Introduction
This guideline provides information to support Hospital and Health Services (HHSs) to develop and implement a risk-based workforce immunisation program in accordance with national guidelines. It also provides advice on forms of evidence that are acceptable proof of any vaccination or proof that a healthcare worker is not susceptible to hepatitis B due to serological status.

### KEY CRITICAL POINTS
- Hepatitis B vaccination or proof that an individual is not susceptible to hepatitis B is a condition of employment in Queensland Health facilities for the staff and students in Risk Categorisation Category A.
- Administration of vaccines should be in accordance with the recommendations of the current edition of the NHMRC Australian Immunisation Handbook.

Requirements

**Risk Categorisation**
The following risk categories apply to staff screening and vaccination. These risk categories are particularly important in determining for which employees hepatitis B vaccination is mandatory. The risk categories should also be applied when planning screening and vaccination programs for other vaccine preventable diseases.

**Category A – Staff with direct contact with blood or body substances**
This category includes all healthcare workers who have contact with or potential exposure to blood and body substances. This category of staff is required to be vaccinated against hepatitis B or provide proof that they are not susceptible to hepatitis B due to serological status. This group includes:
- medical practitioners
- nursing staff
- allied health practitioners
- dental staff (including assistants)
- clinical pharmacy staff
- maintenance personnel who service clinical equipment (including plumbers)
- sterilising services staff
- mortuary staff and technicians
- specimen collection staff
- operational staff in other categories who have contact with patients or waste
- cleaning staff and waste-management personnel
- porterage and patient assistance staff
- healthcare students
- security staff
- laundry staff
- home care workers
- laboratory staff.
Category B – Staff who have indirect contact with blood and body substances
This category includes staff groups who rarely have direct contact with blood or body substances. These staff may be exposed to infections spread by airborne or droplet routes, but are unlikely to be at occupational risk from blood-borne diseases.

This group includes:
- ward catering staff
- administration staff in patient care areas
- religious service providers.

Category C – Staff who have minimal patient contact
This category includes staff groups who have no greater exposure to infectious diseases than do the general public. The exact nature of job responsibilities should be taken into account when performing vaccination status screening.

This group includes:
- office clerical staff
- gardening staff
- kitchen staff (without patient contact)
- medical records staff
- supply department staff
- office staff in non–patient care areas
- non-clinical pharmacy staff.

Laboratory staff
Laboratory staff may have additional vaccination requirements if they are working with or may be exposed to specific infectious agents. Laboratories should have local systems and procedures in place to identify and assess these risks, and provide a staff screening and vaccination program that meets local facility needs. As a minimum standard, these vaccination programs should be provided in accordance with the recommendations of the current edition of the Australian Immunisation Handbook.

Screening and Vaccination Programs
Administration of vaccines should be in accordance with the recommendations of the current edition of the Australian Immunisation Handbook, with particular attention to indications, adverse events, precautions, contraindications, pre-immunisation checklists and post-immunisation management.

Data Collection
All Queensland Health staff vaccination and screening data should be entered into a secure database that is accessible to authorised personnel only, and maintained in accordance with the confidentiality and security provisions of the Health Services Act 1991. The Staff Protect Application (SPA) meets these requirements.
Vaccination Process

Vaccines should be administered by:
- registered nurses endorsed to practise in accordance with the Drug Therapy Protocol Immunisation Program under the provisions of section 175 (3) of the Health (Drugs and Poisons) Regulation 1996
- medical officers
- registered nurses under written medical instruction or standing drug order.

Consent

Valid consent should be obtained after the healthcare worker has made an informed decision based on the risk and benefits of the vaccination. Consent can be either written or verbal.

A record of the vaccine and batch number, collected from either the consent form or vaccine clinic record form, should be recorded in a secure database.

Other than vaccines that are a condition of employment (see Queensland Health Human Resource Policy – Recruitment and Selection B1), refusal of vaccination should be documented using the Queensland Health Non-Participation in Staff Assessment, Screening and Vaccination Form, available at http://www.health.qld.gov.au/chrisp/policy_framework/HCW_decline.pdf

This requirement does not apply to annual influenza vaccination.

Education

Information regarding vaccines and vaccine preventable diseases should be made available to employees prior to commencement of employment. Information is available for staff from the eLearning program, available at http://www.health.qld.gov.au/chrisp/elearn_VPD/index.html

Vaccination Requirements

Hepatitis B

Hepatitis B vaccination or proof that an individual is not susceptible to hepatitis B is a condition of employment in Queensland Health facilities for the staff and students in Risk Categorisation Category A.

Booster doses of hepatitis B vaccine are not necessary following achievement of serologically confirmed immunity. Antibody levels do not require regular monitoring once immunity has been confirmed. However, booster doses are recommended for individuals with impaired immunity, in particular with human immunodeficiency virus or renal failure.

Staff with a documented history of a primary course and booster dose and who remain seronegative for hepatitis B antibodies should be investigated for hepatitis B carriage. Those who are HBsAg negative should be informed about the need for hepatitis B immunoglobulin (HBIG) within 72 hours of parenteral exposure to hepatitis B and should be managed in accordance with Queensland Health’s Standard for the Management of Occupational Exposures.

