

STAFF VACCINATION PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- NSW Health Policy Directive PD2011_05 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases requires mandatory compliance.
- Transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in staff, patients and other users of the health system as well as others in the community.
- The PD provides a framework for immunisation and screening of health care workers, other clinical personnel, volunteers and students to minimise the risk of transmission of these diseases. The PD:
 - Identifies the mandatory requirements for occupational assessment, screening and vaccination against specified infectious diseases.
 - Details two risk categories and the protection required for each category.
 - Identifies the specified infectious diseases and the acceptable evidence required to demonstrate protection.
 - Details the requirements for the management of unprotected and unscreened staff including short-term and long-term management options.
- The following procedure identifies:
 - Responsibility for determining risk categories
 - Vaccination details
 - Recruitment requirements
 - Staff records

Related Information

- Work Health Safety (WHS) and Injury Management (IM) Policy
<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2013-9040.pdf>

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st October 2016	Review Period: 3 years
Team Leader:	Manager	Area/Dept: Work Health & Safety

CHANGE SUMMARY

This document has been reviewed to:

- clearly define the responsibilities held at various levels of the organisation for ensuring compliance with the staff vaccination requirements contained in PD2011_05
- document the existing processes to be adhered to by all staff with responsibility for ensuring compliance with PD2011_05.

READ ACKNOWLEDGEMENT

- All staff should be aware of this document.
- Managers and other staff engaged in recruitment should read and acknowledge this document.

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1 Staff Vaccination

The transmission of vaccine preventable diseases has the potential to serious harm in the healthcare setting. The Sydney Children's Hospital Network (SCHN) has a duty of care under work health and safety legislation to control (minimise) this risk.

2 Purpose/Scope

This procedure has been developed to guide compliance with the NSW Health Policy Directive [PD2011_005 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases](#). The policy is aimed at minimising the risk to employees and others coming into SCHN places of work from acquiring vaccine preventable diseases and tuberculosis.

Note: In addition to the NSW Health policy the following SCHN specific requirements shall apply.

This procedure has application across the SCHN.

3 Responsibilities

Candidate/Worker

The candidate or worker has a responsibility to provide evidence of vaccination compliance and complete TB assessment upon request. They must also comply with the terms of a conditional offer of employment.

Compliance Assessor

It is the responsibility of the compliance assessor to review a candidate/worker's evidence of vaccination compliance or TB assessment and make recommendation regarding suitability for employment. This is documented on the two sided SCHN compliance form.

Department Heads

Department Heads are responsible for ensuring:

- the risk category for each position under their control is assessed and documented on each position description.
- employees commencing work on a "conditional offer" of employment comply with the conditions imposed by that contract.

Recruitment Officer (Workforce)

Ensure no candidate is offered a position prior to vaccination and TB compliance assessments being completed and a clearance to hire is received from the compliance assessor.

4 Abbreviations and definitions

CHW – Children's Hospital Westmead

PD – Position Description

PD2011_005 - NSW Health Policy Directive PD2011_05 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

SCH – Sydney Children’s Hospital

SCHN – Sydney Children’s Hospital Network

Compliance Assessor

An appropriately trained registered nurse or medical officer with responsibility for assessing candidate/employee compliance with PD2011_005

Risk Category

Is the exposure risk a position is assessed as i.e. either category A or B

Vaccine Preventable Diseases

See Appendix I

Worker

Means an employee, volunteer or student.

5 Related Documents

- PD2011_005 - NSW Health Policy Directive PD2011_05 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases
 - Form 1 – [New Recruit Undertaking/Declaration](#)
 - Form 2 – [Tuberculosis \(TB\) Assessment Tool](#)
 - Form 3 – [Student Undertaking/Declaration](#)
- [Recruitment, Selection and Appointment of Staff \(Non-Medical\) Procedure](#)
- [Recruitment and Selection of Staff Policy](#)
- Evidence of Protection Against Specified Infectious Diseases and TB Screening Form

6 Procedure

Prior to recruitment a position description (PD) must be developed for the role. Each position description shall be classified with a risk category.

