required.

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Form 1 – Category A Students

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Step 4:

Provide evidence of protection against the following infections (only one [1] form of evidence is required, except for Hepatitis B):

- **Measles, Mumps, Rubella:**
  - Evidence of being born in or before 1966
    OR
  - Two (2) doses of the measles mumps and rubella vaccine
    OR
  - Blood test result with detected IgG antibody for measles, mumps AND rubella.

- **Varicella Zoster Virus (VZV) - chickenpox/shingles**
  - Two (2) doses of VZV vaccine
    OR
  - Blood test result with detected IgG antibody for VZV
    OR
  - Result with detection of VZV taken from a swab of a chickenpox or shingles rash.

- **Hepatitis B:**
  - Blood test confirming anti-HBs greater than or equal to 10mIU/mL (or documented evidence of anti-HBc or HBS antigen)
    AND
  - Documented evidence of x3 Hepatitis B vaccinations (please inform OMU if you are unable to provide this evidence and why).

NOTE: If you cannot locate evidence of vaccination, **please book an appointment** with your GP to be immunised and/or for the required blood tests to prove your immunity.

Step 5:

Once you have completed the Steps 1-4, please email the completed form, and attached documentation and evidence collected from steps 1-4 to your educational institution.

Exposure Prone Procedures (EPPs):

EPPs are invasive procedures where there is potential for direct contact between the skin and sharp objects (surgical instruments, needles, sharp tissues, spicules of bone or teeth etc.) in body cavities or in poorly visualised sites including the mouth. Professions that perform EPPs include but are not limited to the following: surgeons, midwives, obstetricians, trauma physicians and nurses and all medical, dental and midwifery students.

Students who perform EPPs must take reasonable steps to know their Blood Borne Virus (BBV) status at commencement of their clinical placement and undergo testing for HIV, HCV, and HBV at least once every three years as set out in the National Guidelines. Each year, healthcare workers who perform EPPs make a declaration to the Australian Health Practitioner Regulation Agency (AHPRA) at the time of annual registration renewal, stating that they are compliant with the National Guidelines.

Form 1 – Category A Students

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Attachment A: Tuberculosis (TB) Assessment Tool

You must complete this form if you are a student commencing clinical placement.

High incidence of TB means a TB Incidence of ≥ 40 cases per 100,000 persons. Before completing this form, review the list of countries with a high incidence on the NSW Health website (https://www.health.nsw.gov.au/Infectious/tuberculosis).

Are you an overseas applicant? Please tick:	☐ Yes ☐ No
If yes and immigrating from a high-risk country, please complete the below screening tool and attach the TB clearance information required for your VISA purposes (chest x-ray and TB QuantiFERON (blood test). Please note, you will be required to follow-up with the CHS Department of Respiratory and Sleep Medicine at 2 months from the commencement of your employment. You must contact the Health Undertaking Service (HUS) within 4 weeks of your arrival in Australia (see https://immi.homeaffairs.gov.au/form-listing/forms/815.pdf for further information).	

Part 1 – Screening Questions

Risk Assessment

1. What is your country of birth? _____
2. Is this a country of high incidence? ☐ Yes ☐ No
3. What date did you arrive/when is your intended arrival date in Australia: _____
4. Have you ever travelled or in lived in any of the high-risk countries listed in the link above for a cumulative period of more than 3 months? ☐ Yes ☐ No
5. Have you had a known household contact, or close contact (more than 8 hours) with someone who has suffered from TB? ☐ Yes ☐ No
6. Have you ever worked in a high risk setting for TB (respiratory physician, work in TB clinic, bronchoscopy, mortuary or respiratory/chest clinics, bronchoscopy suites and mortuaries, or laboratory scientists working with *Mycobacterium tuberculosis* culture)?
   ☐ Yes ☐ No