Staff who remain seronegative for HBsAb (non-responders) following a primary course of vaccination and subsequent intramuscular boosters and are HBsAg negative may respond to intradermal administration of hepatitis B vaccine. Availability of this service is limited. Please refer to the current edition of The Australian Immunisation Handbook for further information.
New Employees
Prospective employees categorised in risk categorisation category A who have no evidence of hepatitis B vaccination or proof that they are not susceptible to hepatitis B infection are not to be employed.

Proof of hepatitis B vaccination or proof that an individual is not susceptible to hepatitis B is required prior to the appointment of a position in Queensland Health for employees categorised in risk categorisation category A. Evidence that an individual is vaccinated or not susceptible to hepatitis B includes:

- vaccine record book with details of vaccine given and clinic attended
- letter from a medical officer, infection control practitioner or vaccine service provider with details of vaccine given or a statement that the individual is not susceptible to hepatitis B
- a pathology testing result showing a positive anti-HBs ($\geq 10$ IU/L).

Statutory declarations should not be accepted.

Existing Employees
If an existing employee categorised in risk categorisation category A refuses to be vaccinated against hepatitis B and their work involves or has the foreseeable risk of exposure to hepatitis B, then the person should not to work in that environment.

An existing employee who is genuinely unable to be safely vaccinated:

- due to pregnancy, they can be deployed to alternative duties until medically fit to be vaccinated (Section 36, Industrial Relations Act 1999)
- due to a permanent medical condition (allergy or long-term illness) or genuinely held religious belief, they can be transferred to areas of lower risk duties (Section 133, Public Service Act 2008). When human resource constraints hinder transfer then Queensland Health is unable to redeploy them to a lower classification level.

An existing employee who refuses to be vaccinated for personal reasons (for reasons other than pregnancy, impairment or religious beliefs) can be transferred to another position involving different duties at the same classification level (Section 133, Public Service Act 2008), or the HHS may take other action appropriate to the individual’s circumstances.

Influenza
Influenza vaccination programs targeting all staff should be offered annually. The timing and length of these vaccination programs are to be decided by each facility or Hospital and Health Service based on availability of vaccine, and local need and constraints.

Particular focus is to be given to higher risk areas, e.g., immunocompromised patient area.

Further information and resources about the annual influenza vaccination program can be found at [http://www.health.qld.gov.au/chrisp/staff_protect/HCW_vaccination.asp](http://www.health.qld.gov.au/chrisp/staff_protect/HCW_vaccination.asp)
Other vaccine preventable diseases
Vaccination and screening programs should be undertaken for the following vaccine preventable diseases:

• measles
• mumps
• rubella
• pertussis
• poliomyelitis
• hepatitis A
• varicella zoster virus (chickenpox).

The scope of these vaccination and screening programs should be based on the recommendations found in the current edition of The Australian Immunisation Handbook.

Tuberculosis

Students and Trainees
Queensland Health has a contract (Student Placement Deed) with Australian tertiary education providers to ensure all students and trainees who meet the definition of clinical contact during clinical placements comply with this document. Only students who have provided proof that they are not susceptible to hepatitis B or show evidence of hepatitis B vaccination to their tertiary education provider should attend clinical placement within Queensland Health. Students may attend their clinical placement after completing their final dose of hepatitis B vaccine.

Employment Screening Program
Queensland Health has a legal obligation and a responsibility to employees to provide a standardised process to identify at-risk (non-vaccinated) employees prior to commencing employment. A vaccine preventable disease and vaccination status screen should be undertaken for all new employees and for employees who are transferring from a Category B or C position to a Category A position.

Compliance Monitoring by HHS
The Australian Commission on Safety and Quality in Health Care’s National Safety and Quality Health Service Standard 3 requires health services organisations to monitor compliance with their risk-based workforce immunisation program.
Glossary of Terms

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<th>Term</th>
<th>Definition/Explanation/Details</th>
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<tbody>
<tr>
<td>Anti-HBs, HBsAb, hepatitis B surface antibody</td>
<td>Antibodies developed to HBsAg indicating immunity.</td>
<td>Australian Immunisation Handbook 9th Edition</td>
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<tr>
<td>HBsAg, Hepatitis B surface antigen</td>
<td>A marker in the blood that indicates the person is a carrier of active hepatitis B virus infection.</td>
<td>Australian Immunisation Handbook 9th Edition</td>
</tr>
<tr>
<td>Vaccine</td>
<td>A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease-causing microorganism, and is often made from weakened or killed forms of the microbe or its toxins. The agent stimulates the body's immune system to recognise the agent as foreign, destroy it, and &quot;remember&quot; it, so that the immune system can more easily recognise and destroy any of these microorganisms that it later encounters.</td>
<td>Australian Immunisation Handbook 9th Edition</td>
</tr>
<tr>
<td>Vaccination</td>
<td>The process of administering weakened or dead pathogens to a healthy person, with the intent of conferring immunity against the pathogen.</td>
<td>Australian Immunisation Handbook 9th Edition</td>
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Revision History

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