6.1 Risk Categorisation

Department Heads shall be responsible for assessing a worker’s activity within their areas to determine the risk category that applies to each position. One of the following two risk categories shall apply:

Category A

Contact with clients (patients) or contact with blood, body substances or infectious material.

Category B

No contact with clients (patients) or blood or body substances.

The risk category shall be identified on the PD. For positions where there is uncertainty, a risk assessment of the related work activities shall be conducted to determine the allotted risk category.

Note: Volunteers shall also have their roles classified by risk category.

6.2 Recruitment

All new employees, volunteers, students and employees transferring to new roles must demonstrate vaccination and tuberculosis (TB) compliance applicable to the Risk Category (A or B) for the role which they have applied in accordance with PD2011_005.

6.2.1 Assessment of Vaccination and TB Compliance Evidence

Both internal and external candidates for a position shall be provided the following vaccination and TB compliance assessment form for completion and return as part of the recruitment process:

- Form 1 new recruit undertaking/declaration
- Form 2 tuberculosis(TB) assessment tool

Employees in Risk Category A positions shall be vaccinated in accordance with NSW Health policy requirements. Employees in Risk Category B positions do not require vaccination however; both categories are subject tuberculosis (TB) screening which may indicate a requirement for BCG vaccination. Tuberculin skin testing or chest x-ray (Please see Appendix II – Compliance Screening Process Non Volunteers)

Risk assessments related to staff health may identify activities that require additional vaccination and/or screening to those identified in the policy for Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases. Such additional requirements shall be provided to affected employees free of charge.

Note: Where a candidate cannot provide evidence of the required vaccination compliance because of extenuating circumstance e.g. medical records no longer available due to the vaccinating medical practitioner's retirement, then a signed statement from the candidate is required outlining the circumstances and listing the vaccination(s) that they clearly recall compliance with. However, it should be noted that the Compliance Assessor may determine that additional vaccination and or serology is required prior to an offer of employment.

Volunteers

Volunteers are provided with the forms:

- Evidence of Protection Against Specified Infectious Diseases and TB Screening for completion by their nominated medical practitioner
- Form 2 – Tuberculosis (TB) Assessment Tool to be completed by the volunteer.

The completed forms are returned to the volunteer manager for the relevant area. Volunteers must be 100% compliant with the requirements of their risk category prior to commencement. (Please see Appendix III – Compliance Screen Process Volunteers)

6.2.2 Student Placement

The Educational Institution seeking to place a student must provide SCHN with a copy of the students completed assessment forms:

- Form 2 – Tuberculosis (TB) Assessment Tool
- Form 3 – Student Undertaking/Declaration.

The SCHN officer responsible for the placement shall assess these forms along with evidence of protection against the infectious diseases specified in PD2011_005.

6.2.3 Assessment of Compliance

The compliance assessor shall review all evidence of vaccination and TB compliance as an integral part of the recruitment process. This shall be documented on the double sided SCHN form TB Compliance Assessment Form and side two Vaccination Compliance Assessment form. No offer of employment shall be made until clearance is granted by the compliance assessor.

6.2.4 Conditional Offers of Employment

It may be impractical for some candidates to complete the hepatitis B vaccinations and serology or (if indicated) TB screening and vaccination requirements prior to appointment. In this circumstance Category A candidates may be given a conditional offer of employment if they have completed as a minimum the first hepatitis B vaccination and all other vaccination requirements prior to commencement.

A candidate either Category A or B may also be given a conditional offer of employment subject to them undergoing further TB screening which may include TST testing, or chest x-ray.

Note: Candidates who accept a conditional offer of employment must complete the remaining hepatitis B vaccinations and obtain serology within the required timeframe or they may void the offer of employment. Similarly candidates who accept a conditional offer of employment and require additional TB follow-up must complete those requirements within the specified timeframe or they may void the offer of employment.

