**Completing the Immunisation & Additional Health Clearance Form Electronically**

All new healthcare workers **must** have an Immunisation health clearance before they have clinical contact with patients:

**Step 1. Determine Your Risk Category**

Work out your risk category and Health Clearance type from the table below, alternatively you can go on the following link to determine your category: [**Check which vaccines and or tests you may need**](https://docs.google.com/forms/d/e/1FAIpQLSd2A5XwfLo0E4zgtP3zU4VuIFMlnCesxdjv2YB08wYPM_lYlw/viewform)**.**

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| Staff Category | Role | Mandatory Requirements |
| A and B  Direct and Indirect contact with blood or body substances | * Medical practitioners and Dentists, * Nurses and Midwifes, * Allied health, * Healthcare students, * Engineers who service equipment, * Sterilising service, * PSA’s and Cleaners, * Ward Clerks, * Catering staff and * Staff that are responsible for the decontamination and disposal of contaminated materials | * Evidence of last **annual** Influenza vaccine * Test of immunity to Measles, Mumps and Rubella (MMR)   or  Documented evidence of 2 doses of MMR vaccinations   * Hepatitis B HBsAb Test result >10 * History of Chickenpox disease   or  Documented positive immunity test  or  Documentation showing 2 x doses of Chickenpox vaccine   * Evidence of a Pertussis containing booster within the last 10 years * TB. Mantoux test or QuantiFERON Gold (QF). **This** **test result must be within last twelve (12) months.** * If already known to be QF positive then a clearance letter from an Infectious diseases or respiratory physician is required |
| A + EPPs (Exposure Prone Procedures) | Surgeons, Obstetricians, Gynaecologists, Midwifes Cardiologists who insert permanent pacemakers, Anaesthetists, Emergency Physicians, Theatre staff who scrub, Medical students, Junior medical staff, Midwifery Students, Dental staff | Documented serological evidence of within the last six weeks:   * HIV antibody * Hepatitis B HBsAb >10. (If HBsAb <10, then both HBsAg and HBcAb) * Hepatitis C antibody |
| C  Minimal patient contact | Occupational groups that have no greater exposure to infectious diseases than do the general public. The exact nature of job responsibilities should be taken into account when deciding immunisation requirements, and all staff should be encouraged to be fully vaccinated. | * Evidence of annual Influenza vaccine * Test of immunity to measles, mumps, rubella   or  Documented evidence of 2 doses of MMR vaccinations   * TB. Mantoux test or QuantiFERON Gold (QF) **This** **test result must be within last twelve (12) months.**   If already known to be QF positive then a clearance letter from an Infectious diseases or respiratory physician is required. |

**Step 2. Complete the Form**

* **Complete all fields in pages 2-5 of this form**
* **Provide copies of evidence of all required immunity status and/or vaccinations** as listed in the above table (originals will not be returned). Only legible copies will be accepted.
* **In the absence of evidence you will require testing and or vaccination:**
  + An immunisation assessment should be organised through your GP. This process may take more than a week due to appointment availability and blood testing requirements.

**Alternatively**

* + Contact the Western Health Staff Clinic on (03) 8345 6783. The nurse can assist with any queries about immunisation and immunity tests. Pre-employment testing is not Medicare funded therefore pathology services will be billed by the pathology provider directly to you.

**Step 3 Submit your Form**

* **Email completed form and copies of evidence of immunity status at least 5 days prior to your commencement date to** [**recruitment@wh.org.au**](mailto:recruitment@wh.org.au) **OR Medical Staff to** [**WH - Medical Workforce Unit**](mailto:%20WH-MedicalWorkforceUnit@mh.org.au)

**Further Information Regarding Completing your Form**

* Queries regarding this form are best directed to Infection Prevention on 8345 6783 or 0435 652 274

