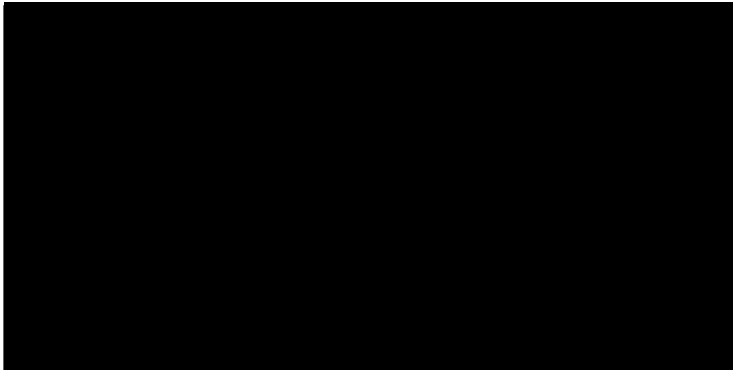


23 July 2019



Re Official Information Request – Hospital staff who have contracted measles

I refer to your official information request dated 1 July 2019 requesting the following information:

I wish to request the following information under the Official Information Act:

- 1. The number of staff members employed by the DHB who have contracted measles between March 1 and July 1, 2019, broken down by the department/ward they work in**

The Auckland DHB has no record of any staff contracting measles at work in the time period from March 1st to July 1st 2019. We would be aware of staff who have contracted measles from exposure to an infectious patient through our contact trace process which is managed by Occupational Health & Safety. The Auckland DHB would not have information on staff who have contracted measles at home/in the community unless they have attended work while infectious. In the latter situation we would be notified by Public Health and carry out a staff and patient contact trace. There have been no such cases in the period in question.

- 2. Copies of the DHB's position/policy on staff vaccination**

Our position on staff vaccination is that vaccination is strongly recommended and Occupational Health & Safety provides free vaccination to all staff with patient contact who are not immune. We have very good rates of staff immunity to measles. If a staff member has been exposed to a patient with measles, and is found to be non-immune, we have strictly enforced stand down periods to ensure there is no risk of spread of infection.

Our Pre-employment Health Screening policy states:

Infectious diseases

All staff that have patient contact or contact with blood and body fluids must undergo screening to determine:

- Their immunity status to the common vaccine preventable diseases.
- If they have, or carry, certain infectious diseases.

Auckland DHB screens for immunity status to the following vaccine preventable diseases:

- Measles
- Mumps
- Rubella
- Chicken Pox
- Hepatitis B

Completion of the process means the organisation has a record of the individual's immune status. The purpose is to allow management of risk to the individual, patients and other staff should a disease exposure occur, and to offer vaccination to non-immune individuals.

Attached please find our policy.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

Pre-Employment Health Screening

Unique Identifier	PP01/STF/050
Document Type	Policy
Risk of non-compliance	may result in a small degree of harm to the patient/DHB
Function	Administration, Management and Governance
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• Organisation(s)	Auckland District Health Board
• Directorate(s)	All Directorates
• Department(s)	All Auckland DHB Departments and Services
• Used for which patients?	N/A
• Used by which staff?	All Auckland DHB Staff
• Excluded	
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• Delegate / Issuer	Chief Health Professions Officer
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1. Purpose of policy

To provide a framework to undertake risk based pre-employment health screening of all Auckland DHB candidates to enable the organisation to fulfil its obligation within the Health and Safety at Work Act 2015 to take all practicable steps to keep employees and others safe at work.

2. Scope

This policy applies to all applicants for all full-time or part-time permanent or casual positions at Auckland DHB.

Volunteers, students and contractors also need to meet the requirements of infectious disease screening included in this policy.