Current Symptom Assessment

1. Do you currently have any of the following symptoms?

▸ Cough for longer than 2 weeks	☐ Yes	☐ No
▸ Fever	☐ Yes	☐ No
▸ Haemoptysis (blood in sputum	☐ Yes	☐ No
▸ Night sweats	☐ Yes	☐ No
▸ Recent unexplained weight loss	☐ Yes	☐ No

Form 1 – Category A Students

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2. Have you ever had a positive tuberculin skin test (TST) or interferon gamma release assay/TB QuantiFERON (IGRA) in the past or been treated for active TB or Latent TB?
   ☐ Yes ☐ No

If you answered "Yes" to any of the above, go no further. You MUST have a clinical review & clearance by CHS Department of Respiratory & Sleep Medicine in order to gain compliance with the OASV Procedure. Please contact Community Health Intake to book in on (02) 5124 9977.

DRSM office use: If answered yes, candidates will require clearance from DRSM. Please send a copy of clearance to OMU so a compliance certificate can be issued.

Part 2: Required Evidence

ALL new staff and students require either a TST **OR** an interferon gamma release assay/TB QuantiFERON (IGRA) (blood test) within the last 3 years. TSTs must be done by the Department Respiratory & Sleep Medicine or another appropriately accredited respiratory clinic (for a list of other appropriate clinics contact OMU on ph. 5124 2323). IGRA must be conducted by a National Association of Testing Authorities Australia accredited laboratory.

There are 2 options for accessing a TB TST or IGRA (blood test):

1. See your GP and ask for an IGRA Serology test
2. Contact the Department of Respiratory and Sleep Medicine at CHS via Community Health Intake on 5124 9977 to book a TST.

Please attach this evidence along with your other vaccination, immunisation and serology information.

Please note: Periodic TB re-screening is required for staff with frequent exposure to tuberculosis as outlined in Information Sheet 2: Checklist of Required Evidence of Protection (available from https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Occupational-Medicine-Unit.aspx). Please read this information sheet to find out if this applies to you.

For OMU office use: if candidate answered no to all and IGRA/TST negative result attached, provide compliance certificate. For any candidates that answer "yes," await DRSM clearance.

If the candidates are applying from overseas, please ensure they provide their details from their Visa application and provide a compliance certificate with caveat that they must present to DRSM for a review 2 months after commencing employment.

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Attachment B – Information Sheet 3: Specified Infectious Diseases: Risks, Consequences of Exposure and Protective Measures

Information Sheet 3 – Category A Staff Members

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Specified Infectious Diseases: Risks, Consequences of Exposure and Protective Measures

Refer to the current edition of The Australian Immunisation Handbook for further information about the specified infectious diseases. The current edition is available online at: https://immunisationhandbook.health.gov.au/.

Below is a brief description of the specified infectious diseases, which has been taken from the NSW Health A-Z Infectious Diseases website (available at: https://www.health.nsw.gov.au/Infectious/diseases/pages/default.aspx

Specified Infectious Diseases	
Diphtheria	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. **Management in the event of exposure**: https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/diphtheria
Hepatitis B (HBV)	Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/ needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at-risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. **Management in the event of exposure**: see the Management of Occupational Blood and Body Fluid Exposures Procedure at: https://www.canberrahealthservices.act.gov.au/about-us/policies-and-guidelines
Hepatitis C (HCV)	Blood-borne viral disease. Affects the liver. Is transmitted through blood-to-blood contact. There is treatment that can cure some people, depending on the type of HCV they have. People can have the virus for many years, and some may develop serious liver disease. **Management in the event of exposure**: see the Management of Occupational Blood and Body Fluid Exposures Procedure at: https://www.canberrahealthservices.act.gov.au/about-us/policies-and-guidelines
Human Immunodeficiency Virus (HIV)	Blood-borne viral disease. HIV damages the body's immune system, which makes it more difficult to fight off infections and some cancers. Most people have mild symptoms or no symptoms when they are first infected. Some people develop a flu-like illness with fever, sore throat, swollen glands or a rash a few weeks after being infected. These symptoms usually disappear without treatment after a few days. This is called the seroconversion illness. After the initial illness, people with HIV infection usually have no symptoms, despite the virus living in the body. Specific at-risk groups include: men who have sex with men; people from a country that has high rates of HIV; people who inject drugs; people who have had tattoos or other piercings overseas using unsterile equipment.