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| **GENERAL INFORMATION** | | | |
| Name: Click here to enter text. | | | |
| Date of birth: Click here to enter a date. | Gender:  M  F | | Country of birth: Click here to enter text. |
| Mobile: Click here to enter text. | | Home phone: Click here to enter text. | |
| Year of arrival in Australia: Click here to enter a date. | | Email: Click here to enter text. | |
| **EMPLOYMENT INFORMATION** | | | |
| Job Role: Choose an item. | | Proposed employment start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Risk Category: Choose an item. | | Ward/Department: Choose an item. | |
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| **HEALTH IMFORMATION** | | | |

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| **OVERSEAS TRAVEL** | |
| Have you ever lived overseas for a period of 6 months or more (exclude country of birth)? | No  Yes, *where* Click here to enter text. |
| **ALLERGIES** | |
| Do you have any of the following allergies? | Latex  Detergents  Eggs (anaphylactic reaction)  Other Click here to enter text. |
| Do you have any medical reasons for not receiving vaccinations? | No  Yes, d*etails* Click here to enter text. |

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| **HEPATITIS B** |  |  | **Evidence attached:** |
| Have you had the Hepatitis B vaccine? | Yes | No | Documentation of completed Hepatitis B vaccination course (3 dose or of 2-dose schedule for adolescents 11–15 years of age)  **OR**  Hepatitis B surface antibody test |
|  | *Completion date: Click here to enter a date.* | |
| Have you had an antibody blood test (HBVsAb) for Hepatitis B?  All staff performing EPP’s including all Medical Staff need to provide serological evidence of HBVsAb | Yes, *result (tick one):*  Less than 10 iu/l  More than 10 iu/l  Not Detected  Known Non Responder | No |

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| **MEASLES, MUMPS AND RUBELLA (MMR) Evidence attached:** | | | |
| If born after 1966, have you had 2 doses of MMR vaccine? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No | Documentation of 2 does of the MMR vaccine a minimum of one month  **OR**  Measles Antibody Test  Mumps Antibody Test  Rubella Antibody Test |
| Have you ever had Measles? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |
| Have you ever had Mumps? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |
| Have you ever had Rubella (German Measles)? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |

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| **VARICELLA (CHICKEN POX) Evidence attached:** | | | |
| Have you had the disease chickenpox? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No | Known history of disease ) **OR**  Documentation of 2 does of the vaccine **OR**  Antibody Test |
| Have you ever had shingles? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |
| Have you been vaccinated for chickenpox (2x vaccines)? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |

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| **DIPHTHERIA, TETANUS AND PERTUSSIS (ADT & DTPA) Evidence attached:** | | | |
| Have you been vaccinated for adult diphtheria / tetanus (ADT)? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No | Documentation of a pertussis containing vaccine (ie: Boostrix) within the in the last 10 years. |
| Have you ever received a dose of pertussis containing vaccine as an adult e.g. Boostrix? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |
| If you are **over 50 years** old, have you received a booster of ADT or dTpa in the past 10 years? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |
| Will you be working with any paediatric, neonatal or maternity patients? | Yes | No |

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| **TUBERCULOSIS (TB)** |  |  | **Evidence attached:** |
| Have you ever had Tuberculosis? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No | **Recent,** within the last 12 months:  ☐ **Mantoux test**  or  ☐ **QuantiFERON Gold** **TB** test is required.  If a HCW is already known to be QF TB positive then it is not useful to repeat.  ☐ A **clearance letter** from an Infectious Diseases or Respiratory Physician is required. |
| Have you ever been in contact with someone with Tuberculosis? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |
| Have you received the BCG vaccine? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |
| Have you had a Mantoux test? | Yes, *results (attach evidence):*  Positive  Negative | No |
| Have you had a Quaniferon TB Gold test, or other interferon gamma release assay? | Yes, *results (attach evidence):*  Positive  Negative | No |
| Have you had a chest x-ray to look for possible evidence of previous TB? | Yes (attach evidence)  *Results* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |

