

Dear Employee

Employment Health Assessment

Attached to this letter you will find an Employment Health Assessment. This Employment Health Assessment is a requirement in accordance with the Department of Health (PD 2011_005) and the Occupational Health and Safety Act (2000).

The Royal Rehabilitation Centre Sydney requires every applicant to complete and return this questionnaire along with their application for employment.

Please provide us with your personal details, relevant occupational and medical history so that we may properly assess, manage and be pro active in your immunisation needs. We will use the information you provide in the following ways:

- Medical risk assessment and advice so as to prevent or minimise occupational injury or illness by offering vaccinations and appropriate placement of employees to positions that are best suited to their physical capabilities.
- Ensure compliance with relevant statutory requirements, NSW Health guidelines and NSCCHS policies and procedures.
- Administrative purposes in coordinating the Occupational Screening & Vaccination Service

This information is personal information for the purposes of the *Privacy and Personal Information Act 1998*.

Royal Rehabilitation Centre Sydney acknowledges that all personal health information is regarded as sensitive. Any person who has access to health information is bound by a duty of confidentiality. The privacy and confidentiality of the personal information will be respected, and information will be restricted to designated staff only. The supply of your health information is voluntary, except where authorised under legislation. However, as health care providers we have an obligation to record details of services provided.

You are entitled to see information about you held as part of the Staff Health Immunisation Record. You have the right to correct and amend personal information held about you.

Further information about privacy protection is available in the NSW health privacy Management plan on the NSW Health web site at: http://www.health.nsw.gov.au/policies/PD/2011/PD2011_005.html

Please retain this for your information and any queries phone HR department who will direct you to an appropriate person to assist you.

Yours sincerely

Management

Royal Rehabilitation Centre

The reasons for obtaining this information are outlined in the attached letter.

The information you are required to provide will remain confidential to the Staff Health Service.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the Staff Health/infection control nurse at the relevant hospital for advice.

PART A. PERSONAL DETAILS

Surname _____ First name _____
Other (given) names _____ Date of Birth _____ M / F (circle)
Address _____ Post code _____
Phone No - Home _____ Current Work/Mobile _____
Position applied for Rehabilitation Services Directorate _____
Position applied for Disability Services Directorate _____
Unit/Dept/Residential/Community _____
Hospital: Royal Rehabilitation Centre Sydney / Disability Services

PART B. IMMUNISATION SCREENING

Royal Rehabilitation Centre is committed to providing an environment which is as safe as possible for staff and clients. Your employment with Royal Rehabilitation Centre is subject to you having current immunity status that complies with the Occupational Assessment, Screening & Vaccination against Specified Infectious Diseases – NSW Health Policy Directive (PD2011_005). All information provided in this checklist will be treated confidentially and this information will be stored in a secure place.

Before commencing work at Royal Rehab, copies of the following evidence must be attached for all staff:

- Serology evidence for Hepatitis B Immunity
- Evidence of vaccination for Diphtheria, Tetanus & Pertussis (DTPa).
- Evidence of **2** vaccinations for Measles, Mumps & Rubella (MMR) for persons born on or after 1966.
OR
- Serology evidence of immunity to Measles, Mumps & Rubella for all staff born on or after 1966.
- Evidence of **2** vaccinations for Varicella (Chicken Pox).
OR
- Serology evidence of immunity to Varicella (Chicken Pox)
OR
- History of Varicella infection
- Tuberculosis Screening

Tuberculosis Screening - Please complete separate TB Assessment Sheet Attached.

Office Use Only

Risk Category A

Date Imm. Screened _____ Documentation Complete _____ Nurse Initials _____

PART C. GENERAL HEALTH

Do you suffer from any known allergies, skin rashes or latex sensitivity? YES NO

List allergens _____

Staff Immunisation Clinic

This section is completed by the staff immunisation/infection control staff only.

Once the candidate's immunisation history has been checked and verified and the candidate is compliant with all immunisations and screenings, this form is returned to the departmental manager and the candidate can be offered a position at Royal Rehabilitation Centre.

