

Vaccine Preventable Disease Screening for Contractors, Students and Volunteers Health Service Directive

Protocol for Vaccine Preventable Disease Screening for Contractors, Students and Volunteers

1. Purpose

The purpose of this Protocol is to specify the mandatory vaccine preventable disease (VPD) pre-engagement/pre-commencement screening requirements for Contractors, Students and Volunteers.

2. Scope

This Protocol applies to all Hospital and Health Services.

3. Roles and Responsibilities for Vaccine Preventable Disease Pre-engagement/Pre-commencement Screening

3.1 Vaccine preventable disease role requirements and mandatory VPD requirements:

3.1.1 Evidence of vaccination against, OR proof that a Contractor, Student or Volunteer (the prospective worker) is not susceptible to, the following VPDs:

- (a) measles;
- (b) mumps;
- (c) rubella (MMR);
- (d) varicella (chicken pox);

is required to be provided by the prospective worker for roles where:

- face-to-face contact with patients occurs; or
- a normal work location is in a clinical area; or
- the prospective worker will frequently attend clinical areas.

3.1.2 For pertussis (whooping cough) evidence of vaccination within the last 10 years is required to be provided by the prospective worker for roles where:

- face-to-face contact with patients occurs; or
- a normal work location is in a clinical area; or
- the prospective worker will frequently attend clinical areas.

3.1.3 Evidence of vaccination against, OR proof that the prospective worker is not susceptible to, hepatitis B, is required to be provided by the prospective worker for roles where:

- there is direct physical contact with patients, clients or the deceased; or
- where in the course of their work, there may be exposure to blood, body substances and/or equipment or surfaces contaminated with these.

This evidence may be provided by a third party on behalf of the prospective worker.

Hospital and Health Services must meet the following mandatory VPD screening requirements:

3.1.4 Unless otherwise contractually obligated or agreed by Queensland Health, ensure that for any prospective worker, whose contract, clinical placement or movement between Queensland Health entities was entered into/commenced on or after 1 July 2016¹, and whose role requires VPD screening evidence provides:

- (a) evidence of vaccination against MMR, varicella, pertussis and/or hepatitis B as per their role requirements; or
- (b) proof that they are not susceptible to MMR, varicella and/or hepatitis B as per their role requirements; and
- (c) evidence of a future vaccination for pertussis (whooping cough) or any other VPD as per their role requirement in accordance with recommendations for healthcare workers in *The Australian Immunisation Handbook* (as updated from time to time); and
- (d) that the evidence described in (a) and (b) above is required to be provided by a specified date (or within a specified timeframe).

3.2 Evidence

¹ For contracts drafted under a Standing Offer Arrangement (SOA) tendered, or entered into, prior to 1 July 2016, please refer to the SOA terms and conditions for any scope to vary the contract.

A record of vaccination against pertussis is the only acceptable evidence. Refer to 3.2.1 for the forms that this evidence may take.

Acceptable evidence for MMR, varicella and hepatitis B includes evidence of vaccination, or, where evidence of vaccination cannot be provided, that an individual is not susceptible to the role required VPDs.

This evidence includes one or more of the following:

- 3.2.1 A [vaccine preventable diseases evidence form](#) completed by the prospective worker that is accompanied by copies of the evidence specified on the form. The acceptable forms of evidence to accompany the form are:
- (a) vaccine record book with details of vaccine given and clinic attended;
 - (b) An Australian Immunisation Record (AIR) *Immunisation history statement*;
 - (c) previous blood test results showing immunity where it is indicated as acceptable on the vaccine preventable diseases form;
 - (d) letter from a medical practitioner, infection control practitioner, nurse practitioner or vaccine service provider with details of vaccine given.
- 3.2.2 Record of immunity/non-susceptibility (this is not acceptable evidence for pertussis):
- (a) pathology testing result;
 - (b) letter from a medical practitioner certifying non-susceptibility to MMR, varicella and/or hepatitis B;
 - (c) completion of [vaccine preventable disease evidence certification form](#) by a medical practitioner, infection control practitioner, registered nurse or vaccine service provider.

VPD specific recommendation information is contained in the [Guideline for the Vaccination of Healthcare Workers](#).

Statutory declarations from the prospective worker are **not** acceptable evidence of vaccination or non-susceptibility to the role required VPDs.