3. Definitions

Term	Definition
PEHS	Pre-Employment Health Screening
TB	Tuberculosis
MRSA	Methicillin Resistant Staphylococcus Aureus
RMO	Registered Medical Officer
RMOSU	RMO Support Unit
EPP	Exposure Prone Procedures

4. About pre-employment health screening

4.1 What is pre-employment health screening

Pre-employment Health Screening is a process that is carried out to enable the organisation to obtain baseline health information from those who have been offered a position within Auckland DHB.

The process includes screening for:

- Immunity to certain infectious diseases.
- Physical and/or mental injury.
- Illness or disease.

This information is used to:

- Prepare recommendations from Occupational Health & Safety (OHS) to the person with regard to keeping themselves safe at work within the Auckland DHB work environment.
- Prepare recommendations to the intended workplace manager to enable the organisation to minimise the likelihood of harm occurring to that person or others in the course of their normal duties.

4.2 Rationale

- Auckland DHB is obliged to take all practical steps to provide a safe working environment for all staff.
- Hazards are identified through task analysis and other various means.
- Once a significant hazard is identified the organisation has an obligation to minimise the risk that harm will occur.
- By identifying a prospective staff's pre-existing tendencies for injury and/or illness, the work environment can be modified to minimise the probability of harm occurring once employed.

4.3 Infectious diseases

All staff that have patient contact or contact with blood and body fluids must undergo screening to determine:

- Their immunity status to the common vaccine preventable diseases.
- If they have, or carry, certain infectious diseases.

4.4 Screening

Auckland DHB screens for immunity status to the following vaccine preventable diseases:

- Measles
- Mumps
- Rubella
- Chicken Pox
- Hepatitis B

Completion of the process means the organisation has a record of the individual's immune status. The purpose is to allow management of risk to the individual, patients and other staff should a disease exposure occur, and to offer vaccination to non-immune individuals.

Auckland DHB screens for the following infectious diseases:

- Hepatitis B carrier
- TB
- MRSA

The purpose of disease screening is to determine if active disease is present that may pose a risk of transmission to patients or staff and to manage this prior to placement. Individuals with active disease are referred to an appropriate doctor for further assessment and treatment prior to completion of the PEHS process.

Criteria for screening will be determined by the patient contact and body fluid contact of the role.

Prospective staff are screened by the use of questionnaire and laboratory and vaccination records, followed by blood tests if required. Further assessment by the OHS Physician or external doctor may be requested, if indicated.

4.5 Objectives

- To reduce the risk of an employee suffering harm from exposure to significant hazards related to their normal tasks.
- To minimise the risk of infectious disease transmission from patients to staff or staff to patients.
- To obtain baseline health data to be used in subsequent health monitoring.
- To advise managers if any work modifications or restrictions are recommended where there are fitness to work concerns about an individual.
- To manage Auckland DHB's liability by identifying health conditions that may have existed prior to their employment by Auckland DHB.
- To enable employees with disabilities to be accommodated if possible.

4.6 Legal constraints

Under the Human Rights Act 1993 it is unlawful to ask questions of a job applicant that might reasonably be assumed to show an intention to discriminate on the grounds of disability.

Under the Health & Safety at Work Act 2015 an employer has a right to ask questions that directly relate to the risk of harm to the applicant and others by performing the tasks required by the contract.

5. Policy statements

5.1 Commitment

Auckland DHB is committed to:

- Taking all practicable steps to prevent harm to employees and others as required by the Health and Safety at Work Act 2015.
- Fulfill its obligations under the Human Rights Act 1993 by assuring equal rights to all applicants.
- Protect the privacy of all individuals by retaining all pre-employment health screening information in confidence. OHS will release information only as required for the management of risk.
- Ensure that all preferred candidates complete the PEHS process prior to commencing employment at Auckland DHB.

5.2 Compliance

Managers are to ensure that the process is completed **before** the person commences work at Auckland DHB following the finalisation of their employment contract.

Internal candidates who are switching to a new role type need to complete PEHS (even if they are staying in the same department).

Internal candidates who are moving to a new department but who are staying in the same role type need to complete PEHS unless they have undertaken PEHS in the last 2 years.