Immunisation form received on: _____

Immunisation form reviewed and complete? YES NO

Candidate Requires: Hep B MMR Varicella DTPa/ADT TST

Manager informed of incomplete evidence: YES NO

Date, Time and Contact method _____

Candidate contacted for additional evidence: YES NO

Date, Time and Contact method _____

Additional Evidence Received: YES Date & Time _____ NO

Candidate's Immunisation Status is Acceptable YES NO

Assessors name _____

Ext _____ Mobile _____

Assessors Signature: _____ Date: _____

Occupational Screening & Vaccination Declaration

Authority to Commence Employment Prior to Evidence of Protection in Clinical Service Delivery

NSW Health is committed to ensuring the health and safety of all clients in health care settings and providing a safe and healthy working environment for all staff and other clinical personnel, including students. This commitment includes adopting an assessment, screening and vaccination policy that minimises the risk of acquiring infectious diseases.

All employees of Royal Rehabilitation Centre Sydney are required to comply with the NSW Health Policy Directive Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases 2011_005.

Prior to commencement of employment new employees must provide documentation to demonstrate evidence of protection, against diphtheria, tetanus, pertussis, measles, mumps, rubella, chickenpox and hepatitis B, and complete a TB risk assessment.

However, where suitable evidence cannot be provided in a timely manner and this delay may result in a **genuine and serious risk to service delivery**, potential employees or overseas candidates may sign a declaration stating they have protection against the specified infectious diseases and or agree to undertake assessment, screening and vaccination in accordance with NSW Health Policy 2007_006 and commence employment prior to evidence being provided and or assessment, screening and vaccination. Evidence and or assessment, screening and vaccination must be provided within the timeframe specified in the declaration. If referral to a Chest Clinic and or TST screening is required evidence of attendance and TST screening must be provided within the timeframe specified in the declaration.

New employees without *evidence of protection* for hepatitis B may commence employment **after producing evidence of having at least one dose of hepatitis B vaccine**. The new employee must sign a declaration stating:

- they are aware of the risk of hepatitis B infection
- they are aware of the recommended management in the event of a potential exposure to hepatitis B
- they will not perform exposure prone procedures* until they have completed vaccination.

Exposure prone procedures (EPPs) are procedures where there is potential for contact between the skin (usually the finger or thumb) of the health care worker (HCW) and sharp surgical instruments, needles or sharp tissues (splinters of bone/ teeth) in body cavities or in poorly visualised or confined body sites including the mouth. EPPs are a subset of invasive procedures (see PD2005_162 *HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected* for further information).

Evidence of a completed course of Hepatitis B vaccination and a post vaccination blood test result (HepBsAb >10 IU/L) must be produced within 8 months of the administration of the first dose of hepatitis B vaccine.

Specified Infectious Diseases	Acceptable Evidence to Demonstrate Protection
Diphtheria Tetanus Pertussis	One documented dose of adult dTpa vaccine (Boostrix). Pre- and post- vaccination serological testing for diphtheria, tetanus and pertussis is not recommended and should not be undertaken.
Hepatitis B	Documented evidence of a completed, age appropriate course of hepatitis B vaccine <u>and</u> documented evidence of post vaccination blood test for anti-HBs \geq 10mIU/mL; <u>or</u> documented evidence of past hepatitis B infection (blood test anti-HBc positive). Vaccinated applicants with a positive antiHBs but without vaccination documentation can provide <i>information</i> regarding their hepatitis B vaccination for assessment by a clinician.
Measles Mumps Rubella	Birth date before 1966; <u>or</u> documented evidence of two doses of MMR vaccine at least one month apart; <u>or</u> documented evidence of positive IgG for measles, mumps and rubella. Pre- and post- vaccination serological testing for measles, mumps and rubella is not recommended and should not routinely be undertaken.
Varicella (Chickenpox)	History of chickenpox; <u>or</u> documentation of physician-diagnosed shingles; <u>or</u> documented evidence of a positive varicella IgG; <u>or</u> documented evidence of age appropriate varicella vaccination. Persons with a negative or uncertain history of varicella should have serological testing to identify if vaccination is required.

