ACT EMERGENCY SERVICES AGENCY

OCCUPATIONAL ASSESSMENT, SCREENING AND VACCINATION AGAINST SPECIFIED INFECTIOUS DISEASES

ACT AMBULANCE SERVICE

DOCUMENT INFORMATION

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1. DEFINITION OF TERMS

Term	Definition
ACTAS	ACT Ambulance Service.
Assessment	The evaluation of a person's prior exposure/level of protection against the specified infectious diseases covered in this procedure by appropriately trained clinical personnel.
ACTAS Content Manager	Database that enables ACTAS to record immunisation information and compliancy status for all members.
Australian Immunisation Register (AIR)	A national register that records vaccines given to all people in Australia.
BBFE	Blood and Body Fluid Exposure.
BBV	Blood borne viruses (BBV) are viruses that are transmitted by exposure to infected blood and include Hepatitis B, Hepatitis C, and Human Immunodeficiency virus (HIV).
CGU	Clinical Governance Unit.
Compliant	The status applied to members who have completed or striving to complete the vaccination requirements of this procedure.
Evidence of protection	Includes a record of vaccination, and/or serological confirmation of protection, and/ or other evidence. All evidence of protection must be provided as specified in APPENDIX A 'Evidence of Protection'.
Exposure prone procedure (EPP)	Clinical practices where there is a risk of injury to the worker resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.
HBV	Hepatitis B is an infectious disease that affects the liver, it is a type of viral hepatitis. Infection can be both acute and chronic. Primarily transmitted via contact with infected bodily fluids (blood, semen, vaginal fluids).
HCV	Hepatitis C is an infectious disease that primarily affects the liver, potentially leading to severe liver damage, cirrhosis, liver cancer, and failure. Primarily transmitted through contact with infected blood.

Term	Definition
HIV	Human Immunodeficiency Virus attacks the immune system (specifically T cells). If left untreated can lead to AIDS. Transmitted through certain body fluids of an existing HIV person.
Immunisation	A process by which a person becomes protected against a disease through vaccination.
Infectious diseases	Illnesses that are transmissible by the spread of microorganisms from person to person either directly or indirectly.
Influenza Season	From 1 June to 30 September inclusive, unless another period is determined by the Chief Health Officer, ACT Health based on seasonal influenza epidemiology or the appearance of a novel influenza strain.
IPCO	Infection Prevention and Control Officer
Member	For the purposes of this procedure, a member means each of the following: a) All persons who are employed in ACTAS, b) Students on placement, d) Any other persons directed to comply with this procedure, where indicated by the nature of their engagement, work and risks associated with infectious diseases.
New member	A person who is applying for a position with ACTAS on a permanent, temporary or casual basis.
Non-compliant worker	A worker who has failed to provide evidence of protection or an accepted medical contraindication as required under *Section 6* Risk Categorisation and APPENDIX A 'Evidence of Protection'.
Student	All students who undertake placements within ACTAS.
Specialist Assessment	A clinical assessment and review of the person or their medical record by a specialist medical practitioner to substantiate a claim of medical contraindication to vaccination.
TB	Tuberculosis.
Unprotected	The person is not compliant with the screening and vaccination requirements of this procedure and is therefore classed as susceptible to infection, and/or poses a risk of transmitting one or more of the specified infectious diseases. Such risks are managed as per an individual risk management plan for the worker (Refer to *Section 12* Risk Management (Excluding the Influenza Vaccination Requirements).

Term	Definition
	This also includes members who are temporarily compliant, medically contraindicated or hepatitis B non-responders. Refer to APPENDIX A 'Evidence of Protection'.
Vaccination	The act of introducing a vaccine into the body to produce protection from a specific disease.
Vaccination record	Includes an Immunisation History Statement from the Australian Immunisation Register (AIR), a childhood immunisation record (such as a Personal Health Record 'blue book') or a letter from a doctor (on practice letterhead).
Vaccine non-responder to hepatitis B vaccine	A person who has been fully vaccinated against hepatitis B according to APPENDIX A 'Evidence of Protection', but who has not developed protective antibodies.
VISA	Official endorsement on passport, which allows the holder to enter, leave or stay in a country for a specified period of time.

2. PURPOSE

2.1 To detail the requirements for occupational assessment, screening and vaccination for ACTAS members and students and to minimise the risk of transmission of specified infectious diseases between members, consumers and others.

3. SCOPE

3.1. This procedure applies to all ACTAS members, which includes clinical and administrative members and students on clinical placement. This procedure aligns with the Justice and Community Safety Directorate (JACS) immunisation policy. JACS Immunisation Policy.pdf

3.2. Compliance with this procedure is essential and applies to all ACTAS members and other listed parties.

4. BACKGROUND

4.1 ACTAS has a duty of care to consumers and obligations for employees under the *Work Health and Safety Act 2012*, the *Workers Rehabilitation and Compensation Act 1988*, the *Public Health Act 1997* and their associated regulations. This procedure outlines the roles and responsibilities of ACTAS to ensure this occurs.

4.2. Transmission of BBV's in the health care setting such as influenza, measles, rubella, varicella, pertussis, hepatitis B and COVID-19, have the potential to cause serious illness and avoidable death in members, consumers and other users of the health system.

4.3. A risk based, coordinated immunisation program is required under Standard 3 Preventing and Controlling Infections Standard of the National Safety and Quality Health Service Standards Guide for Ambulance Health Services.

4.4. The Australian Immunisation Handbook lists the immunisations recommended for people who work in health care. This procedure will not necessarily exclude members from employment with ACTAS on the basis that they have a medical contraindication to a vaccination, are a vaccine non-responder or are known to be infected with a BBV, however work restrictions may apply.

5. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Chief Officer ACTAS	• Authorise this procedure and any changes.
General Managers (CGU and Operations)	• Responsible for member compliance to this procedure.
AM2 Managers (Operations)	• Responsible for executing and implementing members risk management plans. • Ensuring members with a temporary medical contraindication or exemption, present to the IPCO for reassessment at the conclusion of the temporary exemption (see *Section 12)*.
Recruitment, Education and Training	• Ensure this procedure is incorporated into all members' recruitment processes. • Manage and inform the IPCO of exceptional circumstances as they arise (e.g. students with medical contraindications and vaccine non-responders) • Advise members, new members and students about risks, preventative measures and appropriate procedures in exceptional circumstances.
IPCO	• IPCO to update SOP and provide subject matter expertise.
ACTAS Members	• Comply with this procedure, within the limitations of their scope of practice as authorised by the Chief Officer.
Provider of Occupational Assessment, Screening and Immunisation	• Vaccination - Capability and authority to deliver vaccines listed on the National Immunisation Schedule as well as specific vaccinations as determined by future operational requirements. • Screening - Antibody screening to assess baseline immunisation status against the National Immunisation Schedule and service-specific vaccination requirements. • Providing a catch-up vaccination plan for members, giving priority to those working with high-risk groups or high-risk areas. • Records Management - Maintain and manage records in line with the Health Records (Privacy and Access) Act 1997 | Acts . • Submit records into the Australian Immunisation Register (AIR). • Provide reports to ACTAS on members immunisation status, records of refusal, and requests for exemption.