Specific detail on the [recruitment process](#) can be found on the intranet. Risk to Service Delivery

In certain circumstances, it may be argued that a genuine and serious risk to service delivery would result from reassignment of an unprotected/unscreened staff member or from failure to appoint an unprotected/unscreened person to a frontline clinical position. In these circumstances, the Chief Executive has the discretionary power to vary the requirements of the directive, on a case-by-case basis. (See Section 3.8 of [PD2011_005 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases](#) for greater detail and guidance.)

6.3 Health Records

Employee Health Records

A health file is created and maintained for each employee for the purpose of recording of immunisation, TB status and any other staff health related matter e.g. exposure management

(this does not include workers compensation). These records shall be maintained as confidential and separate from normal staff employment files. These files may over time be supplemented by the use of a staff health data base as that technology becomes available.

Workforce Services in conjunction with the Work Health Safety & Injury Management Department (WHSIM) shall create and compile the new employee staff health files.

Note: The Nurse Manager Workforce at the Children's Hospital Randwick shall create, update and maintain staff health files for nursing staff at that campus.

Volunteer Health Records

The relevant Volunteer Manager shall create a volunteer health file for each volunteer for the purpose of recording of immunisation, TB status and any other volunteer health related matter. These records shall be maintained as confidential and separate from normal volunteer engagement files. These files may over time be supplemented by the use of a health data base as that technology becomes available.

6.4 Compliance Costs

The costs associated with establishing vaccination and TB compliance prior to engagement is to be paid for by the candidate. Similarly, if a conditional offer of employment is made and accepted the new employee must comply with those conditions at their own expense. Employees and volunteers already engaged that are assessed as requiring additional vaccinations and or serology shall have those vaccinations and serology provided by the SCHN at no cost.

6.5 Vaccination Clinic

At SCH- see CHESS at POW

At CHW- see staff Health at Staff health office/first aid Room, level 1 Opp Chinese gardens. Available Monday- Friday 0730-1530

7 References

NHMRC: The Australian Immunisation Handbook 10th Edition 2015.

[http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/7B28E87511E08905CA257D4D001DB1F8/\\$File/Aus-Imm-Handbook.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/7B28E87511E08905CA257D4D001DB1F8/$File/Aus-Imm-Handbook.pdf)

Appendix I – Vaccine Preventable Diseases Information

Hepatitis B

Hepatitis B is a vaccine preventable disease. Hepatitis B is an acute infection caused by the hepatitis B virus. Around 30% of infected adults develop acute symptoms with jaundice, signs and symptoms of liver involvement and raised liver enzymes. Diagnosis is by demonstrating hepatitis B surface antigen in the patient's blood, which is usually cleared in 3 to 6 months. Failure to clear hepatitis B surface antigen is associated with the chronic carrier state and a significant risk of liver damage. In hospitals, high infection rates of hepatitis B may occur in certain groups e.g. dentists, laboratory staff, staff and patients in dialysis units. Hepatitis B virus is mainly transmitted in developed countries from blood transfusions (now rare in Australia), the use of shared syringes and exposure to infected blood (e.g. from needlestick incidents). In the general community, transmission may occur via sexual intercourse or by the sharing of such items as razors, needles, towels or toothbrushes. A course of Hepatitis B vaccinations consists of 3 intramuscular injections given over a 6-month period (0, 1 and 6 months). Booster doses are not recommended if there is documented post vaccination serology demonstrating adequate anti-HBs antibodies (>10IU/mL) or serological evidence of past infection.