3.3 Exemptions

3.3.1 Exemption: Verified Supply Shortage

Where a supply shortage of vaccine for a VPD has been verified by the Chief Health Officer to the Chief Executives of the Hospital and Health Services (Health Service

Chief Executives) (Verified Supply Shortage), a Hospital and Health Service is not required to comply with the relevant mandatory VPD screening requirements of the Protocol for the period of the Verified Supply Shortage (the Exemption Period), provided that the following requirements are met:

- (a) a risk assessment is completed by local experts, for example, an Infectious Diseases Physician, the Infection Control Unit or the Safety and Quality Unit, to determine the level of risk of the prospective worker contracting/transmitting the VPD; and
- (b) the Hospital and Health Service must manage staffing and other operational and clinical matters based on the completed risk assessment; and
- (c) the Hospital and Health Service must provide information to the prospective worker regarding:
 - (i) the risk of exposure to a VPD associated with the work proposed to be undertaken; and
 - (ii) all policies and procedures relevant to avoiding the risk of exposure and/or injury from a VPD; and
 - (iii) any lawful action the Hospital and Health Service wants to be taken by the Contractor, Student or Volunteer in the event of exposure and/or injury from the VPD.

In circumstances where a prospective Contractor, Student or Volunteer is to be engaged following the completed risk assessment, approval for an exemption to the required vaccine that is in a Verified Supply Shortage must be obtained from the Health Service Chief Executive.

The Exemption Period must not extend beyond the Verified Supply Shortage.

The Exemption Period ends when the Chief Health Officer declares to Health Service Chief Executives that the vaccine is no longer in short supply.

The exemption applies only to the VPD vaccine that is affected by a Verified Supply Shortage.

3.3.2 Exemption: Exceptional Circumstances for a Contractor only

An Exceptional Circumstance, for the purpose of this Protocol, is an event, or combination of events, that requires the appointment of a Contractor to meet a need of the Hospital and Health Service or a facility where:

- (a) not appointing the Contractor may create a risk that is unacceptable to the Hospital and Health Service, that may lead to injury or death of a patient(s) or worker(s); and
- (b) this risk cannot be mitigated in any other practicable way.

Where an Exceptional Circumstance is identified, a Health Service Chief Executive may approve an exemption for a specified VPD vaccine for a specific Contractor, provided that the following requirements are met:

- (a) a risk assessment is completed by local experts, for example, the Safety and Quality Unit, an Infectious Diseases Physician or an Infection Control Unit, to determine the level of risk of the prospective Contractor contracting/transmitting the VPD; and
- (b) the Health Service Chief Executive is satisfied there is no other suitably qualified person who meets the VPD requirements that is able to perform the required duties under the contract; and
- (c) the Hospital and Health Service provides information to the prospective Contractor regarding:
 - (i) the risk of exposure to a VPD associated with the work proposed to be undertaken; and
 - (ii) all policies and procedures relevant to avoiding/reducing the risk of exposure and/or injury from a VPD; and
 - (iii) any required modification of duties to be undertaken; and
 - (iv) any action recommended to be taken by the Contractor in the event of exposure and/or injury from the VPD.

The Hospital and Health Service should request the Contractor provide documentary evidence from a medical practitioner to support the decision to enter into the contract with the Contractor.

The documentary evidence must include:

- (i) the reason for vaccine contraindication relevant to the Contractor; and
- (ii) the time period of the vaccine contraindication

Hospital and Health Services may seek their own advice regarding managing any risks identified in Exceptional Circumstances, including epidemiological, medical, clinical or legal advice.

3.4 Record keeping

Hospital and Health Services must meet the following mandatory VPD recording requirements:

- 3.4.1 In circumstances where the Contractor(s), Student(s) and Volunteer(s) vaccination history, or evidence that they are not susceptible to the specified VPDs, is provided directly to the Hospital and Health Service, this documentation must be stored in a secure database that is accessible to authorised personnel only and maintained in accordance with the *Information Privacy Act 2009* (Qld) and the *Public Records Act 2002* (Qld).
- 3.4.2 Hospital and Health Services are not responsible for keeping a record of a Student's vaccination history, this is the responsibility of their education providers. Education providers are also responsible for monitoring the VPD status of students. However, Hospital and Health Services may request this information from the education provider, and any information received must be stored in a secure database that is accessible to authorised personnel only and maintained in accordance with the *Information Privacy Act 2009* and the *Public Records Act 2002*.

3.5 Other VPDs

Hospital and Health Services may apply a risk based approach to include pre-engagement/pre-commencement VPD screening for prospective workers for additional VPDs which are outlined in the *Australian Immunisation Handbook* (as updated from time to time), only where this pre-engagement/pre-commencement VPD screening has a legislative or lawful basis.

