

Supporting the SA Health [Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy](#)

**Authorised Immunisation Provider**

An authorised immunisation provider is the appropriately trained assessor and is considered to have appropriate skills to competently assess another individual’s compliance status with this Policy. Authorised immunisation provider refers to:

1. Medical officer
2. Registered nurses, midwives, pharmacists and Aboriginal and Torres Strait Islander health practitioners (ATSIHP) who have successfully completed an approved immunisation education program recognised under the Vaccine Administration Code.
3. Enrolled Nurses who have successfully completed an approved immunisation education program as recognised under the Vaccine Administration Code, and if it is within their scope of practice and within their relevant workplace policies, procedures and protocols.

**Instructions:**

The authorised immunisation provider will:

- Review the acceptable evidence provided and tick appropriate boxes.
- Complete this certificate AFTER any indicated blood test results are available and vaccinations given.
- Update the certificate as more information is provided.

**Student statement of compliance**

1. I have read and understand the requirements of the Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy, and read the Immunisation and Blood-Borne Virus Policies of TAFE SA.
2. I understand that if I am not compliant with the requirements of the Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy that I will not be offered a clinical placement in SA Health services.
3. I understand that I may be required to produce my immunisation records (Compliance Certificate, vaccination records and or serology reports) for sighting by SA Health Staff Health/Worker Health Nurse or Authorised Officer in accordance with these directives.
4. I understand that documented evidence of a pertussis-containing booster vaccine (dTpa) within the previous 10 years is required. If I am due a booster vaccine during the duration of my course, it is my responsibility to have this done ensuring I remain compliant with the requirements of the Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy.
5. I understand that TAFE SA will initiate disciplinary proceedings according to institutional protocols if there is evidence that I have provided which is incorrect, misleading, fraudulent, or false.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Qualification \_\_\_\_\_

# CERTIFICATE OF COMPLIANCE – Immunisations & Blood Borne Virus Policy

OFFICIAL: Sensitive//Medical in confidence



Last Name: Enter Text

First Name: Enter Text

Date of Birth (dd/mm/yyyy): Enter Text

Qualification: Choose an item.

Student ID: Enter Text

Instructions for Student Health Care Workers: This form **must be** completed before you will be permitted to commence clinical placement.

VPD	Immune	Not Immune	Blood test result or date vaccination given		
<b>Chicken Pox (Varicella-Zoster Virus)</b>	<input type="checkbox"/> Confirmed by history of past infection <input type="checkbox"/> Confirmed by blood test result <input type="checkbox"/> Confirmed by vaccination record	<input type="checkbox"/> Serological testing recommended <input type="checkbox"/> Vaccination recommended	Blood test result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
			Vaccine (dose 1) given: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
<b>Diphtheria, Tetanus and Pertussis (dTpa)</b>	<input type="checkbox"/> Confirmed by vaccination record of booster dose	<input type="checkbox"/> Vaccination recommended (booster)	Vaccine (booster) given: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Date:		
<b>Hepatitis A*</b>	<input type="checkbox"/> Confirmed by history of past infection <input type="checkbox"/> Confirmed by vaccination record <input type="checkbox"/> Confirmed by blood test result	<input type="checkbox"/> Serological testing recommended <input type="checkbox"/> Vaccination recommended	Blood test result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
			Vaccine (dose 1) given: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
<b>Hepatitis B Virus (HBV)</b>	<input type="checkbox"/> Confirmed by blood test result	<input type="checkbox"/> Serological testing recommended <input type="checkbox"/> Vaccination recommended	Blood test result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
			Vaccine (dose 1) given: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
<b>Measles, Mumps, Rubella (MMR)</b>	<input type="checkbox"/> Confirmed by vaccination record <input type="checkbox"/> Confirmed by blood test result <input type="checkbox"/> Confirmed by birth before 1966	<input type="checkbox"/> Vaccination recommended	Vaccine (dose 1) given: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Vaccine (dose 2) given: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
<b>Poliomyelitis</b>	<input type="checkbox"/> Confirmed by history of vaccination	<input type="checkbox"/> Vaccination recommended	Primary vaccination course started: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Tuberculosis</b>	the student has confirmed that they have completed the screening questionnaire provided by SA Tuberculosis Service <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Instructions for Medical Practitioner:</b>	Please tick <b>ONE OR MORE</b> box for each vaccine preventable disease (if appropriate). Use the <i>Acceptable evidence of immunity to specific VPDs for Health Care Workers</i> table on the back of this form as a reference and complete the applicable declaration below				
<b>In Progress:</b>	I confirm that the above-named person has commenced a course of vaccination (as indicated above) and will require further follow up.		<b>Compliant:</b>	I confirm that the above-named person has provided me with evidence satisfying the above requirements.	
<b>Name:</b>	<b>Signature:</b>		<b>Name:</b>	<b>Signature:</b>	
<b>Provider No:</b>	<b>Date:</b>		<b>Provider No:</b>	<b>Date:</b>	

