



# Ambulance Service of New South Wales

1 June 2007

Dear Applicant

## Re: Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy

The transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in patients and other users of the health care system. It is a significant occupational health and safety (OH&S) issue. Vaccination has been shown to be a safe and effective mechanism to ensure quality healthcare and safety.

The NSW Health "Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy" was recently introduced as a compulsory requirement for all new and existing staff working in patient care, including students on clinical placement. New employees are required to provide, at their own cost, documented evidence of protection against the specified infectious diseases, together with their tuberculosis (TB) status. More information regarding this policy can be found at the following website: [www.health.nsw.gov.au/ohs\\_vaccination/](http://www.health.nsw.gov.au/ohs_vaccination/)

Under this policy, all new employees who are commencing employment as Ambulance Officers and Patient Transport Officers after **1 July 2007** are required to be **fully immunised before commencing employment**. Please note that this letter is not an offer of employment but is to bring to your attention the need to be fully immunised if you are employed by the Service.

*It may take up to seven (7) months to complete the immunisation program. It may be a good idea to commence the immunisation program now.* Please refer to the enclosed Occupational Assessment, Screening and Vaccination Program Verification Form (Form 188) and attach as much evidence of immunisation as possible to this form. You may wish to consult your local doctor for further assistance.

If you have any questions about the above information, please contact the Infection Control Officer, Kate Hipsley, or Paramedic/vaccinator, Jo Rogerson on, telephone (02) 9320 7868.

Yours sincerely

A handwritten signature in black ink, appearing to read "Mishkaa Griffiths".

**MISHKAA GRIFFITHS**  
Recruitment Coordinator (Operations)



# Occupational Assessment, Screening & Vaccination Program Verification Form

<b>Name:</b>	<b>Date of Birth:</b>	<b>Contact Phone Numbers:</b>
		Home:
		Mobile:

\*Category A staff, volunteers, clinical placement students, "ride-a-longs" and other clinical personnel must be protected/screened against the following infectious diseases before contact with at risk client (patient) groups.

**WRITTEN EVIDENCE MUST BE SECURELY ATTACHED TO THIS FORM and verified by the Service's Infection Control Officer (or delegate) before placement. Acceptable evidence includes serological results or copies of vaccination records from service providers (statutory declarations are not included).**

DISEASE(S)	EVIDENCE REQUIRED	Staff use only
<b>Diphtheria, tetanus, pertussis</b>	One documented dose of adult diphtheria/tetanus/pertussis vaccine (dTpa or Boostrix brand).	
<b>Hepatitis B</b>	Documented evidence of a completed, age appropriate, course of hepatitis B vaccine and documented evidence of anti-HBs > or = 10mIU/mL; or documented evidence of past hepatitis B infection (anti-HBc). (Vaccine non-responder status is acceptable.)	
<b>Measles, mumps, rubella</b>	Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least one month apart; or documented evidence of positive IgG for measles, mumps and rubella.	
<b>Varicella (chickenpox)</b>	History of chickenpox; or documentation of physician diagnosed shingles; or documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.	
<b>TB (tuberculosis)</b>	All persons will need to be screened for TB (to exclude active TB and establish baseline TB status) by local Chest Clinic/Area Health Service Accredited TST Provider.	

**Annual influenza vaccination is strongly recommended for all staff.**

Staff use only			
	Evidence Verified	Evidence Not Verifiable	Comments
Signature:			
Date:			

\*Category A - Contact with clients or contact with blood, body substances or infectious material.