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.
Evidence required to demonstrate protection against the specified infectious diseases

1. Acceptable evidence of protection against specified infectious diseases includes:
   - a written record of vaccination signed by the medical practitioner, and/or
   - serological confirmation of protection, and/or
   - other evidence, as specified in the table below.
   - **NB**: the health facility may require further evidence of protection, eg. serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)

2. **TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:** [http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T](http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T)

3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Other acceptable evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diphtheria, tetanus, pertussis (whooping cough)</strong></td>
<td>One adult dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). <strong>Not ADT.</strong></td>
<td>Serology will not be accepted</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>History of completed age-appropriate course of hepatitis B vaccine. <strong>Not “accelerated” course.</strong></td>
<td>Anti-HBs greater than or equal to 10mIU/mL or Documented evidence of anti-HBc, indicating past hepatitis B infection</td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella (MMR)</strong></td>
<td>2 doses of MMR vaccine at least one month apart or Birth date before 1966</td>
<td>Positive IgG for measles, mumps and rubella or</td>
<td></td>
</tr>
<tr>
<td><strong>Varicella (chickenpox)</strong></td>
<td>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) or History of chickenpox or physician-diagnosed shingles (serotest if uncertain)</td>
<td>Positive IgG for varicella or</td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis (TB)</strong></td>
<td><strong>Not applicable</strong></td>
<td><strong>Tuberculin skin test (TST)</strong></td>
<td></td>
</tr>
<tr>
<td>See note 2 above for list of persons requiring TST screening</td>
<td></td>
<td>Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.</td>
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</tbody>
</table>

| Influenza                      | Annual influenza vaccination is not a requirement, but is strongly recommended |
FORM 1. – New Recruit Undertaking/Declaration

- All new recruits must complete each part of this New Recruit Undertaking/Declaration Form and the Tuberculosis (TB) Screening Assessment Tool and return these forms to the employing health facility as soon as possible. The health service will assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

- New recruits will not be permitted to commence duties if they have not submitted a New Recruit Undertaking/Declaration Form and a Form 2: Tuberculosis Assessment Tool.

- Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in serious consequences and may affect the new recruit’s employment status.

| Part 1 | ☐ I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive. |
| Part 2 | ☐ I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements |
|        | OR ☐ I undertake to participate in the assessment, screening and vaccination process, however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances. |
| Part 3 | I have evidence of protection for: |
|        | ☐ pertussis ☐ diphtheria ☐ tetanus |
|        | ☐ varicella ☐ measles ☐ mumps ☐ rubella |
| Part 4 | ☐ I have evidence of protection for hepatitis B |
|        | OR ☐ I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result within six months of appointment/commencement of duties. |
| Part 5 | ☐ I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures) and agree to comply with the protective measures required by the health service. |

I declare that the information I have provided is correct

Name ____________________________________________________________

Phone or Email ____________________________________________________

Health Service/Facility _____________________________________________

Signature ___________________________ Date __________________________
FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: [http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T](http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T).

- The Health Service will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.

- New recruits will not be permitted to commence duties if they have not submitted this Form and Form 1: New Recruit Undertaking/Declaration to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit’s employment status.

- Students will not be permitted to attend clinical placements if they have not submitted this Form and the Form 3: Student Undertaking/Declaration to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. The educational institution will forward the original or a copy of these forms to the health service for assessment.

<table>
<thead>
<tr>
<th>Clinical History</th>
<th>Assessment of risk of TB infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough for longer than 2 weeks</td>
<td>Were you born outside Australia?</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Please provide information below if you have any of the following symptoms:

- Haemoptysis (coughing blood) Yes ☐ No ☐
- Fevers / Chills / Temperatures Yes ☐ No ☐
- Night Sweats Yes ☐ No ☐
- Fatigue / Weakness Yes ☐ No ☐
- Anorexia (loss of appetite) Yes ☐ No ☐
- Unexplained Weight Loss Yes ☐ No ☐

Have you lived or travelled overseas?

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount of time lived/travelled in country</th>
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</tbody>
</table>

Have you ever had:

- Contact with a person known to have TB?
  - If yes, provide details below Yes ☐ No ☐

Have you ever had:

- TB Screening Yes ☐ No ☐
  - If yes, provide details below and attach documentation

If you answered YES to any of the questions above, please provide details (attach extra pages if required).

I declare that the information I have provided is correct

Name ___________________________________________________________________________________

Phone or Email __________________________________________________________________________

Student ID (or date of birth) __________________________________________________________________

Educational institution (student) _____________________________________________________________

Health Service/Facility (new recruit) __________________________________________________________

Signature __________________________  Date ___________________________