Please retain this for your information.

Surname _____ Given Name _____

Date of Birth _____ Email _____

Phone Number _____ Mobile Number _____

Address _____

Position _____ Hospital _____

Declaration to be completed by preferred candidate:

- I have read and understood the information in relation to evidence of protection.
- I have not previously signed a Royal Rehabilitation Centre Occupational Screening and Vaccination Declaration.
- I declare I have protection against the following specified infectious diseases and will provide evidence of protection within 6 weeks of signing this declaration:
Measles _____ Mumps _____ Rubella _____ Varicella (Chickenpox) _____
Diphtheria _____ Tetanus _____ Pertussis _____ Hepatitis B _____
- I declare that I have protection against Hepatitis B and will provide evidence of protection within 6 weeks of signing this declaration **OR** I declare that I have received my first dose of Hepatitis B vaccination and have completed a Hepatitis B declaration (*please delete whichever is not applicable*).
- I am aware that if I do not provide evidence within the specified timeframe my employment with Royal Rehabilitation Centre Sydney will be reassessed and possibly terminated.

Print name _____ Date _____

Signature _____

Hepatitis B declaration to be completed by preferred candidate:

- I have read and understood the information in relation to Hepatitis B.
- I am aware of the risk of Hepatitis B infection.
- I am aware of the recommended management in the event of a potential exposure to Hepatitis B.
- I will not perform exposure-prone procedures until I have completed my course of Hepatitis B vaccination and know my post-vaccination blood test results.
- I have not previously signed a Royal Rehab Occupational Screening and Vaccination Declaration

Print name _____ Date _____

Signature _____

I agree to undertake assessment screening and vaccination in accordance with NSW Health Policy 2011_005 for Measles, Mumps, Rubella, Varicella (Chickenpox), Diphtheria, Tetanus, Pertussis, Hepatitis B and TB Risk. I understand I must undertake the assessment within the first 2 weeks of commencing employment.

Print name _____ Date _____

Signature _____

OFFICE USE ONLY	To be completed by staff health/infection control.
The following applicant has been approved to commence employment prior to producing evidence of compliance with the Occupational Screening & Vaccination Policy for Hepatitis B, Measles, Mumps, Rubella, Varicella (Chickenpox) Diphtheria, Tetanus, Pertussis. (Staff health nurse to circle evidence to be provided).	
Print Name _____	Signature _____
Employee Number _____	Date _____
Date evidence of protection/screening to be provided by: _____ Staff Health Nurse Initials _____	

Risk Classification in Intended Position

Surname _____ Given Name _____ DOB _____

Please answer all questions.

1. Where will you be working in this job?

Facility _____ Department _____

Staff routinely working in high-risk areas for TB exposure with non- reactive Tuberculin Skin Test will be offered annual screening

FACILITY	HIGH RISK AREAS
RNS	ED TB Laboratory 8B 11E
HKH	Nil
Ryde	Nil
Mona Vale	Nil
Manly /	Nil
Gosford	Nil
Wyong	Nil
Royal Rehabilitation Centre	Nil

2. When was your last Tuberculin Skin Test?

Date _____ Where _____ Result _____ mm

If you are working in a high- risk area and your last TST was > 12 months ago, you will need to have a repeat TST unless you have documentation of previous positive TST or history of active TB disease.

3. Please tick if you currently have any of these symptoms

Cough greater than 3 weeks	
Unexplained weight loss	
Regular Fevers	
Night sweats	
Chronic fatigue or weakness	
Loss of appetite	

If you have answered yes to cough greater than 3 weeks and at least 2 other symptoms you will need to be reviewed by the chest clinic nursing staff.