Influenza

Influenza viruses can cause major epidemics of respiratory diseases and individuals whose medical condition makes them vulnerable to the disease may die of pneumonia (viral pneumonitis or secondary bacterial pneumonia) or cardiac decompensation. The vaccine is strongly recommended for staff and in particular those caring for immunocompromised children and children with cyanotic congenital heart disease. The currently available vaccine confers about 70% protection against strains of virus represented in the vaccine and against many related variants for about one year. Low levels of protection may persist for a further year if the prevalent strain remains the same or undergoes only minor antigenic drift. Therefore to provide continuing protection annual vaccination is essential.

Varicella (Chicken Pox)

Varicella (chicken pox) is a highly contagious disease caused by Varicella zoster virus. It is airborne and is spread by direct contact with respiratory secretions or vesicle fluid. It is usually a mild disease of short duration in healthy children; however, it is more severe in adults and can cause serious and even fatal illness in immunosuppressed people of any age.

MMR (Measles, Mumps, Rubella)

MMR vaccine is a live vaccine for immunisation against measles, mumps and rubella.

Measles is often a severe disease, frequently complicated by otitis media (7%) and bronchopneumonia (6%) and 2-10 cases per 10,000 of reported encephalitis that can be fatal or cause permanent brain damage.

Mumps is characterised by parotid swelling with rare complications of nerve deafness, orchitis and subsequent sterility or symptomatic involvement of other glands.

Rubella is generally a mild infectious disease but can be complicated by arthritis, arthralgia and in rare cases by neurological disorders and thrombocytopenia. Maternal rubella infections in the first trimester of pregnancy results in foetal damage in a significant

proportion of pregnancies and multiple defects are common. The risk of foetal damage diminishes with the length of pregnancy.

Recent evidence suggests that 2 doses of MMR vaccine are required to give protection against measles. Therefore to protect both staff and patients against outbreaks of measles, mumps and/or rubella it is recommended that Category A health care workers born since 1966 have documented evidence of 2 doses of MMR. Staff who are pregnant or may become pregnant within 3 months should not have MMR vaccine.

Tetanus

Tetanus is an acute, often fatal disease caused by the toxin produced by *C. tetani*. The neurotoxin acts on the central nervous system to cause muscle rigidity with painful spasms. Tetanus can develop after apparently trivial, even unnoticed wounds and tetanus has rarely ever been reported in people who have been adequately immunised.

A fully vaccinated person is one who has:

- received a full course of 3 doses of tetanus vaccine as an adult OR
- Vaccinated in childhood and received at least 2 routine booster 10 years apart as a teenage or adult and a further dose at age 50.

Note: After the initial tetanus series, booster vaccinations are recommended every 10 years. This should be given as dTpa which also provides protection against pertussis and diphtheria.

Diphtheria

Diphtheria is an acute illness caused by *Corynebacterium diphtheriae*. The exotoxin acts locally on the mucous membranes of the respiratory tract to produce an adherent pseudomembrane. Systemically the toxin acts on cells of the myocardium, nervous system and adrenals. (In the early 1900, prior to the use increasing use of diphtheria vaccine, diphtheria caused more deaths in Australia than any other infectious disease. Sporadic cases continue to occur in unvaccinated individuals).

Pertussis (Whooping Cough)