Information Sheet 3 – Category A Staff Members

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	Management in the event of exposure: see the Management of Occupational Blood and Body Fluid Exposures Procedure at: https://www.canberrahealthservices.act.gov.au/about-us/policies-and-guidelines
Measles	Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1st dose and children over 4 years of age who have not had a 2nd dose. **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/measles
Mumps	Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, for example, swelling of testes or ovaries; encephalitis or meningitis may occur rarely. **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/mumps
Pertussis (Whooping cough)	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a "whoop" sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/pertussis-whooping-cough
Rubella (German Measles)	Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/rubella
Seasonal Influenza (Flu)	Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch (e.g., handshake). Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally, occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/tetanus

Information Sheet 3 – Category A Staff Members

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Tuberculosis (TB)	A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract, or anyone who was born in or has lived or travelled for more than 3 months in a high TB incidence country (for a list of high incidence countries see https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx) **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/tuberculosis
Varicella (Chicken pox)	Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. **Management in the event of exposure**: see https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/varicella-chickenpox

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Attachment C – Information Sheet 2: Checklist of Required Evidence of Protection

Information Sheet 2 – Category A Staff / Students

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Checklist of Required Evidence of Protection

Category A staff (including students on clinical placement) are required to provide evidence of protection against specified infectious diseases. Staff must provide this evidence via the CHS onboarding portal and students must complete Form 1: Participation in Occupational Assessment, Screening and Vaccination. Acceptable evidence is set out in Table 1 of the Occupational Assessment, Screening and Vaccination Procedure and includes:

- a written record of vaccination signed and dated by a medical practitioner or immunisation clinic nurse
- serological confirmation of protection
- a certificate from the Australian Immunisation Register (AIR) maintained by Medicare
- other stamped/signed and dated evidence e.g., confirmation of a staff member's status from confidential immunisation registers such as:
    - the Occupational Medicine Unit's (OMU's) Immunisation Register
    - the Calvary Health Care Bruce Staff Health Department's StaffVax Database
    - an immunisation database maintained by an Australian state or territory Department of Health.

Evidence of COVID-19 vaccination is only accepted in the form of an AIR immunization history statement or AIR COVID-19 digital certificate (evidence of COVID-19 vaccination). For non-Australian citizens or residents who have received a COVID-19 vaccine overseas, please refer to the Therapeutic Goods Administration's (TGA's)list of international COVID-19 vaccines recognized by Australia (https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia).

Post vaccination serological testing

Post-vaccination serological testing is only required for Hepatitis B. In some circumstances Canberra Health Services may require serological evidence of protection for other specified diseases, for example, if a vaccination record does not contain the vaccine brand and batch number or official certification from the vaccination provider (clinic/practice stamp).

Staff performing exposure prone procedures (EPPs) – Category A-EPP

EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the staff member) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. During EPPs, there is an increased risk of transmitting blood borne viruses (BBVs) between staff and patients.

Staff performing EPP are expected to be aware of their BBV status. Testing is recommended every 3 years for:

Hepatitis B: HBs Antigen (in addition to anti-HBs for immunity)

HIV: HIV Antibody/Antigen

Information Sheet 2 – Category A Staff / Students

ACT Government | Canberra Health Services

Hepatitis C: HCV Antibody.

Tuberculosis (TB) assessment, screening, and clinical review

The purpose of TB screening and assessment is to:

- establish if an individual has evidence of latent TB infection (LTBI)
- diagnose and treat active cases of TB
- establish baseline health with tuberculin skin test (TST) or interferon release assay (IGRA) (i.e., TB QuantiFERON) and/or chest X-ray.

