

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

1. This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive* (the "**policy directive**"). This includes volunteers/facilitators/contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health.
2. **Category A workers** as defined in the policy directive must complete:
 - each part of this document; **and**
 - each part of the *Tuberculosis (TB) Assessment Tool*; **and**
 - provide evidence of protection which may include a *NSW Health Vaccination Record Card for Category A Workers and Students*; **and**
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
 - provide evidence of protection (serological and/or vaccination) for other requirements as specified in Appendix 1 *Evidence of protection*; **and**
 - return these forms to the health facility with their application/enrolment or before attending their first clinical placement. (*Parent/guardian to sign if student is under 18 years of age*).

Category A workers will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 1 *Evidence of protection* and submitted the *Tuberculosis (TB) Assessment Tool*.

Failure to complete outstanding hepatitis B, TB or COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/ work/ employment.

3. **Category B workers** as defined in the policy directive must complete:
 - each part of this document; **and**
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
 - return this form to the health facility with your application/enrolment. (*Parent/guardian to sign if student is under 18 years of age*).

Category B workers will only be permitted to commence employment/attend placements if they have submitted this form and have evidence of COVID-19 protection as specified in Appendix 1 of the policy directive *Evidence of protection*.

Failure to complete outstanding COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further placements/duties and may jeopardise their course of study/ work/ employment.

4. The **recruitment agency/education provider** must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment.
5. The **NSW Health agency** must assess these forms along with evidence of protection specified in this policy directive.

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Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read, understand and agree to abide by the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	<p>a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements. (OR)</p> <p>b. (For existing workers only) I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.</p>	
3	I have provided evidence of protection for hepatitis B as follows (Category A workers only):	
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR	
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process OR .	
	e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); AND .	
	f. I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	
4	I have provided COVID-19 vaccination evidence as follows (Category A workers only):	
	a. Evidence of 3 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR	
	b. Evidence that I have received at least two doses of a TGA approved or a recognised COVID-19 vaccine and will complete the required 3 dose schedule with a TGA approved COVID-19 vaccine, within the dosing time frame stipulated by the Australian Technical Advisory Group on Immunisation (ATAGI) and will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; OR	
	c. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form; OR	
5	I have provided COVID-19 vaccination evidence as follows (Category B workers only):	
	a. Evidence of 2 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR	
	b. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form.	

Declaration: I, _____ declare that the information provided is correct

Full name _____ Worker cost centre (if available) _____

Parent/guardian name _____ Parent/guardian signature _____

(for workers/students under 18 years)

D.O.B _____ Worker/Student ID (if available): _____

Medicare number _____ Position on card _____ Expiry date _____

Email _____

NSW Health agency / Education provider _____

Signature _____ Date _____

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11.6 Appendix 6: Risks and Consequences of Exposure

Disease	Description
Hepatitis B Virus (HBV)	Blood-borne viral disease. Infection can lead to chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needle-stick, or unprotected sex. Specific at-risk groups include workers, sex partners of infected people, injecting drug users, haemodialysis patients. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx
Diphtheria	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx
Pertussis (Whooping cough)	Highly infectious bacterial infection spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx
Measles	Highly infectious viral disease spread by respiratory droplets. Infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven’t had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a first dose and children over 18 months of age who have not had a second dose. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx
Mumps	Viral disease spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have complications, e.g., swelling of testes or ovaries; encephalitis or meningitis may occur rarely. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx
Rubella	Viral disease spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. Infection in pregnancy can cause birth defects or miscarriage. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx

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<p>Varicella (chickenpox)</p>	<p>Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx</p>
<p>Influenza (flu)</p>	<p>Viral infection caused by influenza A or B strains. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, e.g. handshake. Spreads most easily in confined and crowded spaces. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Young children are at high risk of infection unless vaccinated.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx</p>
<p>Tuberculosis (TB)</p>	<p>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months cumulatively in, a high TB incidence country.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx</p>
<p>SARS-CoV-2 (COVID-19)</p>	<p>SARS-CoV-2 is the virus that causes COVID-19. SARS-CoV-2 is a novel coronavirus from a large family of coronaviruses, some causing illness in people and others that circulate among animals.</p> <p>SARS-CoV-2 can be transmitted through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces. Persons who live or work in a high risk setting e.g., health care facilities and residential care facilities, where there is evidence of a risk for rapid spread and ongoing chains of transmission, may also be at increased risk of exposure if an infectious case is introduced.</p> <p>For more information: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx</p>