

Pre-placement Health Checks and Declaration for Contractor/Visitor with Patient Contact

Dear General Practitioner

The person presenting this form will be working within the Auckland District Health Board (Auckland DHB) as a contractor/visitor and their role will have patient contact. Before commencement of duties the Auckland DHB requires certain health checks and knowledge of this person's immunity status to the common vaccine preventable diseases. If you do not have knowledge of immunity or your patient's TB status please arrange for blood tests to be completed.

Please complete the **Health Declaration** form (**page 2**). The contractor/visitor is required to email or fax this completed form to the Auckland DHB Occupational Health and Safety dept (Fax: 09 630-9759 or email Marilyn.Taylor@adhb.govt.nz)

- 1) Knowledge of immunity status to **measles, mumps and rubella**.
- 2) Knowledge of immunity status to **chickenpox (varicella)**.
- 3) **Pertussis booster** is strongly recommended if there has been no booster in the last 10 years and this person will have contact with infants, children or pregnant women during the course of their duties.
- 4) **TB clearance** is required before the worker starts their duties – this is to rule out active pulmonary TB disease.
- 5) Knowledge of immunity status to **Hepatitis B** - in this situation please check **HepBsAb & HepBsAg** and offer Hepatitis B vaccination if non-immune.
- 6) Please check **HIV and Hepatitis C** status.
- 7) **MRSA clearance** is required prior to starting only if the person has a history of chronic eczema/dermatitis, chronic sinusitis or bronchiectasis.

Please refer to page 3 for further information.

Health Declaration Form

| | | |
|---|------|---------------------|
| Contractor/Visitor Name: (Please print) | DOB: | Role while at ADHB: |
|---|------|---------------------|

Relevant boxes must be ticked and immunity indicated

| | | | | | | |
|------------|--------------------------|--------|--------------------------|------------|--------------------------|-----------------------|
| Measles | <input type="checkbox"/> | Immune | <input type="checkbox"/> | Non-immune | <input type="checkbox"/> | vaccination commenced |
| Mumps | <input type="checkbox"/> | Immune | <input type="checkbox"/> | Non-immune | <input type="checkbox"/> | vaccination commenced |
| Rubella | <input type="checkbox"/> | Immune | <input type="checkbox"/> | Non-immune | <input type="checkbox"/> | vaccination commenced |
| Chickenpox | <input type="checkbox"/> | Immune | <input type="checkbox"/> | Non-immune | <input type="checkbox"/> | vaccination commenced |

| | | | | |
|-----------------------------|--------------------------|-----|--------------------------|----|
| Pertussis booster indicated | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Boostrix vaccination given | Date: _____ | | | |

| | | |
|--------------|--------------------------|---|
| TB clearance | <input type="checkbox"/> | Quantiferon TB Gold blood result (no evidence of active pulmonary TB disease) |
| | <input type="checkbox"/> | Quantiferon TB results Positive, Chest Xray required |

| | | | | |
|-------------|--------------------------|------------------------|--------------------------|------------------------------|
| Hepatitis B | <input type="checkbox"/> | Immune () titre level | <input type="checkbox"/> | Carrier |
| | <input type="checkbox"/> | Non-immune | <input type="checkbox"/> | Vaccination course commenced |

| | | | | |
|-------------|--------------------------|----------|--------------------------|----------|
| HIV | <input type="checkbox"/> | Positive | <input type="checkbox"/> | Negative |
| Hepatitis C | <input type="checkbox"/> | Positive | <input type="checkbox"/> | Negative |

| | | |
|-----------------------|--------------------------|--|
| MRSA clearance | <input type="checkbox"/> | Swabs negative |
| | <input type="checkbox"/> | Swabs positive, referred to Microbiologist & treatment commenced |

GP Comments: _____

| | | |
|-------------------------|-------|------------|
| GP Name: (Please print) | Date: | Signature: |
|-------------------------|-------|------------|

Contractor/Visitor Consent

I _____ consent to the release of this information to the Auckland DHB Occupational Health & Safety dept and understand that this information will only be used by the Auckland DHB to manage my health and safety and the health and safety of the patients that I come into contact with during the course of my work.

Contractor/Visitor Signature: Date signed:

Auckland DHB Department: Hiring Manager's name:

Auckland DHB Start date: Auckland DHB Contract end Date:

Contractor/Visitor to send to:

Occupational Health & Safety Dept
 Level 5, Building 14, Greenlane Clinical Centre
 Auckland District Health Board
Marilyn.Taylor@adhb.govt.nz

Fax: (09) 630-9759

The information below provides you guidance as to the health information required by the Auckland DHB.

The purpose is to allow the Auckland DHB to manage this person's health and safety while they are working within the Auckland DHB and that of the patients they come in contact with.

1) Knowledge of immunity status to **measles, mumps and rubella**.
Immunity can be presumed where there is **documented** evidence of two doses of MMR vaccine.
Immunity may also be checked by serology blood test.

2) Knowledge of immunity status to **chickenpox**.
Immunity can be presumed where there is **documented** evidence of two doses of VZV vaccine.
Immunity may be checked by serology blood test.
A clear history of chickenpox may also be used for presumed immunity where the person was raised in a temperate climate. The disease pattern of chickenpox in tropical climates is different so childhood history is a less reliable indicator of immunity and serology testing is recommended. Also test serology if the person is unsure.

Vaccination is strongly recommended if the person is found to be non-immune to any of the above diseases. Provided there are no contraindications the vaccination course should be commenced prior to the start of duties. Non-immunity may affect the workers placement and stand down periods for non-immune workers, following exposure, will be enforced.

3) **Pertussis booster** is strongly recommended if there has been no booster in the last 10 years and this person will have contact with infants, children or pregnant women during the course of their duties.

4) **TB clearance** is required before the worker starts their duties – this is to rule out active pulmonary TB disease.

This requires a TB test (Quantiferon TB Gold test (QTBG) or a Mantoux test, 2-step if indicated). If the TB test is positive then a CXR is required.

Clearance requires a negative TB test, or, a diagnosis of Latent TB Infection (LTBi) where the TB test is positive but the CXR is normal and there are no symptoms or signs of active TB disease.

If the CXR is abnormal, and/or there are symptoms of concern, you will need to refer this person for Respiratory Physician review. They will not be able to start their duties until active TB disease has been ruled out.

5) **Hepatitis B immunity** is strongly recommended if there is a risk of blood and body fluid exposure. This includes workers with direct patient care duties and also workers who may come in contact with sharps and body fluid/tissue. In this situation please check HepBsAg and anti-HBs and offer Hepatitis B vaccination if non-immune.

Please check **HIV and Hepatitis C** status if this person is to undertake **Exposure-Prone Procedures** such as surgical or dental procedures or trauma care. This is where the task involves the workers hands being placed within a patient's body cavity, where visibility is not maintained at all times, and there is a risk of contact with sharp instruments or bone spicules.

Note: Hepatitis B carrier status will not preclude most healthcare workers from carrying out general care duties in conjunction with excellent infection control practice, but those workers who perform Exposure-Prone Procedures will require review by the Auckland DHB specialist panel before carrying out their full duties, along with those workers infected with HIV or Hepatitis C. This review will be arranged by the Occupational Health & Safety Doctor.

6) **MRSA clearance** is required prior to starting only if the person has a history of chronic eczema/dermatitis, chronic sinusitis or bronchiectasis. In this situation nasal swabs are required plus swabs of any broken skin or lesion and these must be negative. If any swabs are positive then the contractor must be treated and re-swabbed 48 hours after completion of antibiotics. Seek Microbiology advice if clearance is not achieved after appropriate treatment.