Disease	Screening Test	
<b>Hepatitis C Virus (HCV)</b>	<input type="checkbox"/> Screening test done <input type="checkbox"/> No screening test done	HCWs need to know their HCV and HIV immune status (but do not need to inform SA Health of the result)  If the screening test for HCV or HIV is positive, confidential medical and career advice should be sought from an Infectious Diseases Physician
<b>Human Immunodeficiency Virus (HIV)</b>	<input type="checkbox"/> Screening test done <input type="checkbox"/> No screening test done	

Acceptable evidence of immunity to specific VPDs for Health Care Workers			
VPD	Acceptable Evidence of Immunity	VPD	Acceptable Evidence of Immunity
<b>Chicken Pox (Varicella-Zoster)</b>	Documented evidence of varicella antibody (IgG) on serology or documented evidence of varicella vaccination or a history of prior chickenpox or shingles (no documentation required for history of infection). Confirmation of immunity post-vaccination is not required.	<b>Hepatitis B</b>	Documented evidence of Hepatitis B core antibody or documented level of hepatitis B surface antibody (>10mIU/ml) following completion of a course of hepatitis B vaccine*. Confirmation of immunity post-vaccination is required after completion of the vaccination course for all HCW.
<b>Diphtheria</b>	Documented evidence of a booster dose of diphtheria-containing vaccine in the last 10 years. Confirmation of immunity post-vaccination is not required.	<b>Mumps</b>	Documented evidence of mumps antibody (IgG) on serology or documented evidence of 2 mumps vaccinations. Confirmation of immunity post-vaccination is not required
<b>Hepatitis A*</b>	Documented evidence of hepatitis A antibody on serology (IgG) or documented evidence of completed course of hepatitis A vaccine. Confirmation of immunity post-vaccination is not required.	<b>Measles</b>	Documented evidence of measles antibody (IgG) on serology or documented evidence of 2 measles vaccinations at least one month apart or born before 1966. Confirmation of immunity post-vaccination is not required.
<b>Rubella</b>	Documented evidence of rubella antibody (IgG) on serology or documented evidence of 2 rubella vaccinations. Confirmation of immunity post-vaccination is not required.	<b>Poliomyelitis</b>	Self-report of polio vaccine or self-report having had all standard childhood vaccines (note: for this VPD, nothing more is required).
<b>Pertussis</b>	Documented evidence of pertussis booster vaccination in the previous 10 years. Confirmation of immunity post-vaccination is not required.	<b>Influenza</b>	Documented evidence of influenza vaccination during the current influenza season. Confirmation of immunity post-vaccination is not required.
<b>COVID-19</b>	SA Health have shifted from a mandatory requirement to a recommendation. Some private facilities may still require this and this will be identified	<b>Tetanus</b>	Documented evidence of a booster dose of vaccine containing tetanus in the last 10 years. Confirmation of immunity post-vaccination is not required.

\*Hepatitis A: Screening and vaccination necessary for student health care workers who will be working in remote Indigenous communities or with Indigenous children. It is also recommended for students in childcare and preschool settings and carers of people with intellectual disabilities.

\*All HCW who have lived in a hepatitis B endemic country for at least 3 months are required to have serology that includes hepatitis B surface antigen prior to vaccination. For a list of endemic countries (intermediate and high risk) please see: <https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/hepatitis-b>

For further details see the current edition of the Australian Immunisation Handbook available from [www.immunise.health.gov.au](http://www.immunise.health.gov.au)