# FACT SHEET for Candidates

#### RECRUITMENT COMPLIANCE

# Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases for Category A positions

#### Introduction

The information provided will assist you to meet the requirements set out by Ministry of Health and explain how to obtain records as proof of vaccination/ serology (blood test).

#### What you need to know

<u>Appendix 1: Evidence of Protection</u>, of the Policy, specifies the required evidence of protection against specified infectious diseases. Evidence of protection may be provided in the form of:

- A written record of vaccination signed by the doctor, authorised immunisation nurse or pharmacist vaccinator (for authorised vaccines only) on the <u>NSW Health Vaccination Record Card for Category A Workers and Students</u>
- · Serological (blood test) confirmation of protection and/or
- An Australian Immunisation Register (AIR) History Statement and/or
- Other evidence as indicated by the policy

Each vaccination recorded must be confirmed with the vaccine name, batch number (if available) of the vaccine, the date of vaccination, the signature of the doctor, authorised nurse immuniser or pharmacist vaccinator (for authorised vaccines only) and the practice stamp.

Each serology (blood test) result provided must be confirmed with the blood test name, date of the blood test and the result. When recording results on a vaccination record card a signature of the doctor/authorised nurse immuniser and the practice stamp is required.





#### What you need to do

Please bring all vaccination documentation including the <u>NSW Health Undertaking/Declaration Form</u> and the <u>Tuberculosis (TB) Assessment Tool</u> to your interview.

A clinical review will be completed by trained immunisation nurses, who will advise of any remaining requirements to achieve compliance.

#### **Undertaking/Declaration form**

Please complete the form as directed below:

- Read the instructions on page 1.
- Answer by ticking the applicable option in each section (Part 1 to 5) on the right-hand side of page 2 of the form.
- Ensure all sections including the signature and date are completed and recorded on the bottom of page 2 of the form.

#### Tuberculosis (TB) Assessment Tool Please

complete this form as directed below:

- Fill in your name and Stafflink/ Student ID on each page
- Complete your personal information including signature and date on page 1
- Answer all questions in Part A, Part B and Part C.
- This form should be re-submitted in future if new potential exposure to TB (e.g. overseas travel >3 months).





### List of Specific Infectious Diseases

Diphtheria, Tetanus and Pertussis	1 adult dose of dTpa vaccine (NOT ADT) within the last 10 years (serology will not be accepted)
Hepatitis B	<ul> <li>Evidence of an age-appropriate Hepatitis B vaccination course AND</li> <li>Anti-HBs ≥10mlU/mL (blood test) collected a minimum of 28 days after the last Hepatitis B vaccine OR</li> <li>Documented serology (blood test) that shows past hepatitis B infection</li> <li>Current age-appropriate Hepatitis B vaccination course recommendations (an accelerated course is NOT accepted).</li> <li>11-15 year old: 2 doses of Hepatitis B vaccine (given 4 to 6 months apart)</li> <li>Under 20 years of age: 3 doses of paediatric formulation Hepatitis B vaccine (given over 4-6 months minimum)</li> <li>Over 20 years of age: 3 doses of an adult formulation Hepatitis B vaccine (given over 4-6 months minimum)</li> <li>Doses must be provided in accordance with the recommended minimum intervals for the Hepatitis B schedule</li> </ul>
Measles, Mumps and Rubella (MMR)	<ul> <li>2 doses of MMR vaccine one month apart <b>OR</b> a positive serology (blood test) for Measles, Mumps and Rubella (Rubella immunity provided as a numerical value with immunity status as per lab report) <b>OR</b></li> <li>Birth date before 1966 (no vaccinations or blood tests required</li> </ul>
Varicella	<ul> <li>2 doses of Varicella vaccine one month apart OR 1 dose of Varicella vaccine received before age 14 OR a positive serolog (blood test)</li> <li>Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox. A verbal history of childhood disease is not accepted.</li> </ul>
	Please note: MMR and Varicella vaccinations MUST be given on the same day OR 28 days apart.
Influenza	Mandatory annual vaccination for Category A applicants and strongly recommended for Category B applicants
COVID-19	<ul> <li>Category A and B workers are strongly recommended to stay up to date with COVID-19 vaccinations as per the</li> </ul>



	recommendations in the <u>Australian Immunisation Handbook</u> however it is not a condition of employment.
Tuberculosis Screening	Applicants who require TB screening with tuberculin skin test (TST) or IGRA blood test (QuantiFERON TB Gold Plus) will be notified as part of their recruitment process.
	TB screening (if required) must be completed and TB compliance or temporary compliance obtained before commencing employment or placement.
	Temporary TB compliance is granted once a worker who has tested positive on TB screening has a chest X-ray and is cleared by the TB service.

Refer to Appendix 1 Evidence of Protection of the Policy for more detailed information

#### Sources of Evidence for Childhood/Adult Vaccinations

#### **Documentation** can be sourced from:

- Your Blue Book or childhood vaccination book from your state or country (records presented in a foreign language must be translated using the vaccine translation website (<a href="https://translating.homeaffairs.gov.au/en">https://translating.homeaffairs.gov.au/en</a>) or using a local translation service.
- Immunisation summary list from your Local Doctor
- Immunisation history statement from the Australian Immunisation Register (Medicare):
- https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisationregister
- The <u>NSW Health Vaccination Record Card for Category A Workers and Students</u> should be completed in full and correctly by a GP, authorised immunisation nurse or <u>pharmacist vaccinator</u> (for authorised vaccines only) (https://www.health.nsw.gov.au/immunisation/Pages/pharmacist-vaccination-expansion.aspx)
- NSW Health employees only: Staff vaccination record see Staff Health department at your Local Health District

For **school vaccination program records**, follow the link below for contact details for your local Public Health Unit (in the area you went to school):

http://www.health.nsw.gov.au/Infectious/Pages/phus.aspx

**Contact** other relevant Australian, state and territory government health authorities:

https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments





## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases for Category A positions

#### Resources

 NSW Health Policy Directive PD2024\_015 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases - <a href="https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024\_015.pdf">https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024\_015.pdf</a> Australian Immunisation Handbook - <a href="https://immunisationhandbook.health.gov.au/">https://immunisationhandbook.health.gov.au/</a>