Role	Responsibilities
	• Provide records to ACTAS for uploading into ACTAS Content Manager.

INSTRUCTION

6. RISK CATEGORISATION

6.2. CATEGORISATION

6.2.1. Members are categorised according to the likelihood of exposure to infectious people and/or body substances. This categorisation is role specific and based on risk of exposure (*Figure 1*). All Position Descriptions when advertised, must include the designated risk category of the position.

Figure 1

INFORMATION SHEET 1. – Risk categorisation guidelines

Category A

Protection against the specified infectious diseases is required

Direct physical contact with:
- patients/clients
- deceased persons, body parts
- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)

Contact that would allow the acquisition or transmission of diseases that are spread by **respiratory means**. Includes persons:
- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be **Category A**, regardless of duties.

High risk client groups
- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

High risk clinical areas
- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories

All health care students are Category A.

Category B

Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community

- Does not work with the high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.
- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.

6.3. CATEGORY A MEMBERS

6.3.1. Category A members have direct contact with patients and/or blood, body substances or infectious materials. This includes students on clinical placement.

6.3.2. Includes members in non-clinical support roles who may visit clinical areas on a regular basis or encounter contaminated surfaces and materials as part of their regular duties.

6.3.3. Category A members are required to participate in the occupational assessment, screening, and vaccination procedure.

6.3.4. ACTAS Category A positions/roles:

- Intensive Care Paramedic (ICP)
- ICP/Extended Care Paramedic (ECP)
- Ambulance Paramedic (AP)
- AP2/ECP
- Graduate Paramedic Intern
- Patient Transport Officer
- Communications Centre (due to ride-a-longs)
- Operational Support.

6.3.5. HCV and HIV requirements:

- It is the members responsibility to know their own HCV and HIV status by having a blood test for HCV antibody and HIV antibody.
- Members **do not** need to inform ACTAS of their status.
- If a member is HCV and/or HIV antibody **positive**, they must seek confidential medical career advice from an infectious disease's specialist.
- No documentation is required for ACTAS. For further information refer to: (Australian national guidelines for the management of healthcare workers living with, or exposed to, blood-borne viruses).

6.4. CATEGORY A MEMBERS – EXPOSURE PRONE PROCEDURES

6.4.1. EPPs are invasive procedures with potential for direct contact between the skin of the member and sharp objects (surgical instruments, needles, sharp tissues, spicules of bone or teeth) in poorly visualised or confined body sites or cavities. 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 (cannulation or intramuscular injection), are not considered EPPs.

6.4.2. During EPPs, there is an increased risk of transmitting BBVs between members and consumers. Members who perform EPPs must know their BBV status at commencement of employment and undergo testing for HBV, HCV and HIV at least once every three years as set out in the National Guidelines (Australian national guidelines for the management of healthcare workers living with, or exposed to, blood-borne viruses).

6.4.3. Members who hold a Flight Intensive Care Paramedic position are sub-classified as Category A-EPP. This is due to their scope of practice including finger thoracostomy.

6.4.4. 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 Australian national guidelines for the management of healthcare workers living with, or exposed to, blood-borne viruses.

6.5. CATEGORY B

6.5.1. Category B members have no contact with patients or blood, body substances or infectious material.

6.5.2. Category B members 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.

7. VACCINATION EVIDENCE REQUIREMENTS

7.2. SPECIFIED INFECTIOUS DISEASES

7.2.1. All Category A members must provide evidence of immunisation against, or screening for the specified infectious diseases listed in Table 1.

7.2.2. Vaccination requirements will be maintained in accordance with The Australian Immunisation Handbook.

7.2.3. Specific vaccination requirements may be required in accordance with Public Health directives.

7.2.4. Specific vaccination requirements may be required for members undertaking specialised roles and/or deployments in accordance with directives from the Chief Officer.

7.3. APPROPRIATE EVIDENCE OF PROTECTION AGAINST INFECTIOUS DISEASES

7.3.1. A written record of vaccination signed and dated by a medical practitioner or immunisation clinic nurse (refer to ACTAS Vaccination Record Certificate of Compliance).

7.3.2. Serological confirmation of protection.

7.3.3. A certificate from the AIR maintained by Medicare.

7.3.4. Other stamped/signed and dated evidence e.g., confirmation of a member's status from a confidential immunisation register, such as: an immunisation database maintained by an Australian state or territory Department of Health.

7.3.5. Further detail is provided in APPENDIX A 'Evidence of Protection'.

7.3.6. TB screening: Members that have not previously, and all new members are required to complete the ACTAS Tuberculosis (TB) Assessment Tool. Results of the questionnaire may determine that further testing is required. This will be advised by the contracted provider of occupational assessment, screening and immunisation or the IPCO. Additional guidance is provided in APPENDIX B 'TB Assessment Decision Support Tool'.

7.3.7. 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 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 ACTAS Tuberculosis (TB) Assessment Tool to rule out active TB.

7.3.8. The provider of occupational assessment, screening and immunisation and the IPCO must be satisfied that the evidence is from a legitimate source. Should a 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 or the applicant may be asked to have it translated.

7.4. ANNUAL INFLUENZA VACCINATION PROGRAM

7.4.1. All Category A members/new members and Category B members are strongly recommended to receive a seasonal influenza vaccine. Immunisation for members will occur during the influenza season by 1 June each year. This includes students while attending placement with ACTAS at the time that the influenza vaccination is being offered to members. Students are responsible for arrangement of their own influenza vaccine prior to commencement of placements.

7.4.2. ACTAS must make vaccines available for members on a rotating roster and publicise the vaccination program.

7.4.3. The vaccine should be administered during work hours, for example, during a range of shifts of a day and a week.

7.4.4. Detailed information on the influenza vaccine (including side effects) must be provided.

7.4.5. *Section 10.5* Medical contraindications to influenza vaccine and *Section 11.3* Management of members who abstain from influenza vaccination requirements, provides information on the management of members with contraindications and non-compliance with influenza vaccination requirements.

7.5. COVID-19 VACCINATION

7.5.1. All members and new members are strongly recommended to stay up-to-date with COVID-19 vaccinations as recommended for their age and health status by The Australian Immunisation Handbook.