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| **HEPATITIS A** |  | |  | **Evidence attached:** |
| Have you had the Hepatitis A vaccine?  Workers who may be involved in work on sanitation or sanitation piping. | ☐ Yes | | ☐ No | ☐ Documentation of a primary course of 2 doses of vaccine, schedule for administration 6-12 month apart  **OR**  ☐ Hepatitis A surface |
|  | * *Number of doses* * *Completion date:* | | |
| Have you had an antibody blood test for  Hepatitis A? | ☐ Yes, *result (tick one):* ☐ No  ☐ <10 iu/l ☐ >10 iu/l ☐ Not Detected | | |
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| **POLIO Evidence attached:** | | | | |
| Have you had a vaccine for Polio  (Sabine Vaccine)? | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No | | If past childhood vaccination is unknown, vaccination is required |
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| **INFLUENZA AND OTHER VACCINES Evidence attached:** | | | |
| Annual Influenza Vaccine and  List any other vaccines you have received | Yes, *date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Click here to enter text. | No | Documented Evidence of last immunisation.  Declination form completed if you to decline |

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| **ADDITIONAL HEALTH CLEARANCE**  **This section is to be completed by healthcare workers Category A and students, who in addition to direct patient contact will perform exposure prone procedures (EPPs),** |

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| **HEPATITIS B POST IMMUNISATION TESTING Required Evidence:** | | | |
| Have you had a surface and/or core antibody blood test for Hepatitis B? | Yes,  *result (tick one):*  Less than 10 iu/l  More than 10 iu/l  Not Detected  Known non-responder | No | Copy of serological evidence in the last 12 months |

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| **HEPATITIS C TESTING Required Evidence:** | | | |
| Have you had a serology blood test for  Hepatitis C? | Yes,  *Discuss result with your manager* | No | Copy of serological evidence in the last 12 months |

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| **HIV TESTING Required Evidence:** | | | |
| Have you had a serology blood test for  HIV? | Yes,  *If yes discuss result with your manager* | No | Copy of serological evidence in the last 12 months |

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|  | **DECLINE OF WESTERN HEALTH’S IMMUNISATION PROGRAM**  I understand the conditions of Western Health’s immunisation program and **decline to participate in the following recommended immunisations** listed below (*tick immunisations declined*):   |  |  |  | | --- | --- | --- | | Hepatitis B  Varicella (Chickenpox)  Measles | Mumps  Rubella (German measles)  Adult diphtheria/tetanus | Pertussis (whooping cough)  Polio  Hepatitis A |   I am aware of the potential risks my decline of immunisation for vaccine preventable diseases may pose and that this may require my employer to impose work restrictions or may require me to wear personal protective equipment (PPE) or be redeployed from high-risk areas. The consequences of my refusing to be vaccinated for vaccine preventable diseases could endanger my health and the health of those with whom I have contact including; patients in this healthcare setting, my co-workers, my family and my community.  I am aware that I may commence the recommended immunisation schedule at any time should I wish to participate. | |
|  | **Name:** Click here to enter text. | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Signature:** | **Reason for declining:** Click here to enter text. |

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| **DECLINE OF ANNUAL INFLUENZA VACCINATION**  Western Health provides free influenza vaccinations every year for all staff. If you wish to decline the vaccine for this year you are required to sign this declination form.  I understand the conditions of Western Health’s immunisation program and **decline to participate in the recommended free annual influenza vaccination**. I acknowledge that I am aware of the following facts:   * Influenza vaccination is recommended for me and all other healthcare workers to minimise the transmission of influenza and its complications, including death. * Influenza (commonly known as "the flu") is a serious respiratory disease that kills an average of 3,500 Australians, hospitalises more than 18,000 and causes around 300,000 GP consultationseach year. * If I contract influenza, I will shed the virus for 24 to 48 hours before the symptoms appear. My shedding the virus can spread the influenza infection to vulnerable patients and colleagues at the facility. * If I become infected with influenza, even when my symptoms are minimal or non-apparent, I can spread severe illness to patients and staff. * I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year. * I cannot get the influenza disease from the influenza vaccine. * The consequences of my refusing to be vaccinated could endanger the health of patients, colleagues as well as my family and the community.   I understand that I may change my mind at any time and accept the influenza vaccination if the vaccine is available. I have read and fully understand the information on this declination form. | |
| **Name:** Click here to enter text. | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature:** | **Reason for declining:** Click here to enter text. |