All Category A staff (new and existing) must submit a completed Tuberculosis (TB) Assessment Tool, including evidence of TB screening with a TST or IGRA, via the CHS onboarding portal. Students must complete the TB Assessment Tool as part of Form 1: Participation in Occupational Assessment and Screening.

A TST must be conducted by an appropriately accredited respiratory clinic such as the Canberra Hospital Department of Respiratory and Sleep Medicine (DRSM) (ph. 02 5124 9977). For a list of other appropriate clinics contact OMU on ph. 5124 2321. IGRA must be conducted by a National Association of Testing Authorities Australia accredited laboratory.

A TB clinical review by an appropriately accredited respiratory clinic (including DRSM at The Canberra Hospital) is required for new or existing staff/students that:

- have symptoms suggestive of active TB
- have had household or close unprotected contact with a person with TB
- have lived/travelled for a cumulative time of ≥ 3 months in a country with an incidence of TB of ≥ 40 cases per 100,000 persons and have returned to employment within three months of return from travel (see the list of countries with high incidence of TB available on the NSW Health Website at https://www.health.nsw.gov.au/Infectious/tuberculosis)
- work in high-risk areas (Table 2)
- have had a positive TB screening test (TST >5mm or indeterminate/positive IGRA).

Periodic TB Screening

The frequency of periodic TB screening and assessment by the DRSM will depend on whether staff are considered to be working in a high, medium, or low risk clinical area as set out in Table 2.

Information Sheet 2 – Category A Staff / Students

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Table 1 – Documented evidence of protection against the specified infectious diseases required from Category A Staff/applicants/students

Disease	Evidence of Vaccination	Serology Results	Other Evidence
Diphtheria, Tetanus, Pertussis	☐ One adult dose of diphtheria/tetanus/ pertussis vaccine (dTpa) within the last 10 Years*	Serology will NOT be accepted	Not applicable
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine *A verbal history and written declaration are acceptable if all attempts fail to obtain a vaccination record.*	☐ Anti-HBs greater than or equal to 10mIU/mL	☐ Documented evidence of anti-HBc or HBS antigen
Varicella zoster (Chicken pox/shingles)	☐ 2 doses of varicella vaccine at least one month apart *Evidence of one dose is sufficient if the person was vaccinated before 14 years of age.*	☐ Positive IgG for varicella.	☐ VZV PCR confirmed chickenpox or shingles
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart.	☐ Positive IgG for measles, mumps, and rubella.	☐ Birth date before 1966.
Tuberculosis screening (TB) (if required)	Not applicable.	☐ Interferon Gamma Release Assay (IGRA)-TB QuantiFERON.	☐ Tuberculin skin test (TST).
Influenza (Flu)	☐ Annual influenza vaccination highly recommended	Not applicable	Not applicable

AND / OR / OR / OR / OR / OR

COVID-19	☐ 2 doses TGA approved COVID-19 vaccine (at minimum intervals as specified by the Australian Technical Advisory Group on Immunisation).	Not applicable	Not applicable

*ADT vaccine doesn't contain pertussis and is not counted as evidence of vaccination for diphtheria/tetanus/pertussis.

Table 2 – Ongoing Periodic Tuberculosis Screening

Risk	Examples	Frequency
High – manage > 3 people with infectious TB per year	Chest clinic staff, bronchoscopy suite staff, laboratory workers handling cultures of tuberculosis, mortuary attendants	Annually
Medium – manage 1-3 people with infectious TB per year	Respiratory ward/clinic doctors, nursing staff, physiotherapists and technicians, infectious diseases physicians	Five yearly
Low – do not routinely manage people with infectious TB	All other staff	No routine periodic screening

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Attachment D – New Volunteer Categories