7.5.2. ACTAS must publicise to members, recommendations related to COVID-19 vaccinations.

7.5.3. Where ACTAS is aware of members who are at risk of severe illness from COVID-19 infection; support, education and counselling should be offered to the workers. This should focus on management of health and safety in the workplace, education about additional COVID-19 vaccination recommendations, testing early if they develop symptoms indicative of COVID-19 and early antiviral treatment options. These members must have an individual risk assessment performed, including their level of risk, working environment and individual risk management plan developed that identifies available risk mitigation strategies. ACTAS Individual Risk Management Plan

7.5.4. 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 Therapeutic Goods Administration (TGA), list of

international COVID-19 vaccines recognised by Australia (International COVID-19 vaccines recognised by Australia).

Table 1 – Documented evidence of protection against the specified infectious diseases required from Category A Members/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 AND *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 OR	☐ Documented evidence of anti-HBc or HBS antigen
Varicella zoster (Chicken pox/shingles)	☐ 2 doses of varicella vaccine at least one month apart OR *Evidence of one dose is sufficient if the person was vaccinated before 14 years of age.*	☐ Positive IgG for varicella. OR	☐ VZV PCR confirmed chickenpox or shingles
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart. OR	☐ Positive IgG for measles, mumps, and rubella. OR	☐ Birth date before 1966.
Tuberculosis screening (TB) (if required)	Not applicable.	☐ Interferon Gamma Release Assay (IGRA)-TB QuantiFERON. OR	☐ Tuberculin skin test (TST).
Influenza (Flu)	☐ Annual influenza vaccination highly recommended	Not applicable	Not applicable
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.

8. ASSESSMENT, SCREENING AND VACCINATION REQUIREMENTS

8.2. INFECTION PREVENTION AND CONTROL OFFICER (IPCO)

8.2.1. Where there is no contracted provider of occupational assessment, screening and immunisation, the IPCO becomes responsible for assessing the evidence provided for all Category A member's protection against the specified infectious diseases (see *section 7*).

8.2.2. The IPCO will ensure that the contracted provider of occupational assessment, screening and immunisation, meet the requirements to perform such tasks as outlined within The Australian Immunisation Handbook.

8.2.3. The IPCO will promote awareness of the occupational assessment, screening and immunisation requirements through new member orientation sessions and IPC training sessions.

8.2.4. The IPCO will manage exceptional circumstances (such as workers with medical contraindications, vaccine non-responders and abstaining members) where required in conjunction with the members Operational Manager. Expert advice from Infectious Disease Consultants will be sought where required.

8.2.5. The IPCO will manage ACTAS' Content Manager in accordance with *section 14*.

8.3. RECRUITMENT, EDUCATION AND TRAINING

8.3.1. The member and/or team responsible for position descriptions, job advertisements and all areas of recruitment, must ensure the following are met:

- All current and new member position descriptions are required to be risk categorised according to the risk of occupational exposure to the specified infectious diseases (Category A or B) and requirement for EPPs (Category A-EPP). The category must be included within the position description at the time of advertisement (see *section 6*).
- Ensure all job advertisements and information kits for applicants include reference to this procedure and associated attachments required to be completed.
- Completed attachments by new members, required as part of employment are provided to the IPCO for assessment and uploading into ACTAS' Content Manager.
- Ensure all job advertisements for positions that involve EPPs include reference to the Australian national guidelines for the management of healthcare workers living with, or exposed to, blood-borne viruses.
- Ensuring that new members, including laterals are only accepted for appointment if they comply with the requirements of this procedure.

8.3.2. During an application process the IPCO will review the required assessment, screening and vaccination forms for candidates who have progressed through the written application stage.

8.3.3. It is the IPCO's responsibility to inform the recruitment panel of applications that do not meet the minimum assessment, screening and vaccination requirements.

8.3.4. A member who has returned from a break in service, is responsible for ensuring they meet the requirements of this procedure and therefore able to attain a new certificate of compliance.

8.3.5. The Education team is responsible for ensuring orientation to ACTAS includes new members and student's responsibility to follow this procedure.

8.4. MEMBERS

8.4.1. All members in a Category A position must participate in the assessment, screening and vaccination process to provide evidence of protection against the specified diseases per *Section 7*.

8.4.2. Requirements will be deemed as met by members, upon completion of the ACTAS Vaccination Record Certificate of Compliance.

8.4.3. Members assessed as not having met all requirements (because they are vaccine non-responders or have a medical contraindication to a vaccination or are yet to complete their vaccination course) will be managed as an unprotected member as per *Section 10 and 11*.

8.4.4. Should a Category A or Category A-EPP member choose to abstain from the requirements, they must take responsibility for their decision. Appropriate documentation outlining their decision is required for uploading into ACTAS' Content Manager. These members will then be managed as unprotected members per *Section 11*, subject to approval by the Chief Officer.

8.4.5. Category A-EPP members must meet the extra requirements as per *Section 6.4*.

8.4.6. Members that are infected by a BBV must not perform EPPs unless approved to do so by the Chief Officer following expert medical review through the contracted provider of occupational assessment, screening and immunisation or an ACTAS approved medical practitioner.

8.4.7. A Category B member who applies for and is recommended for a Category A position, or who is eligible to be moved into a Category A position must meet the Category A screening and vaccination requirements. The member cannot elect to abstain from this procedure under these circumstances.

8.4.8. A Category A member who applies for and is recommended for a Category A-EPP position, or who is eligible to be moved into a Category A-EPP position must meet the Category A-EPP requirements per *Section 6.4*. The member cannot elect to abstain from this procedure under these circumstances.

8.4.9. Compliant members who are due for a diphtheria, tetanus and pertussis (dTpa) booster must be vaccinated before the recommended 10-year interval, with costs to be met by the member when there is no contract provider. Those who do not meet this vaccination requirement must be managed in accordance with *Section 11*.

8.5. NEW MEMBERS

8.5.1. Applicants who are found suitable for a Category A or Category A-EPP position must participate in the assessment, screening and vaccination process and submit evidence during the application process as per APPENDIX A 'Evidence of Protection'. Commencement of the successful applicant will be subject to compliance with vaccination requirements of their role.

8.5.2. New Category A-EPP applicants must provide evidence against extra requirements per *Section 6.4*.

8.5.3. New applicants for Category A-EPP positions who are infected with a BBV are still eligible, subject to approval from the Chief Officer following expert medical review through the contracted provider of occupational assessment, screening and immunisation or advice from an infectious disease consultant.

8.5.4. Successful applicants assessed as not having met all requirements (because they are vaccine non-responders or have a medical contraindication to a vaccination or are yet to complete a vaccination course) will only be offered an employment contract if they consent to being managed as an unprotected member with an ACTAS Individual Risk Management Plan.

8.6. STUDENTS AND NON-ACTAS EMPLOYEES

8.6.1. Students and non-ACTAS employees (including observers completing 'ride-a-long' shifts) seeking to undertake clinical placements with ACTAS are considered new members for the purposes of this procedure.

8.6.2. Students must meet the requirements per *Section 6.3*. Students who elect to abstain from the requirements will not be eligible to undertake clinical placements.

