

## STAFF IMMUNISATION

### 1. General Information

Staff immunisation is important because health care workers are associated with an increased risk of some vaccine preventable diseases. Furthermore, health care workers may transmit infections such as influenza, measles, rubella, varicella and pertussis to susceptible patients. The following recommendations include only occupational immunisations and are applicable to all Remote Health Staff not just clinical staff. People at high risk may benefit from additional immunisations. These guidelines assume that all staff will have had routine childhood immunisations.

Recommendations for Remote Health Staff are made by the Centre of Disease Control (CDC) in conjunction with the current National Health and Medical Research Council (NHMRC) [Australian Immunisation Handbook](#).

The Australian Government under the National Immunisation Program funds some adult vaccinations. However the majority of vaccinations required by Department of Health and Families (DHF) staff are not funded and the cost centre of the employee is responsible for costs. Immunisations are recommended for all Remote Staff at any health centre, including staff not directly involved in client care and staff working periodically in any health centre.

While Tuberculosis screening is not an immunisation, it is recommended for all Remote Health Centre Staff to establish a baseline Mantoux reading or initiate treatment. Such screening for DHF staff is a compulsory component of employment conditions. These guidelines cover staff, volunteers and students.

For staff concerned about their level of risk, further information on all aspects of immunisation and infectious disease risks to staff is available from [CDC](#).

### 2. Definitions

Nil

### 3. Responsibilities

#### 3.1 All Staff

- Maintain a personal record of immunisation status, and complete the [Staff Immunisation Status Assessment Form](#)
- Make own arrangements for obtaining immunisations/Mantoux (this may be attended in work time, providing the supervisor agrees, and excessive additional travel or other costs are not incurred)
- Where there is a personal decision to decline the vaccinations offered through employment (see section 4) sign the Staff Immunisation Assessment Form accordingly
- Observe [Standard](#) and appropriate [Additional](#) precautions for infection control

#### 3.2 Health Centre Manager

- Ensure new staff are informed of staff immunisation recommendations
- Manage immunisation arrangements of non-clinical staff members

#### 3.3 Town-Based Line Manager

- Ensure new employees are informed of immunisation recommendations on commencement of employment
- Maintain record of each staff member's immunisation status in personnel file

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### 3.4 Clinical Nurse Consultant (Clinical Learning)

- Facilitate provision of information, and arrangements for immunisation/Mantoux provision, during [Pathways](#) Orientations

### 3.5 Centre for Disease Control

- Provide advice on immunisation requirements for staff
- Assist with pre-testing and vaccination of staff

## 4. Procedure

Staff are required to maintain a record of their immunisation status and tuberculosis testing. All recommended immunisations for Remote Health Staff, and TB screening, are available through CDC Units in regional centres. Staff deployed directly to a health centre can make alternative arrangements for pre-vaccination testing and vaccination, with regional CDC Units. See RHB [Staff Immunisation Status Assessment Form](#).

### 4.1 Recommended immunisations:

#### 4.1.1 Influenza Vaccine

A single dose is recommended annually. Vaccine is available from February each year.

#### 4.1.2 Hepatitis B Vaccine

A level of  $\geq 10$  mIU/ml indicates adequate immunity. If this is not evident, three doses of Hepatitis B Vaccine are recommended to be given at 0, 1 and 6 months. Serology testing to check immune response (Hbs Ab) should be performed 4 weeks after the third dose of the Hepatitis B vaccine. Contact CDC re booster doses if a level of  $< 10$  mIU/ml is present.

Staff without immunity to Hepatitis B and Hepatitis A can utilise a combined vaccine - Twinrix. Doses are given at 0, 1 and 6 months.

#### 4.1.3 Hepatitis A Vaccine

Pre-immunisation serological testing for antibodies to Hepatitis A is recommended. Two doses of Hepatitis A vaccine are required at 0 and 6-12 months.

#### 4.1.4 Pertussis

A single dose of combined adult tetanus/diphtheria/pertussis vaccine (*Boostrix*) is recommended for those staff who have contact with young children.

#### 4.1.5 Measles, Mumps and Rubella

Measles, Mumps and Rubella vaccination (MMR) is recommended for those staff born after 1960 with no evidence of receiving 2 doses of measles containing vaccine or serological evidence of immunity.

#### 4.1.6 Varicella Zoster

Pre-immunisation serological testing is recommended for staff who have contact with young children and who do not have a history of chickenpox disease or previous vaccination. If non-immune, 2 doses of varicella vaccine are required 1-2 months apart.

### 4.2 Tuberculosis (TB) Screening

Screening aims to detect early infection prior to disease presentation. This ensures appropriate exposure management and prophylaxis. Screening and any necessary treatment is provided free to employees.

All staff that have never had a positive Mantoux result should have a Mantoux test on commencement of employment. Regional CDC units can assist with individual staff

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requirements for Mantoux testing. If the staff member has or has had a positive Mantoux in the past, a chest x-ray and clinical review at the CDC TB Unit is recommended. Staff with negative Mantoux tests should have repeat screening annually and on termination of employment. Those with positive Mantoux tests will have their follow up determined by the CDC TB Unit.

## 5. Forms

[Staff Immunisation Status Assessment Form](#)

## 6. References and Supporting Documents

Related Atlas Items:

[Additional Precautions](#)

[Airborne Precautions](#)

[Aseptic Technique](#)

[Biohazard Exposure Management](#)

[Contact Precautions](#)

[Droplet Precautions](#)

[Instrument Cleaning & Sterilisation](#)

[Personal Protection Equipment](#)

[Sharps Handling](#)

[Skin Precautions](#)

[Staff Immunisation](#)

[Standard Precautions](#)

[Waste Management](#)

[Flowchart – Standard & Additional Precautions](#)

[Royal Darwin Hospital Infection Control Manual](#)

[Immunise Australia Program](#)

[The Australian Immunisation Handbook 9th Ed.](#)

[NT Immunisation Schedules](#)

Health Services Division Staff Vaccination Policy DHCS (now DHF)

Immunisation Recommendations January 2006 – Centre of Disease Control, Central Australia

Vaccinations compulsory for NSW health workers. Nursing Review May 2007

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