4. Do you have Haemoptysis (coughing blood) YES NO

If you answered yes you need to be reviewed by the NSCCAHS chest clinic nursing staff

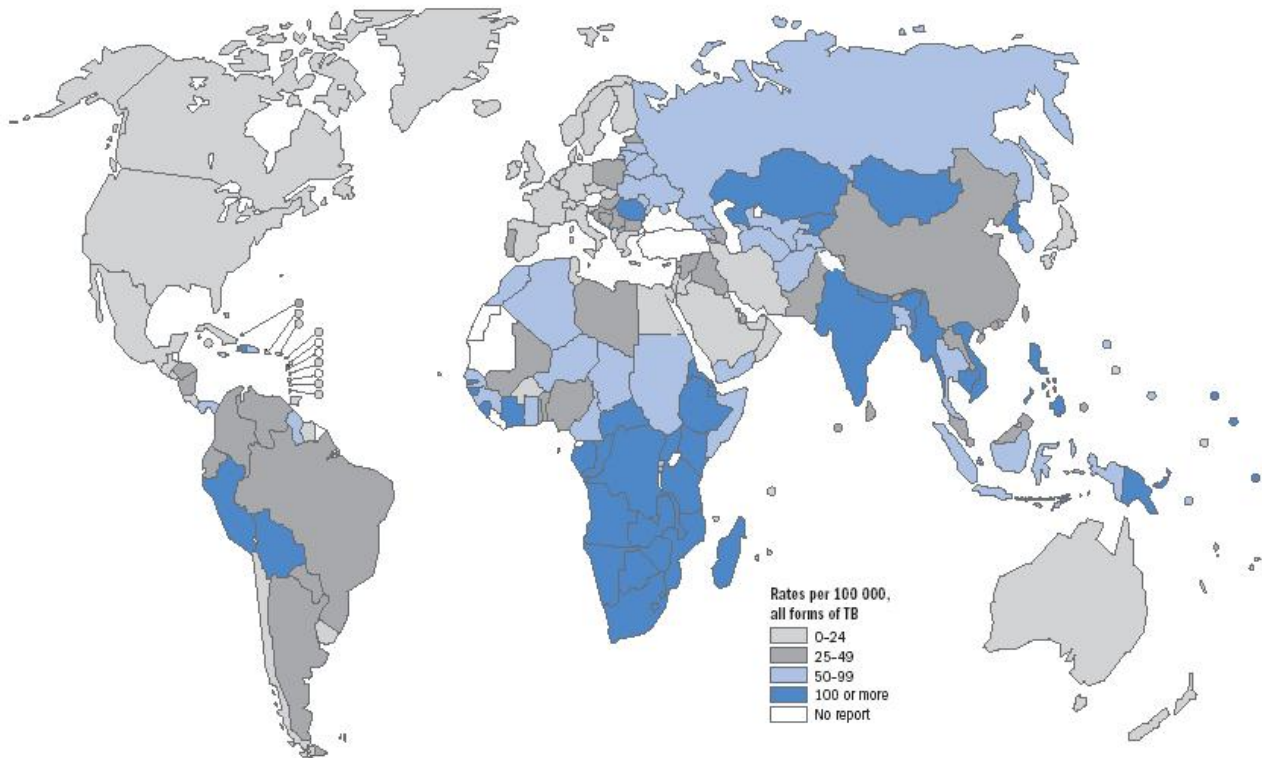
History

5. Have you lived or worked in a high TB risk country for > 3 months within the last two years? YES NO
(TB rates 100 per 100,000)

If you answered yes you need to be reviewed by NSCCAHS chest clinic nursing staff

Afghanistan	DR Congo	Madagascar	Philippines	Tajikistan
Bangladesh	Ethiopia	Mali	Peru	Thailand
Bolivia	India	Mauritania	PNG	Timor-Leste
Burma	Indonesia	Moldova	Rwanda	Togo
Burundi	Gambia	Mongolia	Sierra Leone	Uganda
Cambodia	Kazakhstan	Mozambique	Slovakia	Uzbek
China	Kenya	Myanmar	Somalia	Vietnam
Cote d'Ivoire	Korea	Nepal	South Pacific Islands	Zambia
Djibouti	Laos	Pakistan	Swaziland	Zimbabwe

FIGURE 1
Tuberculosis notification rates, 2003



If you have not had screening for tuberculosis since returning from one of these high- risk countries you will need an appointment at the Hornsby or RNS chest clinic.