8.6.3. ACTAS is not responsible for assessing student compliance. This is undertaken by the educational institution and communicated to ACTAS' Education Unit.

8.6.4. The Education Unit must:

- Ensure evidence is provided to ACTAS from the educational institution or, ensure the student completes a Student and Non-ACTAS Employee Declaration.

8.6.5. Provide student evidence to the IPCO for input into ACTAS' Content Manager.

- Ensure the student does not commence clinical placements if they do not comply with the requirements of this procedure.
- Refer the student back to the educational institution should they not comply with the requirements of this procedure.

8.6.6. Students assessed as not having met all requirements (because they are vaccine non-responders or have a medical contraindication to a vaccination or are yet to complete a vaccination course) will only be eligible to undertake clinical placements if they consent to being managed as an unprotected member.

8.6.7. Non-employees seeking to undertake clinical placements (or 'ride-a-long' shifts) must provide evidence of meeting the requirements of this procedure, by completing the

Student and Non-ACTAS Employee Declaration. This is required prior to commencing placement.

8.7. CONTRACTED MEMBERS (E.G CLEANING SERVICES, MAINTENANCE MEMBERS)

8.7.1. It is the responsibility of the contracted company to ensure that all contracted members in a Category A position comply with the mandatory screening and vaccination requirements (set out in *Table 1*).

8.7.2. Contracted members cannot request approval to abstain from these requirements.

8.7.3. All future ESA ACTAS contracts will reflect this requirement. ESA member who has oversight of the contract must ensure the contracted company:

- Informs all contracted members of the requirements of this procedure.
- Ensures contracted members do not work at ACTAS facilities if they do not comply with the requirements of this procedure.

9. ASSESSMENT, SCREENING AND VACCINATION COSTS

9.2. CATEGORY A MEMBERS

9.2.1. Upon commencement of the ACTAS vaccination program all Category A and Category A-EPP members will be provided with occupational assessment, screening, and vaccination at no cost through a contracted provider.

9.2.2. ACTAS members will be notified prior to completion of the contract. After this time members will be responsible for any cost associated with meeting minimum vaccination requirements.

9.2.3. Members will not be reimbursed for any costs of assessment, screening or vaccination performed by their General Practitioner (GP) or another health provider unless this is solely related to a workplace BBFE or needle stick injury.

9.2.4. New Category A and Category A-EPP members must meet the vaccination and/or evidence requirements of this procedure at their own cost and before they are offered an employment contract with ACTAS.

9.2.5. Students undertaking clinical placements must meet the vaccination and/or evidence requirements of this procedure at their own cost.

9.3. CATEGORY B MEMBERS

9.3.1. Category B members and new members may elect to participate in occupational assessment, screening, and vaccination at their own cost via their own medical practitioner. If a Category B member moves into a Category A role, then costs will be met by ACTAS (*per 9.2.1*).

10. MEDICAL CONTRAINDICATIONS AND HEPATITIS B VACCINE NON-RESPONDERS

10.2. MEDICAL CONTRAINDICATIONS

10.2.1. A medical contraindication to vaccination is a medical condition or risk factor, as specified in the Australian Immunisation Handbook, that makes receiving a specific vaccine potentially harmful, as assessed by a suitably qualified medical practitioner.

10.2.2. Members, new members and students with a medical contraindication to any vaccine may be employed/attend placement with ACTAS if the request for a medical exemption is approved by the contracted provider of occupational assessment, screening and immunisation or GP, but must be managed in accordance with *Section 12* Risk Management (excluding the Influenza Vaccination Requirements).

10.2.3. Members and new members with a medical contraindication to any vaccine must:

- Provide evidence of the medical contraindication (AIR - immunisation medical exemption form [IM011] **AND** AIR immunisation history statement [IHS] with the recorded medical contraindication) to the contracted provider or the IPCO for assessment.
- Include in their evidence of protection documentation, a signed Undertaking / Declaration Form.
- Provide additional supporting documentation or attend an independent medical examination (IME) if further information is required by the contracted provider or the IPCO.
- Comply with the protective risk measures outlined in the Infectious Conditions Exclusion Table located on SharePoint. A range of control measures may be considered, including redeployment to support the safety of the member and others.
- Be managed under an ACTAS Individual Risk Management Plan if they have a medical contraindication to diphtheria, tetanus and pertussis (dTpa), measles, mumps and rubella (MMR) or varicella vaccines.
- If the medical contraindication is temporary, the members circumstances are to be reviewed at the end of the temporary medical contraindication period and, assuming no further medical contraindication exists, the member is to comply with the vaccination requirements of this procedure.

10.3. CONTRAINDICATION TO HEPATITIS B AND HEPATITIS B VACCINE NON-RESPONDERS

10.3.1. Vaccine non-responders are persons who are fully vaccinated according to the appropriate schedule of vaccination but have evidence of inadequate immunity.

10.3.2. Category A members, new members and students who have completed an age-appropriate schedule but who have not developed protective antibodies following completion of the schedule (non-responders to a primary hepatitis B course), are required to provide documented evidence of their hepatitis B vaccinations and serology results. A verbal history or hepatitis B vaccination declaration will not be accepted.

10.3.3. Hepatitis B vaccine non-responders must be managed in accordance with the recommendations concerning non-responders to hepatitis B vaccine in The Australian Immunisation Handbook. They are to be granted temporary compliance from the date of their initial compliance check (following primary course completion and subsequent serology test) until they receive further vaccine doses and undergo further serology tests as appropriate.

10.3.4. Persistent Hepatitis B non-responders (as specified in The Australian Immunisation Handbook) are to be considered compliant with this procedure and do not require a Chief Officer exemption or reassignment.

10.3.5. Category A new members/students with a medical contraindication or persistent hepatitis B non-responders (as specified in the Australian Immunisation Handbook) must include in their evidence of protection documentation a signed declaration as specified in the Undertaking / Declaration Form that they:

- Are unprotected from the Hepatitis B virus.
- Will be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of blood and body substance exposure and will comply with the protective measures required by ACTAS.

10.3.6. In addition, they must be managed as such:

- Follow the requirements and procedure within the ACTAS 'Temporary Procedure of Blood and Body Fluid Exposure (BBFE)' in the event of a potential exposure.

10.3.7. Adhere to the testing requirements for members with a blood borne virus undertaking EPP as per *Section 6.4*.

- Understand the management in the event of exposure includes hepatitis B immunoglobulin within 72 hours of parenteral or mucosal exposure to the hepatitis B virus (HBV).

10.3.8. The information must be recorded in the ACTAS Content Manager.

10.4. FURTHER MEDICAL ASSESSMENT

10.4.1. ACTAS may require vaccine-non-responders and members with a medical contraindication to a vaccination to undergo a further medical assessment by an appropriate medical specialist.