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| **Office Use Only** | |
| Staff Risk Category: Choose an item. | Date Form Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Action/s Required: Choose an item., Choose an item.,  Choose an item., Choose an item.. | Date Actions Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Health Clearance granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Employees Responsibilities**

**Immunisation Health Clearance**

All new Western Health employees are to provide evidence pre-appointment to obtain an Immunisation Health Clearance as defined in table below. These must be completed before clinical duties commence and include:

* Immunisation history or evidence of immunity
* Clearance for TB disease within the last 12 months;
* Hepatitis B immunisation, with post-immunisation testing

**Additional Health Clearance**

All Western Health healthcare workers, including students, who will perform exposure prone procedures (EPPs), require additional health clearance. Additional health clearance means being non-infectious for:

* HIV (antibody negative),
* hepatitis B (surface antigen negative or, if positive, e-antigen negative with a viral load of 103 genome equivalents/ml or less); and
* hepatitis C (antibody negative or, if positive, negative for hepatitis C RNA).

Exposure prone procedures are invasive procedures where there is potential for direct contact between the skin, usually finger or thumb of the healthcare worker, and sharp surgical instruments, needles, or sharp tissues (e.g. fractured bones), spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient.

The Occupational Health and Safety Act (2004) place a duty of care on employers to ensure workplace health and safety where occupational infectious disease hazards exist. Healthcare workers also have a responsibility and duty of care to ensure the safety of patients, staff and visitors in the workplace by adhering to infection prevention measures implemented by the employer.

**Vaccination Evidence**

Evidence of immunity may include any vaccination records or serology test results as per table below. Vaccination records can be obtained from your previous employer, your General Practitioner (GP) and or the Local Council where you could have received childhood immunisations.

In the absence of documented evidence of vaccination or immunity, an immunisation assessment should be organised through your GP. The nurse immuniser at the Western Health immunisation clinic can assist with any queries about immunisation and immunity tests required.

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| Vaccine Preventable Diseases: | Immunisation recommendation: | Required evidence : |
| Influenza | A, B, C  All employees | Annual vaccination |
| Measles  Mumps  Rubella  (MMR) | A, B, C  All employees | Documented serological evidence of immunity to measles, mumps, rubella  **OR**  Documented evidence of 2 doses of MMR vaccination a minimum of one month apart |
| Hepatitis B | A, B  Employees with direct patient contact/possible contact with blood or body fluids. | Hepatitis B HBsAb >10 OR Evidence of completed vaccination course  I |
| Varicella Zoster | A,B  All workers and students in clinical areas. | History of disease, **OR** documented positive serology **OR** vaccination with 2 documented doses of vaccine |
| Pertussis | A, B  Obstetrics and Paediatrics. | A booster is required every 10 years for HCWs |
| Hepatitis A | Workers who may be involved in work on sanitation or sanitation piping. |  |
| Tuberculosis Screening | A, B, C | **Mantoux test** or **QuantiFERON Gold (QF)** In Tube test result is required for all new staff members within the **last 12 months.**  If a HCW is already known to be QF positive then a clearance letter from an Infectious diseases or respiratory physician is required. |
| EPP Screening | As specified above | **Documented serological evidence of within the last six weeks:**   * HIV antibody negative, * Hepatitis B HBsAb >10. (If HBsAb <10, then both HBsAg and HBcAb negative.(Staff need to have completed vaccination course for hepatitis B) * Hepatitis C antibody negative |

**Confidentiality and Privacy**

Please note confidentiality and privacy of all records is ensured. A copy of your medical screening record may also be provided upon written request.

**Non Participation**

Staff who refuse any recommended vaccine may be subject to imposed work restrictions, required to wear personal protective equipment (PPE) at all times, or may be redeployed from high-risk areas. If you **do not** wish to participate in the recommended immunisation schedule including the annual influenza vaccination you are required to complete the mandatory non-participation declaration provided.

**Further Information**

Further information can be obtained by contacting Infection prevention on 8345 6783 or 0435 652 274 Monday to Friday 07.30am to 4.00pm