

Checklist of Required Evidence of Protection

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

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

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

Post vaccination serological testing

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

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

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

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

Hepatitis B:	HBs Antigen (in addition to anti-HBs for immunity)
HIV:	HIV Antibody/Antigen
Hepatitis C:	HCV Antibody.

Tuberculosis (TB) assessment, screening, and clinical review

All new Category A staff must submit a **negative TST (tuberculosis skin test) or TB IGRA (TB QuantiFERON)** (see Definition of Terms) **within the last 36 months** as part of our broad-spectrum screening program.

The purpose of TB screening and assessment is to:

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

Volunteers and students must complete the TB Assessment Tool as part of their occupational screening and vaccination compliance, this can be found in form 1: Participation in Occupational Assessment and Screening.

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

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

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

Periodic TB Screening

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

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

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

COVID-19	<input type="checkbox"/> 2 doses TGA approved COVID-19 vaccine (at minimum intervals as specified by the Australian Technical Advisory Group on Immunisation).	Not applicable	Not applicable
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*ADT vaccine doesn't contain pertussis and is not counted as evidence of vaccination for diphtheria/tetanus/pertussis.

Table 2 – Ongoing Periodic Tuberculosis Screening

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

Acknowledgement of Country

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

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