10.4.2. Further medical assessment for members will be provided at no cost to the member. Depending on the specified infectious disease for which they cannot demonstrate protection, the member may be restricted in their clinical duties until they have undergone the required medical assessment, and have been issued a current certificate of compliance.

10.4.3. For students and non-ACTAS members undertaking clinical placement, further medical assessment will be at the individual's own cost. Individuals will not be permitted to attend a clinical placement until they have undergone the required medical assessment.

10.5. CONTRAINDICATION TO INFLUENZA VACCINE

10.5.1. Members in a Category A position, new members applying for a Category A position, and students who are unable to receive a seasonal influenza vaccine due to a medical contraindication must:

- Provide evidence of the medical contraindication (Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) - Services Australia) to the contracted provider or the IPCO.
- Be provided with detailed information regarding the risk and consequences of exposure to influenza (refer to APPENDIX C – Risks and Consequences of Exposure).

11. MEMBERS ABSTAINING FROM ASSESSMENT, SCREENING AND VACCINATION

11.2. MANAGEMENT OF MEMBERS WHO ABSTAIN (EXCLUDING THE INFLUENZA VACCINATION REQUIREMENTS)

11.2.1. Members in Category A positions that do not comply with the requirements of this procedure must complete and submit ACTAS Non-Participation Form, stating that they:

- Do not consent to the assessment, screening, and vaccination requirements of this procedure.
- Are aware of the potential risks to themselves and/ or others as outlined in APPENDIX C – Risks and Consequences of Exposure, and

Are aware that ACTAS:

- Will offer them counselling regarding the risk of remaining unprotected against the specified infectious disease(s) and disease transmission to and from consumers.
- May reassign them to an area of lower risk under a risk management plan as described in *Section 12* Risk Management, unless they are considered appropriate to be managed under Chief Officer discretion (refer to *Section 13* Chief Officer Discretion in Managing Abstaining From Vaccination).

11.2.2. New members and students who do not consent to participate in assessment, screening and vaccination must not:

- Be employed, engaged or commence duties.
- Attend placements with ACTAS.

11.3. MANAGEMENT OF MEMBERS WHO ABSTAIN FROM INFLUENZA VACCINATION REQUIREMENTS

11.3.1. All Category A members and new members who abstain from annual influenza vaccination must, during an influenza season (as defined in *Section 1* Definition of Terms):

- Be provided with detailed information regarding the risk and consequences of exposure to influenza (refer to APPENDIX C – Risks and Consequences of Exposure).

12. RISK MANAGEMENT (EXCLUDING THE INFLUENZA VACCINATION REQUIREMENTS)

All members and new members who:

a) Have been granted temporary compliance as per *Section 8.5.5* and undergone an individual risk management plan, or

b) Have an approved medical contraindication (for advice on hepatitis B non-responders and medical contraindications to hepatitis B vaccines refer to *Section 10* Medical Contraindications and Hepatitis B Vaccine Non-Responders), or

c) Members who abstain or are non-compliant with the requirements under this Policy Directive [refer to *Section 11.1* Management of Members Who Abstain (excluding the influenza vaccination requirements)]

must have a risk assessment performed by their Operations Manager, including level of risk associated to their role. Refer to the ACTAS Individual Risk Management Plan.

12.1 TEMPORARY COMPLIANCE AND MEDICAL CONTRAINDICATIONS

12.2.1. Where temporary compliance has been granted according to *Section 8.5.5* or a medical exemption is granted due to a medical contraindication, ACTAS must:

- Manage the member or new member in accordance with local risk management process using the ACTAS Individual Risk Management Plan,
- Provide information to the member regarding the risk and consequences of exposure to the infectious disease(s) against which the member is not protected (refer to APPENDIX C – Risks and Consequences of Exposure),

12.2.2. Provide information to the member regarding the risk management requirements in the event of exposure (Infectious Conditions Exclusion Table located on SharePoint).

12.2.3. Record that the member/new member is on a risk management plan in the ACTAS Content Manager.

- Review members with temporary medical contraindications at the end of the temporary contraindication period to determine appropriate management strategies.
- All information and documentation concerning the medical contraindication(s) is to be treated confidentially and managed in line with the *Information Privacy Act 2014.*

13. CHIEF OFFICER DISCRETION IN MANAGING ABSTAINING FROM VACCINATION

13.2. The Chief Officer has the discretionary power to vary the requirements of this procedure on a case-by-case basis. This may include circumstances where there is as a genuine and serious risk to service delivery that could result from the reassignment of an unprotected/unscreened member, or failure to appoint an unprotected/unscreened new member.

13.3. Discretion from the Chief Officer may be considered in the following situations:

- The member is highly specialised, a sole practitioner, or there is a current workforce shortage in the person's clinical area; and/ or
- Failure to retain or appoint the member would pose a genuine and serious risk to service delivery; and/ or
- It would be difficult to replace the member, and/ or would result in a significant period without the service.

13.4. Any variation to the requirements of this SOP must only be undertaken in exceptional circumstances and in consultation with the IPCO. Variation must only proceed with the written approval of the Chief Officer and combined with an NSW Health Individual Risk Management Plan, to protect the employed member and consumers.

13.5. ACTAS must inform the member or new member of the requirements of this SOP and the risks to patients, self and others arising from their unprotected/ unscreened status.

14. RECORDS MANAGEMENT AND PRIVACY CONSIDERATIONS

14.2. RECORDS MANAGEMENT

14.2.1. All vaccinations (including annual influenza vaccinations) administered to members and volunteers must be recorded in ACTAS' Content Manager and reported to AIR.

14.2.2. Each member's Medicare number will be required to report to AIR.

14.2.3. The contracted provider of occupational assessment, screening and immunisation is responsible for recording the assessment, screening and vaccination results of each member into the AIR and providing this information for ACTAS' Content Manager.

14.2.4. The IPCO is responsible for recording the assessment, screening and vaccination results into ACTAS' Content Manager and/or identifying appropriate personnel responsible for recording these details.

14.2.5. Members who do not want their screening/diagnostic results entered into the AIR and/ or the 'ACTAS Content Manager' must have this request recorded in the 'ACTAS Content Manager'.

14.2.6. Vaccination records, for example the AIR Immunisation History Statement (IHS), Vaccination Record Cards and/or other documentation such as serology results,

evidence of a medical contraindication and individual risk management plans must be uploaded as attachments into the 'ACTAS Content Manger'.

14.3. DOCUMENTATION AND PRIVACY CONSIDERATIONS

14.3.1. ACTAS has a responsibility to maintain appropriate documentation within the 'ACTAS Content Manager' (such as a summary of evidence sighted) that a member has provided evidence of their compliance with occupational assessment, screening and vaccination against specified infectious diseases. ACTAS must retain an accurate, secure, and confidential personnel record relating to compliance assessment, screening, vaccination and risk management under this SOP.