New Volunteer Categories - OASV

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Risk exposure categories for volunteers	
Category A - volunteers (new)	Volunteers who have contact with patients are required to participate in the occupational assessment, screening and vaccination procedure as outlined below: • Tuberculosis screening – volunteers complete the risk assessment tool in the procedure but do not require routine TST/quantiferon unless they are identified as having a high risk on the risk assessment tool. • Diphtheria, tetanus, pertussis – required every 10 years for volunteers working in Division of Women Youth and Children or other areas where they have regular contacted with pregnant women and infants due to this population being vulnerable. • Measles/Mumps/Rubella (MMR) – if volunteer born on or before 1966 then no screening/immunisation required; if volunteer born after 1966 then should have 2 doses of MMR (check for contraindications). • Varicella Zoster – volunteers should have documented evidence of past chickenpox or shingles infection (clinical, antibodies OR PCR result) or two doses of VZV (check for contraindications). • SARS-CoV-2 vaccines - volunteers should have evidence of up to date COVID vaccinations.
Category B (existing)	Volunteers who have no contact with patients or blood, body substances or infectious material. Category B volunteers are not required to participate in the occupational assessment, screening and vaccination procedure. This is because they have no greater risk of exposure to the specified infectious diseases than the general community. These volunteers will need evidence that they are up to date with SARS-CoV-2 vaccinations.
CHS volunteer program categorisation examples – depending on specific tasks to be allocated some volunteers may be assessed as being in the alternate category	
Category A - volunteers	• Cardiology program • Clown Doctors program • CRCC – BreastScreen ACT • CRCC - Transport Drivers program • CRCC - Trolley program* • CRCC - Hand/Foot Massage program • CRCC - Ward 14A & 14B program • CRCC - Palliative Care* • Emergency program • ICU program • ISS Patient Survey program • JP Service program (CHS & UCH) • P.A.R.T.Y – CHS program Spiritual Support Services program • Starlight Express Room program • Ward 7A program WY&C - Community Health Centre program • WY&C - NICU Partnering with Parents program (Pilot) • WY&C Patch program (Storytime & Trolley) • Veterans Lounge program • Pilot Program - Lounge Areas Levels 3 & 6
Category B	• Auxiliary Shop program • Auxiliary Trolley Service program* • Auxiliary Flower Service program* • Auxiliary Library Service program* • Community Dialysis (CCDC) Tea Round program • CHF Donation Station program • DonateLife Program • Good Omen Goodeze program • P.A.R.T.Y – Outreach program • Talkback program • Wayfinding Guides program (TCH & UCH)

* Volunteer programs not currently active

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Attachment E – Form 1: Volunteers (Category A)

Form 1 – Category A Volunteer

ACT Government | Canberra Health Services

Participation in Occupational Assessment, Screening and Vaccination (OASV)

This form is for volunteers at Canberra Health Services (CHS) who are required to participate in the assessment, screening and vaccination process.

Please complete the form in full and follow the steps on page 2 to complete your compliance requirements.

You will then need to return the completed form to the Volunteer Service Coordinator.

Your Personal Details (please print):

▲ Surname	▲ First Name	▲ Gender
▲ Date of birth	▲ Telephone / Mobile	▲ Email
▲ Volunteer Program		▲ Volunteer Services Coordinator

If you are a known vaccine non-responder and/or have a medical contraindication to a vaccine, please also complete and submit the Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine form (available from the volunteer service coordinator).

▲ Print Name	▲ Signature	▲ Date

1

Form 1 – Category A Volunteer

ACT Government | Canberra Health Services

Please follow the below steps to complete your compliance:

Step 1:
Provide evidence of up to date (two (2) doses) mandatory TGA approved **COVID-19 vaccinations**. This evidence can be found easily on your Medicare profile.
Step 2:
Provide evidence of a **Diphtheria, Tetanus, Pertussis** (dTpa) vaccination within the last 10 years if working in the division of Women, Youth and Children. If you don't have this evidence, please book a booster with your GP (see step 4).
Step 3
Complete the **Tuberculosis (TB) screening and assessment** form (see p3). The Volunteer Service Coordinator will review this form and let you know if you need further screening.
Step 4:
Provide evidence of protection against the following infections (only one [1] form of evidence is required, except for Hepatitis B): • **Measles, Mumps, Rubella:** o Evidence of being born in or before 1966 OR o Two (2) doses of the measles mumps and rubella vaccine OR o Blood test result with detected IgG antibody for measles, mumps AND rubella. • **Varicella Zoster Virus (VZV) - chickenpox/shingles** o Two (2) doses of VZV vaccine OR o Blood test result with detected IgG antibody for VZV OR o Result with detection of VZV taken from a swab of a chickenpox or shingles rash. • **Hepatitis B:** Evidence may be required if working in the Division of Allied Health. The CHS Volunteer Coordinator will notify you if you are required to provide this evidence. o Blood test confirming anti-HBs greater than or equal to 10mIU/mL (or documented evidence of anti-HBc or HBS antigen) AND o Documented evidence of x3 Hepatitis B vaccinations (please inform OMU if you are unable to provide this evidence and why). NOTE: If you cannot locate evidence of vaccination, **please book an appointment** with your GP to be immunised and/or for the required blood tests to prove your immunity.
Step 5:
Once you have completed the Steps 1-4, please email the completed form, and attached documentation and evidence collected from steps 1-4 to your educational institution.

2

Attachment F – Volunteer Certificate of Compliance

Category A Volunteer

ACT Government | Canberra Health Services

CERTIFICATE OF COMPLIANCE

Full Name:	Click or tap here to enter text.
Date of birth:	Click or tap to enter a date.
Designation Area/ Location:	Click or tap here to enter text.

For the above-named person, the Occupational Medicine Unit have sighted and approved all provided evidence of vaccination and/or immunity to:

- ✓ Measles, Mumps and Rubella
- ✓ Varicella
- ✓ Diphtheria, Tetanus & Pertussis (If working in Division of Women, Youth and Children)
- ✓ COVID-19

This certificate confirms compliancy with the mandatory requirements of a Category A volunteer including participation in Tuberculosis (TB) risk assessment

Future Vaccination and Screening Requirements

- Diphtheria-Tetanus-Pertussis (dTpa) vaccine (every 10 years, if working in Division of WY&C)
  due by: Click or tap to enter a date.

Click or tap here to enter text. Issued:
Registered Nurse

Occupational Medicine Unit
02 5124 2321
CHSOMU@act.gov.au

Attachment G – Form 2: Vaccine Non-Responders and Staff with a Medical Contraindication to a Vaccine

Form 2 – Category A Staff Members

ACT Government | Canberra Health Services

Vaccine non-responders and staff with a medical contraindication to a vaccine

You must complete this form if you are a Category A staff member and you are a vaccine non-responder or have a medical contraindication to the administration of a vaccine. Attach documented evidence of your circumstances (e.g., record of vaccination and post vaccination serology). If you have a medical contraindication, attach evidence of your condition.

Return this completed form and evidence of your circumstances to the Occupational Medicine Unit (CHSOMU@act.gov.au) (for staff) or your educational institution (for students) as soon as possible.

Only complete this form if you are a vaccine non-responder or have a medical contradiction to a vaccine.

Your Personal Details (please print):

▲ Surname	▲ First Name	▲ Gender
▲ Date of birth	▲ Telephone / Mobile	▲ Email
▲ Work Area & Job position	▲ AGS	▲ Managers Name

I am a vaccine non-responder to/am unable to be vaccinated against the following vaccine-preventable diseases:

☐ HBV – Hepatitis B	☐ Diphtheria	☐ Measles
☐ Varicella	☐ Tetanus	☐ Mumps
☐ Influenza	☐ Pertussis	☐ Rubella
☐ COVID-19		

☐ I understand CHS will manage me as an unprotected staff member.

☐ I understand to contact the Occupational Medicine Unit on (02) 5124 2321 or my primary healthcare provider if I have any concerns about immunity status.

▲ Print name	▲ Signature	▲ Date

Acknowledgement of Country

Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. We acknowledge and respect their continuing culture and contribution to the life of this city and region.

