**PART A – to be completed by Trained Assessor requesting review**

**Area Manager Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Contact No.: |  |
| Area worked: |  | Email: |  |

**Health Care Worker (HCW) Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Contact No.: |  |
| Payroll No.: |  | Position: |  |
| Area worked: |  |

**Risk factors**

The following risk factors need to be considered when calculating risk for workforce immunisation:

**1. History of vaccination or disease/infection**

Please indicate the serology and/or vaccine refused:

*Serology Vaccine*

* Diphtheria/Tetanus/Pertussis (dTpa) 🞎
* Polio ¨
* Hepatitis B 🞎 🞎 Dose:
* Measles/Mumps/Rubella (MMR) 🞎 🞎 Dose:
* Varicella (Chickenpox Vaccine) 🞎 🞎 Dose:
* COVID-19 🞎 Dose:
* Other (please specify) …………………………. 🞎

Declination form signed 🞎 YES (please attach) 🞎 NO

Reason HCW has provided as declination:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**2. Stage in workforce employment – existing HCW**

Primary Area worked (unit and physical location):

Secondary Area worked (if applicable):

(Some HCWs may, due to the nature of their role, move between clinical and non-clinical departments. For these HCWs it is advisable to assess their level of risk in the area where there is the highest potential for exposure to vaccine preventable diseases.)

3. **Opportunity for exposure - indicate category of role**

* Category A
* Category B
* Category C

(The decision regarding categories is based on expected work activities and not the role title. Refer to [Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination Policy](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) – Mandatory Instruction 1: Risk assessment, screening and vaccination.

Please provide a brief description of context of the work environment and HCW roles or duties:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**PART B – to be completed by Local Health Panel members**

**Panel Member’s Information**

Name:

Role:

Contact No.:

Name:

Role:

Contact No.:

\*Details for additional members will need to be attached in a separate document.

Following review of all information provided, the panel members agree the HCW must meet the following immunisation category:

* Category A
* Category B
* Category C

Consequences for exposure to a specific vaccine preventable disease or infection:

* No increased risk of disease or infection (limited risk to patient and or worker or others)
* Increased risk of acquisition of disease (minor medical treatment and or lost time)
* Healthcare associated infection -short term and impact to patient and or worker
* Occupational acquisition -worker implications and or patient impairment
* Corporate risk

Reference may be made to the [Risk Management Framework](http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public%2Bcontent/sa%2Bhealth%2Bintranet/business%2Bunits/risk%2Bmanagement%2Band%2Binternal%2Baudit/risk%2Bmanagement/risk%2Bmanagement%2Bresources) and National Safety and Quality Health Service Standards - [Workforce Immunisation Risk Matrix](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.safetyandquality.gov.au%2Fsites%2Fdefault%2Ffiles%2Fmigrated%2FWorkforce-immunisation-risk-matrix1.pdf&data=05%7C01%7Cmaryanne.attard%40sa.gov.au%7Ce393757e6d094ba3056c08da6b1709b0%7Cbda528f7fca9432fbc98bd7e90d40906%7C1%7C0%7C637940044090700634%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Zc%2BJDLOhZgA9WLPul4SO%2FPAFLocBIxXxmXkyYiFSmiU%3D&reserved=0)

Recommendations based on risk rating – complete as needed: ……………………………………………………………………………………………………………………………………………...………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Previous action taken (eg. Report sent to HR or Manager): ……………………………………………………………………………………………………………………………………………...………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Panel member signature: Panel member signature:

…………………………………………………………………….. …………………………………………………………………………

Date: Date:

\*Signatures for additional members can be added in the space below or on a separate document.