14.3.2. Only the designated assessment and screening members are to have access to this information. Sensitive medical information provided by the member must be treated as a confidential personal health record. As such records must be maintained and manage in line with the Health Records (Privacy and Access) Act 1997 | Acts.

14.3.3. Compliance assessments, screening and vaccination and risk management documentation in personal records is to be managed in accordance with the appropriate retention and disposal authorities for personnel records.

14.3.4. ACTAS Non-Participation Form is to be used for members employed in a Category A position (where applicable). Members must be assessed as compliant against this SOP or acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this SOP.

14.3.5. During the course of assessment of a student, education providers may collect information (including documents) on a student's compliance with the requirements of this SOP and may pass that information on to ACTAS where the student intends to undertake clinical placement. Collection, storage, use and transfer of such information is to be undertaken with the student's consent, in a confidential manner in accordance with that education provider's policies on records and privacy.

15. GOVERNANCE AND MONITORING

15.2. Preventing and Controlling Infections Standard, Action 3.15 Workforce Screening and Immunisation of the National Safety and Quality Health Service (NSQHS), requires ACTAS to monitor and assess compliance with the assessment, screening, vaccination, and risk management requirements of this procedure.

15.3. The Chief Officer is responsible for ensuring that:

- Any local procedures and/or protocols related to occupational assessment, screening and vaccination of members and new members are consistent with the JACS Immunisation Policy.pdf requirements.
- There is a process for regularly assessing compliance with JACS immunisation policy requirements and a record of the results is retained, readily available and communicated to the ESA Chief Executive/ executive team as applicable.
- Results are discussed and tabled as a standing agenda item on locally agreed infection prevention and control and, work health and safety committees where applicable, to ensure compliance issues are addressed, and action is taken to improve compliance.

- Reporting regarding workforce immunisation rates occurs to the Peak Work Health Safety committee, as well as the Preventing Controlling Infections Standard Working Group.

Document Properties	Approval Details
Policy Name:	Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases
Unique Identifier:	SOP/CGU/019
Review Schedule:	APRIL 2026 scheduled every ☒12 months ☐ 2 years
Applies to:	☒Operational ☒Patient Transport ☒PACER ☒Corporate ☒Specialist Capability ☒Support Services
Custodian:	Murray MacCormack, IPCO
Responsible Branch:	*Clinical Governance Unit (CGU)*
Stakeholders:	*ACTAS Members*
Applicable Standard:	☒1. Clinical governance ☒5. Comprehensive care ☒2. Partnering with consumers ☒6. Communicating for safety ☒3. Healthcare-associated infection ☒7. Blood management ☐ 4. Medication safety ☐ 8. Recognising and responding to acute deterioration ☐ NSQHS standards are NOT applicable.
Legislation References:	*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*
Document References:	• Canberra Health Services Procedure – Occupational Assessment, Screening and Vaccination – 12/2024 • NSW Health – Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases – 12/2024 • The Australian Immunisation Handbook – 12/2024

AMENDMENT HISTORY

Version	Issue Date	Amendment Details	Author (Position)
1.0		New Procedure Development	IPCO

APPENDIX A – EVIDENCE OF PROTECTION

1. EVIDENCE FOR DIPTHERIA, TETANUS AND PERTUSSIS

Position risk category	Category A members
Vaccination Evidence	One adult dose of diphtheria, tetanus and pertussis (dTpa) vaccine within the last 10 years.
Serology Evidence	N/A. Serology will not be accepted.
Evidence of medical contraindication	Medical contraindication, as specified in *The Australian Immunisation Handbook*, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) **AND** AIR immunisation history statement (IHS), for assessment by the ACTAS.
Notes	dTpa booster is required 10-yearly. DO NOT use ADT vaccine.

2. EVIDENCE FOR HEPATITIS B

Position risk category	Category A members
Vaccination Evidence	Documented history of age-appropriate hepatitis B vaccination course in accordance with *The Australian Immunisation Handbook*.
Serology Evidence	**AND** Anti-HBs ≥ 10mIU/mL.
Other Acceptable Evidence	**OR** Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+.
Evidence of medical contraindication	Medical contraindication, as specified in *The Australian Immunisation Handbook*, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) **AND** AIR immunisation history statement (IHS), for assessment by the ACTAS.
Notes	An incomplete accelerated hepatitis B vaccination schedule must not be accepted. A completed Hepatitis B Vaccination Declaration is acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained. All members who are fully vaccinated according to the appropriate schedule, but who have no evidence of adequate hepatitis B immunity as indicated by their serology tests (non-responders to a primary hepatitis B course) are required to provide documented evidence of their hepatitis B vaccinations and serology results. A verbal history or hepatitis B vaccination declaration must not be accepted. Positive HBcAb and/ or HBsAg result indicate compliance with this Policy Directive. A further specialist assessment is required for HBsAg+ members who perform exposure prone procedures.

3. EVIDENCE FOR MEASLES, MUMPS AND RUBELLA

Position risk category	Category A members
Vaccination Evidence	2 doses of measles, mumps and rubella (MMR) vaccine at least 4 weeks apart.
Serology Evidence	**OR** Positive IgG for measles, mumps and rubella (rubella immunity is provided as a numerical value with immunity status as per lab report).
Other Acceptable Evidence	**OR** Birth date before 1966.
Evidence of medical contraindication	Medical contraindication, as specified in *The Australian Immunisation Handbook*, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) **AND** AIR immunisation history statement (IHS), for assessment by the ACTAS.
Notes	Do not compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed, for example, the report may include additional clinical advice, such as consideration of a booster vaccination for low levels of rubella IgG detected. **DO NOT use** measles, mumps, rubella and **varicella (MMRV) vaccine (not licensed for use in persons ≥ 14 years).** If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated. Serology is not required following completion of a documented two dose MMR course. Those born before 1966 do not require serology.

4. EVIDENCE FOR VARICELLA

Position risk category	Category A members
Vaccination Evidence	2 doses of varicella vaccine at least 4 weeks apart (or evidence of one dose if the person was vaccinated before 14 years of age).
Serology Evidence	**OR** Positive IgG for varicella.
Other Acceptable Evidence	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox.
Evidence of medical contraindication	Medical contraindication, as specified in *The Australian Immunisation Handbook*, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) **AND** AIR immunisation history statement (IHS), for assessment by the ACTAS.
Notes	DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated. Evidence of one dose of Zostavax in persons vaccinated aged 50 years and over is acceptable.