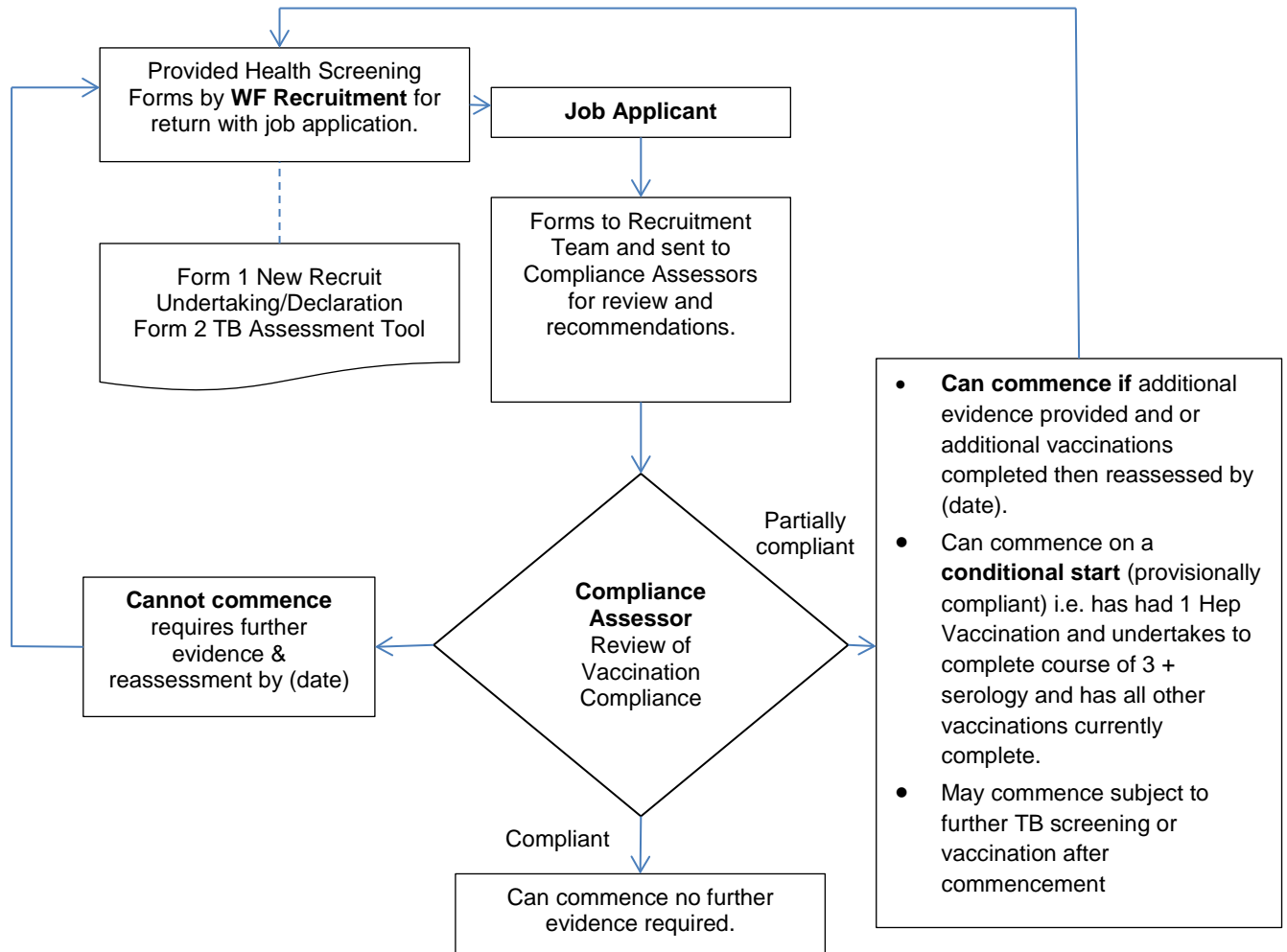
Pertussis (whooping cough) is an epidemic bacterial respiratory infection that is highly infectious spread by respiratory droplet. It is characterised by paroxysmal cough with inspiratory whoop. The cough may persist for up to 3 months and is often associated with vomiting. The disease can cause death, particularly in preterm infants, as a result of pertussis pneumonia, sometimes complicated by seizures and encephalopathy.