Requirements for screening and vaccination for tuberculosis are managed by the Health Service Directive and Protocol [Tuberculosis Control](#) (QH-HSD-040:2018)

3.6 Monitoring VPD requirements

Hospital and Health Services must meet the following VPD monitoring requirements:

- 3.6.1 Monitor compliance by all relevant Contractor(s) or Volunteer(s) with the VPD screening conditions of their engagement.
- 3.6.2 Provide the Department of Health with a report about the reliance on an Exemption Period for a Verified Supply Shortage, if requested.
- 3.6.3 Provide the Department of Health with a report regarding the number of, and the reason for, all Exceptional Circumstances exemptions, if requested.
- 3.6.4 Provide the Department of Health with a report regarding compliance by Volunteer(s) or Contractor(s) with the VPD screening conditions of engagement, if requested.



4. Supporting and related documents

Authorising Health Service Directive

- Health Service Directive: Vaccine Preventable Disease Screening for Contractors, Students and Volunteers #QH-HSD-047:2019

Legislation

- *Hospital and Health Boards Act 2011* (Qld)
- *Work Health and Safety Act 2011* (Qld)
- *Information Privacy Act 2009* (Qld)
- *Public Records Act 2002* (Qld)
- *Public Health Act 2005* (Qld)
- *Right to Information Act 2009* (Qld)

Guideline

- [Guideline for Vaccination of Healthcare Workers](#) as updated from time to time.

Related documents

- [The Australian Immunisation Handbook](#) (as updated from time to time)
- Health Service Directive: Tuberculosis Control #QH-HSD-040:2018
- Health Service Directive Protocol for the Control of Tuberculosis: #QH-HSDPTL-040-1:2018
- [Student Placement Deed](#) (for group A education providers)
- Student Placement Deed (for group B education providers)
- [Staff vaccination programs](#)

For VPD screening and reporting requirements for health service employees refer to:

- Health Employment Directive No. 01/16: Vaccine preventable diseases (VPD) requirements,
- Human Resources Policy B1: Recruitment and selection.

5. Definition of Terms

Term	Definition / Explanation / Details
Contractor	Contractor means a person engaged to perform services (clinical or non-clinical) within Hospital and Health Services as an independent contractor, including: <ul style="list-style-type: none">• Contractors and consultants;• locum workers;• visiting medical practitioners;• authorised practitioners of a contracted Visiting Medical Officer (VMO); and

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	<ul style="list-style-type: none"> • workers engaged under an arrangement with an employment agency or workforce labour company, <p>but does not include a person who is engaged as a health service employee under the <i>Hospital and Health Boards Act 2011</i>.</p> <p>The Health Service Directive (QH-HSD-047:2019) and Protocol (QH-HSDPTL-047-1:2019) will apply to any new Contractors and any Contractor who is currently engaged to perform services within Hospital and Health Services and whose contract is to be renewed or extended.</p> <p>For contracts drafted under an SOA tendered, or entered into, prior to 1 July 2016, please refer to the SOA terms and conditions for any scope to vary the contract.</p>
Department of Health	<p>The Department of Health includes all Divisions, Branches and Units that comprise the organisational structure of the Department of Health https://gheps.health.qld.gov.au/indexpages/qldhealth :</p> <ul style="list-style-type: none"> ▪ Clinical Excellence Queensland ▪ Corporate Services Division ▪ Healthcare Purchasing and System Performance Division ▪ Strategy, Policy and Planning Division ▪ Chief Health Officer and Prevention Division ▪ Office of the Director-General ▪ Health Support Queensland ▪ eHealth Queensland <p>and any successor entity to the Divisions, Branches and Units listed above, as varied from time to time.</p>
Evidence of vaccination	<p>A record of vaccination against pertussis is the only acceptable evidence. Refer to <i>Record of vaccination</i> (below) for the forms that this evidence may take.</p> <p>Acceptable evidence for MMR, varicella and hepatitis B includes evidence of vaccination, or, where evidence of vaccination cannot be provided, that an individual is not susceptible to the role required VPDs. This evidence includes one or more of the following:</p> <p style="padding-left: 40px;">A vaccine preventable diseases evidence form completed by the prospective worker that is accompanied by copies of the evidence specified on the form. The acceptable forms of evidence to accompany the form are:</p> <ol style="list-style-type: none"> (a) vaccine record book with details of vaccine given and clinic attended; (b) An Australian Immunisation Record (AIR) <i>Immunisation history statement</i>; (c) previous blood test results showing immunity where it is indicated as acceptable on the vaccine preventable diseases form; (d) letter from a medical practitioner, infection control practitioner, nurse practitioner or vaccine service provider with details of vaccine given.