5. EVIDENCE FOR INFLUENZA

Position risk category	Category A members
Vaccination Evidence	One dose of a seasonal influenza vaccine (defined in - Occupational Assessment, Screening and Vaccinations Against Specified Infectious Diseases – Definition of Terms) during the influenza season and by 1 June each year.
Serology Evidence	N/A. Serology will not be accepted
Evidence of medical contraindication	Medical contraindication, as specified in *The Australian Immunisation Handbook*, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) **AND** AIR immunisation history statement (IHS), for assessment by the ACTAS.
Notes	Influenza vaccination is required annually during the influenza season (defined in - Occupational Assessment, Screening and Vaccinations Against Specified Infectious Diseases – Definition of Terms) for all members in Category A positions and is strongly recommended for all members in Category B positions.

6. SEROLOGICAL TESTING

Serological testing is *only* required as follows:

6.1 HEPATITIS B

Evidence of hepatitis B immunity (anti-HBs) following vaccination, measured at least 4-8 weeks following completion of the vaccination course is provided as a numerical value. Members with hepatitis B markers of infection (that is HBcAb positive and/ or HBsAg positive) are regarded as compliant with the requirements outlined in this procedure for hepatitis B.

Once a member has provided evidence of anti-HBs level ≥10 mIU/mL and have completed an age-appropriate vaccination course, they are considered to have life-long immunity even if further serology demonstrates a level below 10mIU/mL. No further boosters or serology will be required unless they undergo immunosuppressive therapy or develop an immunosuppressive illness.

6.1.1 Age-appropriate Hepatitis B Vaccination Schedule

Evidence of a 'history' of hepatitis B vaccination may be a record of vaccination or a verbal history. Where a record of vaccination is not available and cannot be reasonably obtained, a verbal history of hepatitis B vaccination must be accompanied by a Hepatitis B Vaccination Declaration and the appropriately trained assessor must be satisfied that an 'age appropriate' complete vaccination history has been provided.

The vaccination declaration should include details when the vaccination course was administered, the vaccination schedule and why a vaccination record cannot be provided. The assessor must use their clinical judgement to determine whether the hepatitis B vaccination history and serology demonstrate compliance and long-term protection.

The National Health and Medical Research Council recommend the following 'age appropriate' hepatitis B vaccination schedules:

6.1.2 Adult Hepatitis B vaccination schedule

A full adult (≥20 years of age) course of hepatitis B vaccine (adult formulation) consists of 3 doses as follows:

- A *minimum* interval of 1 month between the 1st and 2nd dose; and
- A *minimum* interval of 2 months between the 2nd and 3rd dose; and
- A *minimum* interval of 4 months (or 16 weeks) between the 1st and 3rd dose.

That is, either a 0, 1 and 4 month or a 0, 2 and 4 month interval schedule is an acceptable 3-dose schedule for adults.

A hepatitis B vaccination record of doses administered before July 2013 at 0, 1 and 3 months should also be accepted as the recommended vaccination schedule at this time.

Note that while the minimum intervals are stated, longer intervals between vaccine doses are acceptable as stated in *The Australian Immunisation Handbook .*

An incomplete accelerated hepatitis B vaccination schedule must not be accepted.

6.1.3 Adolescent Hepatitis B Vaccination Schedule

The National Health and Medical Research Council recommends that an adolescent age appropriate (11-15 years) hepatitis B vaccination course consists of 2 doses of adult hepatitis B vaccine administered 4 to 6 months apart and is acceptable evidence of an age-appropriate vaccination history.

6.1.4 Childhood Hepatitis B Vaccination Schedule

A childhood hepatitis B vaccination schedule (using paediatric vaccine) for persons vaccinated <20 years of age consists of:

- A minimum interval of 1 month between the 1st and 2nd dose; and
- A minimum interval of 2 months between the 2nd and 3rd dose' and
- A minimum interval of 4 months (or 16 weeks) between the 1st and 3rd dose.

A 3-dose schedule provided at minimum intervals at either 0, 1, 4 months or 0, 2, 4 months is acceptable. For example, those who have received a 3-dose schedule of hepatitis B vaccine (often given overseas) at birth, 1–2 months of age and ≥6 months of age are considered fully vaccinated. Refer to the current edition of *The Australian Immunisation Handbook* for assessment of completion of a primary course of hepatitis B vaccine given in infancy.

6.2 MEASLES, MUMPS, RUBELLA

Where there is an uncertain history of completion of a 2-dose course of MMR vaccination for those born during or after 1966, the worker may have serology performed or complete a 2- dose course of vaccination.

Serology is NOT REQUIRED following completion of a documented MMR vaccination course.

Where a member presents with a vaccination record of complete vaccination against MMR and a serology result post-vaccination indicating negative immunity to one or more of the diseases, no further doses are required for the purposes of employment. Such members are considered to have presumptive evidence of immunity.

A documented age-appropriate MMR vaccination course supersedes the results of subsequent serologic testing. However, women of childbearing age with a complete MMR vaccination course and negative rubella immunity should be informed to attend their doctor for a discussion about individual risk and advice about additional doses.

Serology in those born prior to 1966 is not required or recommended, however, if a member with a birth date before 1966 has a negative serology for measles, mumps or rubella, they must receive 2 doses of MMR vaccine at least 4 weeks apart. No further serology is required.

If a member presents with **no** history of MMR vaccination, along with a serology result indicating negative immunity to one or more of the diseases, they must receive 2 doses of MMR vaccine at least 4 weeks apart and **no further serology** is required.

If a member presents with a history of one dose of MMR vaccination, along with a serology result indicating negative immunity to one or more of the diseases, they must receive one further dose of MMR vaccine, and no further serology is required.

Serology should be determined as **either** positive or negative. Borderline results should be discussed with the laboratory involved. In general, if the laboratory isn't confident of the result and they are unable to provide a clear result, it is recommended to assume a negative result.

Rubella serology results are provided as a numerical value. Numeric levels reported from different laboratories are not comparable. When interpreting serological testing results, it may be useful to discuss the results with the laboratory that performed the test, to ensure that decisions are based on all relevant clinical information.

6.3 VARICELLA

Where there is a negative/ uncertain history of completion of prior varicella-zoster virus (VZV) vaccination course, the worker may have pre-vaccination serology performed or complete a two-dose course of varicella vaccination. *The Australian Immunisation Handbook*, does not recommend testing to check for seroconversion after a documented appropriate course of varicella vaccination. Commercially available laboratory tests are not usually sufficiently sensitive to detect antibody levels following vaccination, which may be up to 10-fold lower than levels induced by natural infection.

Protection (commensurate with the number of vaccine doses received) is to be assumed if a worker has documented evidence of receipt of age-appropriate dose(s) of a varicella containing vaccine (includes workers aged 50 years and over who have received a dose of Zostavax).

If serological tests to investigate existing immunity to varicella are performed, interpretation of the results may be enhanced by discussion with the laboratory that performed the test, ensuring the relevant clinical information is provided.

An Australian Immunisation Register (AIR) immunisation history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella. A verbal statement of previous disease must not be accepted.

6.4 PERTUSSIS

Serology MUST NOT be performed to assess pertussis immunity.