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Attachment H – Risk Management Plan for Unprotected Staff – Category A

Risk Management Plan
Unprotected Category A Staff

ACT Government | Canberra Health Services

Risk Management for Unprotected Staff – Category A

First name	Last name	Job designation/ACT Health division (e.g. Registrar, Midwife student)

The above-named staff member has been assessed as **UNPROTECTED** to the following Infectious Diseases according to the Canberra Health Services (CHS) Occupational Assessment, Screening and Vaccination procedure:

- ☐ Measles
- ☐ Mumps
- ☐ Rubella
- ☐ Varicella
- ☐ Diphtheria, tetanus, pertussis
- ☐ Hepatitis B
- ☐ COVID-19

a) The staff member has been approved by the candidate's line manager under the following risk management framework: If the healthcare facility has suspected or proven case(s) of above-mentioned infectious disease to which the staff member is unprotected, the staff member and direct line manager must consult with Infection Prevention and the Occupational Medicine Unit (OMU) immediately if the staff member has been in contact with a case of the above-mentioned infectious disease to which they are unprotected. The unprotected staff member may require exclusion from work on the recommendation of the OMU or Infection Prevention Control Unit according to the Infection *Prevention and Control Procedure*. If excluded from work the staff member must follow the exclusion period outlined in the *Prevention and Control Procedure*.

b) The unprotected staff member must be excluded from the healthcare facility until assessed by a medical practitioner to be non-infectious if he/she:
   - Develops a fever (measles).
   - Develops a new unexplained rash (measles/rubella/varicella-zoster).
   - Develops a coughing illness (measles/pertussis).

The above-named staff member must also be aware of the procedures related to the practice of standard and transmission-based precautions within CHS to reduce the risk of exposure to blood, body fluid and other infectious material, and that post exposure prophylaxis or treatment may be available following exposure to the above-mentioned infectious disease to which the staff member is unprotected.

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Risk Management Plan
Unprotected Category A Staff

ACT Government | Canberra Health Services

This approval requires review by (insert date):_____

(For temporary contraindications or medical exemptions to vaccination, insert date when contraindication is likely to cease or when vaccination course is due to be completed)

▲ Expert Risk Assessment Panel Member (if consulted) (name, position & signature)	▲ Date
▲ Manager or delegate of staff (name, position & signature)	▲ Date
▲ Staff member signature	▲ Date

Copies: Staff member, Staff member's Manager, and OMU

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Attachment I – Executive Waiver

Executive Waiver

ACT Government | Canberra Health Services

Executive Director (ED)/Executive Group Manager (EGM)/Executive Branch Manager (EBM) Approval for Candidate to Commence Employment with Pending Screening/Vaccination Compliance Certificate

Please complete the details below for the candidate who requires approval from the ED/EGM/EBM to commence work pending a Screening/Vaccination Compliance Certificate from the Occupational Medicine Unit (OMU) being issued.

First Name	
Surname	
Division/Area	
Classification	
Start Date	
Reporting Manager	

Exceptional circumstances may permit the commencement of employment of an applicant before they have met all the requirements of the Occupational Assessment Screening and Vaccination Procedure. Please select one or both of the options below to permit an applicant to commence employment with a pending screening/vaccination compliance certificate from OMU:

- ☐ The applicant delivers highly specialised work and there is a current workforce shortage in their area of expertise.

  and/or
- ☐ Failure to employ the applicant would pose a genuine and serious risk to service delivery which is considered greater than the risk posed of not having met the requirements of this procedure.

Approval is provided on the basis that all necessary efforts will then be made to meet all the requirements of this procedure as soon as possible. The applicant has been directed to complete screening/vaccination requirements by (insert date):_____/_____/_____

▲ Name of Requesting Officer		▲ Date
Approved: ☐ Yes ☐ No		
▲ Name of ED/EGM/EBM	▲ Signature	▲ Date

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