**Health Care Worker (HCW) Screening and/or Immunisation Undertaking Agreement**

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| --- | --- | --- | --- |
| **Surname:**  |  | **First Name:** |  |
| **Date of Birth:** |  |
| **Contact No.:**  |  |  |  |
| **Email:** |  |  |  |
| **SA Health Service:** |  | **Employee no.:** |  |

To maintain the safety and wellbeing of our workforce, it is important SA Health Clinical Worker Health Teams (or equivalent) assess, screen and vaccinate HCWs against specified vaccine preventable diseases (VPDs) and undertake baseline Tuberculosis (TB) screening as outlined in SA Health’s ‘*Addressing vaccine preventable disease:* *Occupational assessment, screening, and vaccination’* Policy (2022). The intent is to minimise the risk of transmission of these infections.

## **Section 1 - Applicant Declaration**

I agree to participate in the SA Health immunisation and health screening program as directed by the SA Health *[‘Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination’](https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%2BContent/SA%2BHealth%2BInternet/Clinical%2BResources/Clinical%2BPrograms%2Band%2BPractice%2BGuidelines/Immunisation%2Bfor%2Bhealth%2Bprofessionals/Health%2Bcare%2Bworker%2Bimmunisation%2Band%2Bscreening%2Brequirements)* Policy.

I acknowledge that SA Health Clinical Worker Health teams (or equivalent) are required to implement immunisation screening to minimise the risk of transmission of vaccine preventable diseases to protect HCWs, other employees, patients, clients and visitors.

I agree to complete the mandatory immunisation and/or health screening requirements as indicated in ‘[Section 2 – Mandatory Immunisation and/or health screening requirements](https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%2BContent/SA%2BHealth%2BInternet/Clinical%2BResources/Clinical%2BPrograms%2Band%2BPractice%2BGuidelines/Immunisation%2Bfor%2Bhealth%2Bprofessionals/Health%2Bcare%2Bworker%2Bimmunisation%2Band%2Bscreening%2Brequirements).’

I acknowledge that if I fail to complete the requirements indicated in ‘[Section 2 – Mandatory Immunisation and/or Health screening requirement](https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%2BContent/SA%2BHealth%2BInternet/Clinical%2BResources/Clinical%2BPrograms%2Band%2BPractice%2BGuidelines/Immunisation%2Bfor%2Bhealth%2Bprofessionals/Health%2Bcare%2Bworker%2Bimmunisation%2Band%2Bscreening%2Brequirements)s in the recommended time and I am not compliant with the Policy, my manager will be notified. A detailed risk assessment of my work situation and practices will then be undertaken to assess the risk of vaccine preventable diseases to myself, other workers, clients/patients, and visitors. Following the risk assessment, a management plan will be developed to manage the risk. Management options may include alternative work placements, reasonable work adjustments and/or work restrictions.

I also understand the Chief Executive, Department for Health and Wellbeing, has the discretionary power to authorise implementation of risk mitigations as set out in the [Policy (Mandatory Instruction 7),](https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%2BContent/SA%2BHealth%2BInternet/Clinical%2BResources/Clinical%2BPrograms%2Band%2BPractice%2BGuidelines/Immunisation%2Bfor%2Bhealth%2Bprofessionals/Health%2Bcare%2Bworker%2Bimmunisation%2Band%2Bscreening%2Brequirements) on a case-by-case basis. This power will only be exercised in exceptional circumstances and be documented in writing.

I agree to follow standard and transmission-based precautions to protect myself against infectious diseases and will ensure I:

* Get fit tested for an N95/P2 respirator mask prior to commencing work or placement
* Wear a N95/P2 respirator mask when performing aerosol generating procedures, providing patient care to a patient with a known or suspected airborne respiratory disease or as directed by SA Health and/or the Infection Prevention and Control Team at the site I am working.
* Perform a mask fit check every time I don a N95/P2 mask to ensure it fits correctly.
* Follow safe work practices when donning and doffing the N95/P2 mask to prevent cross contamination.
* Only wear the brand and size N95/P2 mask I have been fitted for.
* Wear all Personal Protective Equipment (PPE) that is deemed required to protect myself against contact, droplet and airborne transmission of infectious diseases

**Health Care Worker’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please return completed form to the relevant SA Health Clinical Worker Health Team (or equivalent))*

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## **Section 2 – Mandatory immunisation and/or health screening requirements**

**Hepatitis B**

[ ]  Hepatitis B vaccine dose 2 due:

[ ]  Hepatitis B vaccine dose 3 due:

[ ]  Hepatitis B blood test result to confirm immunity:

**Whooping Cough (dTpa vaccine)**

[ ]  dTpa vaccine due:

**Measles, Mumps and Rubella (MMR)**

[ ] MMR vaccine dose due (current employees only):

[ ]  MMR vaccine dose 2 due:

[ ]  Serology test result to confirm immunity:

**Chickenpox (Varicella Zoster)**

[ ]  Varicella zoster vaccine dose 1 due (current employees only):

[ ]  Varicella zoster vaccine dose 2 due:

[ ]  Serology test result to confirm immunity:

**COVID-19**

[ ]  I declare I have recently been diagnosed with COVID-19. Date of positive RAT or PCR (evidence must be provided on request):

**COVID-19 Vaccination (TGA approved or recognised vaccine) –** **(evidence must be provided on request)**

[ ]  COVID-19 vaccination first dose date:

[ ]  COVID-19 vaccination second dose booking date and where:

[ ]  COVID-19 vaccination third dose (booster) booking date and where:

[ ]  I declare I have a medical exemption from receiving a TGA approved COVID 19 vaccine (evidence must be provided on request)

**TB screening – (evidence must be provided on request)**

[ ]  Baseline questionnaire screening for TB risk

If required (pending results of questionnaire):

[ ]  IGRA date:

[ ]  Mantoux skin test (TST) due/date:

[ ]  Chest x-ray date:

[ ]  Attendance for review at SA TB Services date:

**Health Care Worker Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_