6.5 TUBERCULOSIS (TB)

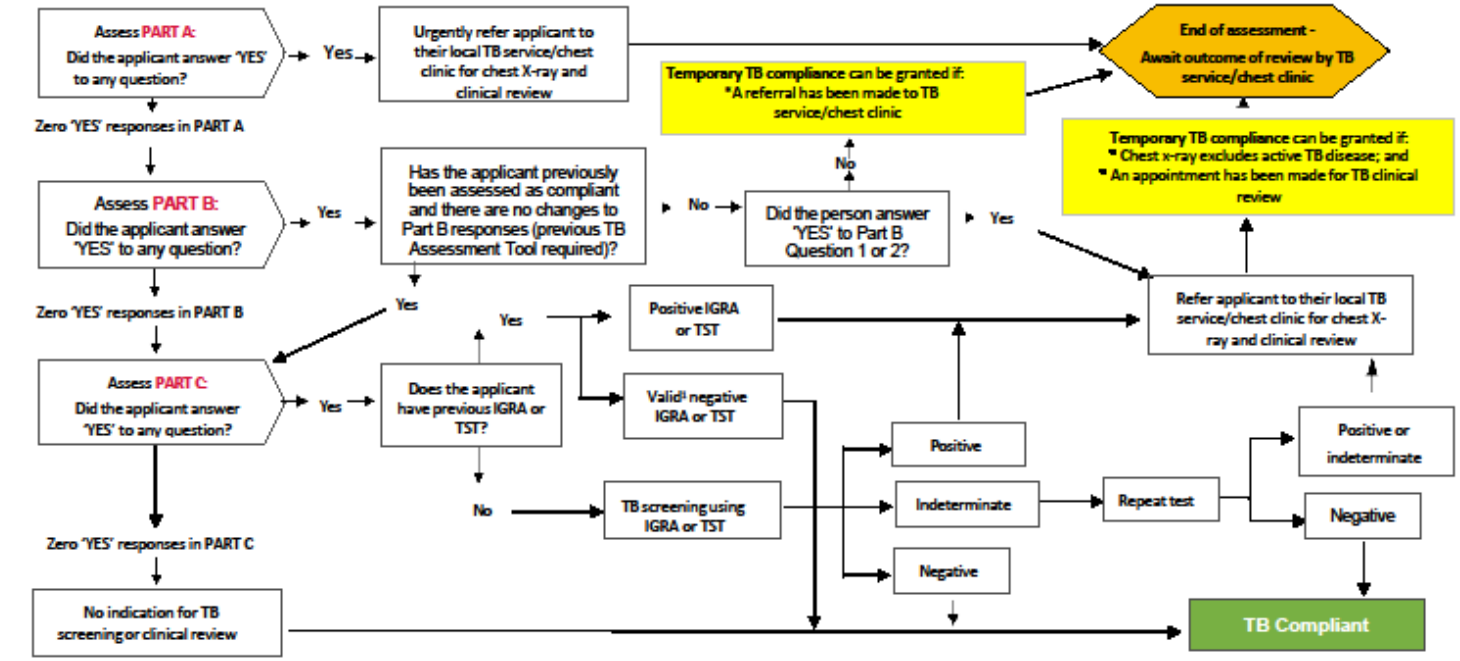
The purpose of TB and assessment is to:

- Establish if an individual has evidence of latent TB infection
- Diagnose and treat active cases of TB in members
- Establish baseline health with tuberculin skin test (TST) or interferon release assay (IGRA) (i.e., TB QuantiFERON) and/or chest X-ray – *ONLY WHERE REQUIRED* post questionnaire results in consultation with occupational assessment, screening and immunisation provider.

APPENDIX B – TB ASSESSMENT DECISION SUPPORT TOOL

TB Assessment Decision Support Tool

ACTAS Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases Standard Operating Procedure (SOP)



Notes:

1. A 'valid' TB screening result must satisfy the following criteria:
   - No known TB exposure or stay/travel >3 months in a country or countries with high incidence of TB (NSW Health) since the test was undertaken.
   - Performed prior to, or at least four weeks after, a live parenteral vaccine.
   - A TST administered and ready by an Australian state or territory TB clinic.
   - An IGRA test where the results are reported in English.

APPENDIX C – RISKS AND CONSEQUENCES OF EXPOSURE

Risks and Consequences of Exposure

ACTAS Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases SOP

Disease	Description of Risk and Consequence of Exposure
Hepatitis B Virus (HBV)	Blood-borne viral disease. Infection can lead to chronic hepatitis B infection, cirrhosis and liver cancer. Non immunity through vaccination or previous infection results in risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needle-stick, or unprotected sex. Specific at-risk groups include workers, sex partners of infected people, IV drug users, haemodialysis patients. For more information: Hepatitis B Information Sheet
Diphtheria	Contagious, potentially life-threatening bacterial infection, rare in Australia because of immunisation program. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. For more information: Diphtheria Australian Immunisation Handbook
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Now mostly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers. For more information: Tetanus Australian Immunisation Handbook
Pertussis (Whooping Cough)	Highly infectious bacterial infection spread by respiratory droplets through coughing or sneezing. Persistant cough for more than 3 weeks and may be accompanied by paroxysms, resulting in a "whoop" sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people are affected less. For more information: Pertussis (Whooping Cough) Information Sheet
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 first dose and children over 18 months of age who have not had a second dose. For more information: Measles (Rubeola) Information Sheet
Mumps	Viral disease spread by respiratory droplets. Uncommon in Australia due to immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have complications, such as swelling of testes or ovaries; encephalitis or meningitis may occur rarely. For more information: Mumps (Infectious Parotitis) Information Sheet

Disease	Description of Risk and Consequence of Exposure
Rubella	Viral disease spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Non immunity through vaccination or previous infection presents risk. Infection in pregnancy can cause birth defects or miscarriage. For more information: Rubella - ACT Government
Varicella (Chickenpox)	Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. 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. For more information: Varicella (Chicken Pox) Information Sheet
Influenza (Flu)	Viral infection caused by influenza A or B strains. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/ or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, such as handshake. Spreads most easily in confined and crowded spaces. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Young children are at high risk of infection unless vaccinated. For more information: Influenza Information Sheet
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 cumulatively in, a high TB incidence country (NSW Health). For more information: Tuberculosis (TB) Information Sheet
SARS-CoV-2 (COVID-19)	SARS-CoV-2 is the virus that causes COVID-19. SARS-CoV-2 is a novel coronavirus from a large family of coronaviruses, some causing illness in people and others that circulate among animals. SARS-CoV-2 can be transmitted through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces. Persons living/ work in a highrisk settings, such as health care facilities and residential care facilities, where there is evidence of a risk for rapid spread and ongoing chains of transmission, may also be at increased risk of exposure if an infectious case is introduced. For more information: COVID-19 Information Sheet