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	<p>Record of immunity/non-susceptibility (this is not acceptable evidence for pertussis):</p> <ul style="list-style-type: none"> (d) pathology testing result; (e) letter from a medical practitioner certifying non-susceptibility to MMR, varicella and/or hepatitis B; (f) completion of vaccine preventable disease evidence certification form by a medical practitioner, infection control practitioner, registered nurse or vaccine service provider. <p>VPD specific recommendation information is contained in the Guideline for the Vaccination of Healthcare Workers.</p> <p>Statutory declarations from the prospective worker are not acceptable evidence of vaccination or non-susceptibility to the role required VPDs.</p>
<p>Exceptional Circumstance</p>	<p>An Exceptional Circumstance, for the purpose of this Protocol, is an event, or combination of events, that requires the appointment of a Contractor to meet a need of the Hospital and Health Service or a facility where:</p> <ul style="list-style-type: none"> (a) not appointing the Contractor may create a risk that is unacceptable to the Hospital and Health Service, that may lead to injury or death of a patient(s); and (b) this risk cannot be mitigated in any other practicable way.
<p>Exemption Period</p>	<p>The length of time that Health Service Chief Executives apply an exemption from the VPD requirements of the Protocol during a period of Verified Supply Shortage.</p> <p>The Exemption period extends from when the Chief Health Officer declares to the Health Service Chief Executives that a VPD vaccine is in short supply (Verified Supply Shortage).</p> <p>The Exemption period ends when the Chief Health Officer declares to Health Service Chief Executives that the vaccine is no longer in short supply.</p> <p>The exemption applies only to the VPD vaccine that is affected by a Verified Supply Shortage.</p>
<p>Hospital and Health Service</p>	<p>A statutory body established under the <i>Hospital and Health Boards Act 2011</i> (Qld) responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities.</p>
<p>Infectious Diseases Physician</p>	<p>A medical specialist who deals mainly with the diagnosis, control and treatment of infections.</p>
<p>Infection control practitioner</p>	<p>An Infection Control Practitioner is a healthcare professional who is responsible for the prevention and management of infections in a facility or group of facilities.</p>



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Infection Control Unit	A multi-disciplinary team of healthcare professionals who are responsible for improving patient safety by designing and implementing interventions for managing and preventing infections in a health facility.
Nurse Practitioner	Nurse practitioner is an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia who has direct clinical contact and practises within their scope under the legislatively protected title 'nurse practitioner' under the Health Practitioner Regulation National Law.
Prospective worker	An prospective worker is a Contractor, Student or Volunteer who is pre-engagement/pre-commencement with the Hospital and Health Service.
Queensland Health entities	For the purpose of this Protocol, Queensland Health comprises the Hospital and Health Services and the Department of Health. A move or transfer between, for example, a Hospital and Health Service and the Department of Health, or from one Hospital and Health Service to another, is a move between Queensland Health entities.
Safety and Quality Unit	The body within a health facility that is responsible is responsible for monitoring and supporting Hospital and Health Services to minimise patient harm, reduce unwarranted variations in health care and to achieve high-quality patient-centred care.
Student	Any person who is a student of a school, university, TAFE, or other secondary or tertiary education provider, undertaking work experience or placement within a Hospital and Health Service.
Vaccine preventable disease screening	An assessment process to ascertain if an individual has been vaccinated for the required vaccine preventable disease(s). This must include: <ul style="list-style-type: none"> • confirming a history of vaccination; OR • serological test results. Both are not necessarily required. This may vary depending on individual immune response or on individual circumstances and/or medical advice.
Vaccination	The administration of a vaccine; if vaccination is successful, it results in immunity. For further information, please see <i>The Australian Immunisation Handbook</i> as updated from time to time.
Vaccine service provider	An appropriately qualified individual or company that provides appropriately qualified individuals that can administer vaccinations, as a service, to individuals or as part of a workplace vaccination program.
Verified Supply Shortage	A vaccine supply shortage verified as such by the Immunisation Program, Communicable Diseases Branch, the Department of Health as notified to the Chief Executives of Hospital and Health Service by the Chief Health Officer and Deputy Director General, Prevention Division. The end of a Verified Supply Shortage will be notified using the above process.
Volunteer	An individual who supports Hospital and Health Services either through direct contact with patients/clients or other activities without financial gain or reward.
VPDs	Vaccine preventable diseases. For further information, please see The Australian Immunisation Handbook as updated from time to time.

7. Approval and Implementation

Protocol Custodian

Dr Sonya Bennett

Executive Director, Communicable Diseases Branch

Approving Officer:

Director-General, Department of Health

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Effective from: 01/09/2019

8. Version Control

Version	Date	Prepared by	Comments
1.0	01/07/2016	Communicable Disease and Infection Management	New document
2.0	19/07/2017	Communicable Disease and Infection Management	Amendment to exempt HHS compliance with VPD screening requirement for contractors, students and volunteers due to vaccine shortage. Amendment to VPD recording to increase clarity.
3.0	01/09/2019	Communicable Disease and Infection Management	Review which includes amendment to include an exemption for Exceptional Circumstances and amendments to assist in improving clarity and simplifying language.