More information, refer to site specific pertussis documents

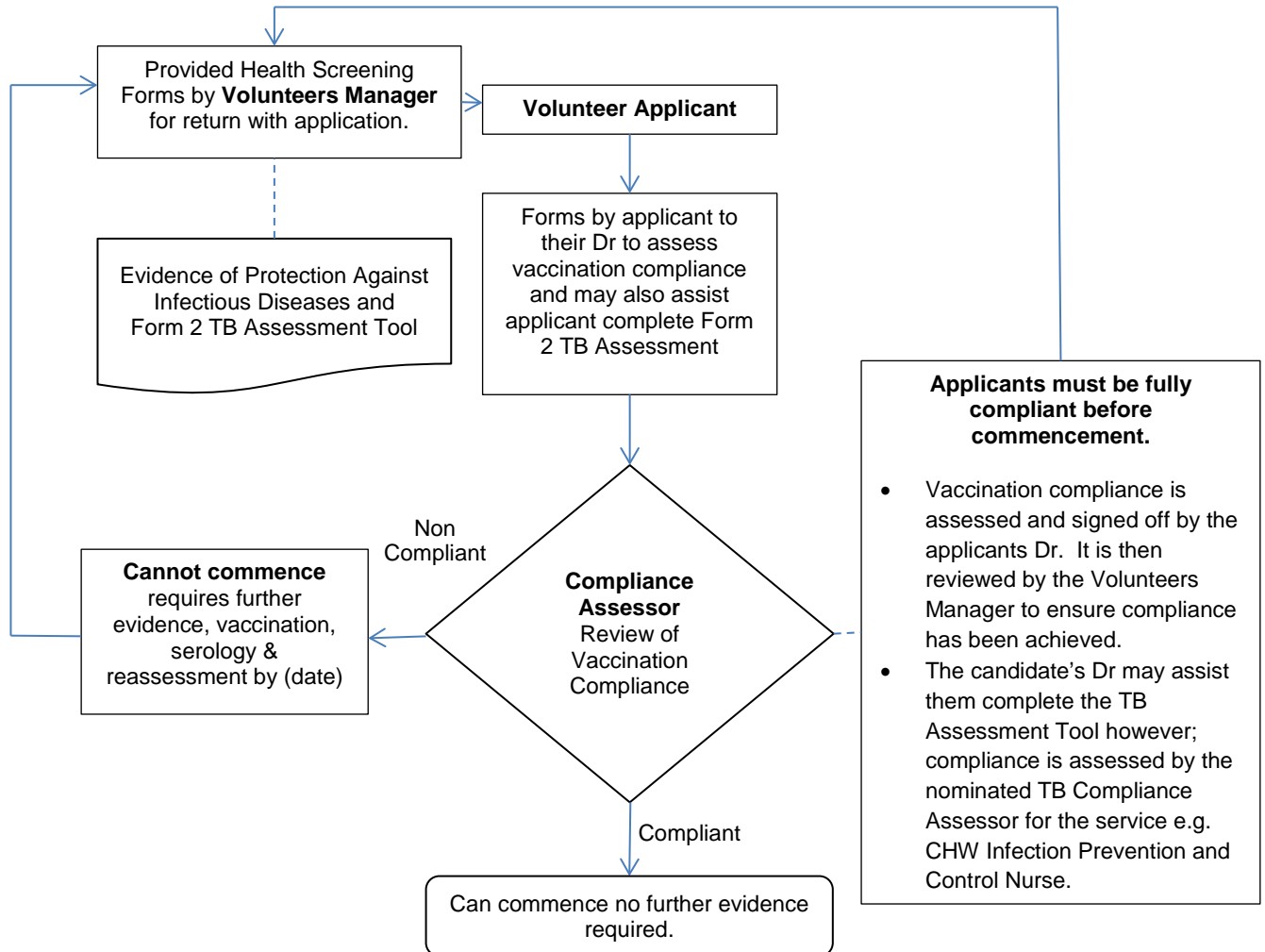
Hepatitis A, Typhoid, and Meningococcal Vaccines

Hepatitis A, Typhoid and Meningococcal Vaccines are only available to Microbiology, Virology and Histopathology staff free of charge because of the inherent risks of working in a these Laboratories.

Appendix II – Compliance Screening Process (Non Volunteers)



Appendix III – Compliance Screening Process Volunteers



Appendix IV – Managing Conditional Offers of Employment