5.3 Health monitoring

All Auckland DHB employees may be required to participate in ongoing health monitoring subject to the particular requirements of their present or future role, or where required by another Auckland DHB policy.

5.4 Candidates hired through the Career Centre

Managed according to the PEHS process (see [Section 7](#)).

5.5 RMO process supported by the RMO Support Unit

Registered Medical Officers (RMO) are required to complete the pre-employment screening process before commencing placement at a DHB.

Instructions for completion of the process will be communicated by the Northern Regional Alliance (NRA) to the new RMOs as they commence their placement at one of the DHBs in the Northern Region.

5.6 Students, volunteers, visiting practitioners and contractors

5.6.1 Students

Students must undergo screening for immunity to infectious diseases as per their risk of exposure to infectious diseases during the performance of the duties undertaken during work experience placement. They must also be screened for TB, and MRSA if indicated, prior to patient contact. Requirements for this must be included in the clinical access agreement or provided by the student using the GP Health Declaration process.

5.6.2 Volunteers

It is the responsibility of the hiring RC manager to liaise with OHS with regard to PEHS for this group. For volunteers with face to face patient contact, OHS will undertake any required tests, cover the cost and provide vaccination. Follow up of any incidental abnormal test results will be referred to the volunteer's GP.

5.6.3 Contractors

It is the responsibility of the hiring RC manager to liaise with OHS with regard to PEHS for this group. PEHS costs are the responsibility of the contractor. GP Health Declaration process to be used.

5.6.4 Visiting practitioners

It is the responsibility of the hiring RC manager to liaise with OHS with regard to PEHS for all visiting practitioners on a case by case basis. GP Health Declaration process to be used.

5.7 Screening requirements

Screening requirements for OHS clearance will be based on best practice with adherence to legislative requirements, NZ Guidelines (for example NZ TB Guidelines) and Auckland DHB business needs (which are subject to change, refer to [Appendix 1](#)).

Auckland DHB will endeavour to attain regional alignment with screening requirements and processes.

5.8 Blood test results

Once results are obtained, follow up may consist of:

- No action required
- Referral to the OHS Physician, GP or external specialist for assessment.
- Offer of vaccination.

5.9 OHS recommendations

OHS recommendations may consist of:

- Vaccination to achieve immunity to selected diseases.
- Workplace modification to create a safe working environment.
- Training requirements if applicable (safe work practice).
- Baseline and ongoing health monitoring and wearing of Personal Protective Equipment.
- Other recommendations that address the prospective staff member's fitness to work.

5.10 Costs

The cost of initial tests required during the PEHS process will be borne by the OHS Department.

The cost of post employment testing and vaccinations recommended by OHS will be borne by the RC to which the employee is working (see [Section 5.6](#) for volunteer, contractor and student cost responsibilities).

5.11 Time frames

OHS will endeavour to complete the process in five working days (range two to ten days) from the time the candidate submits the PEHS Health Questionnaire.

If medical follow up is required, additional time may be taken to complete the process.

5.12 Confidentiality

Confidentiality of the prospective employee's personal health information must be maintained at all times throughout the process.

The prospective employee's pre-employment screening results are held in a confidential personal electronic file within OHS.

5.13 Storage of information

OHS will maintain a database and individual employee files that will store:

- A record of each new staff member's screening tests and assessments undertaken.
- Ongoing health monitoring requirements and results.

6. Responsibilities

6.1 Recruiter

The person or service responsible for managing the recruitment process instructs the candidate to commence the PEHS process within the offer letter.

Offers are subject to the completion of the PEHS process.

6.2 RC Manager

RC Managers are to ensure that all employees, volunteers and contractors do not commence work in their areas until the PEHS process has been completed. Requirements for students are as per the Clinical Access Agreement.

6.3 Candidate

All prospective employees for permanent or casual positions at Auckland DHB must:

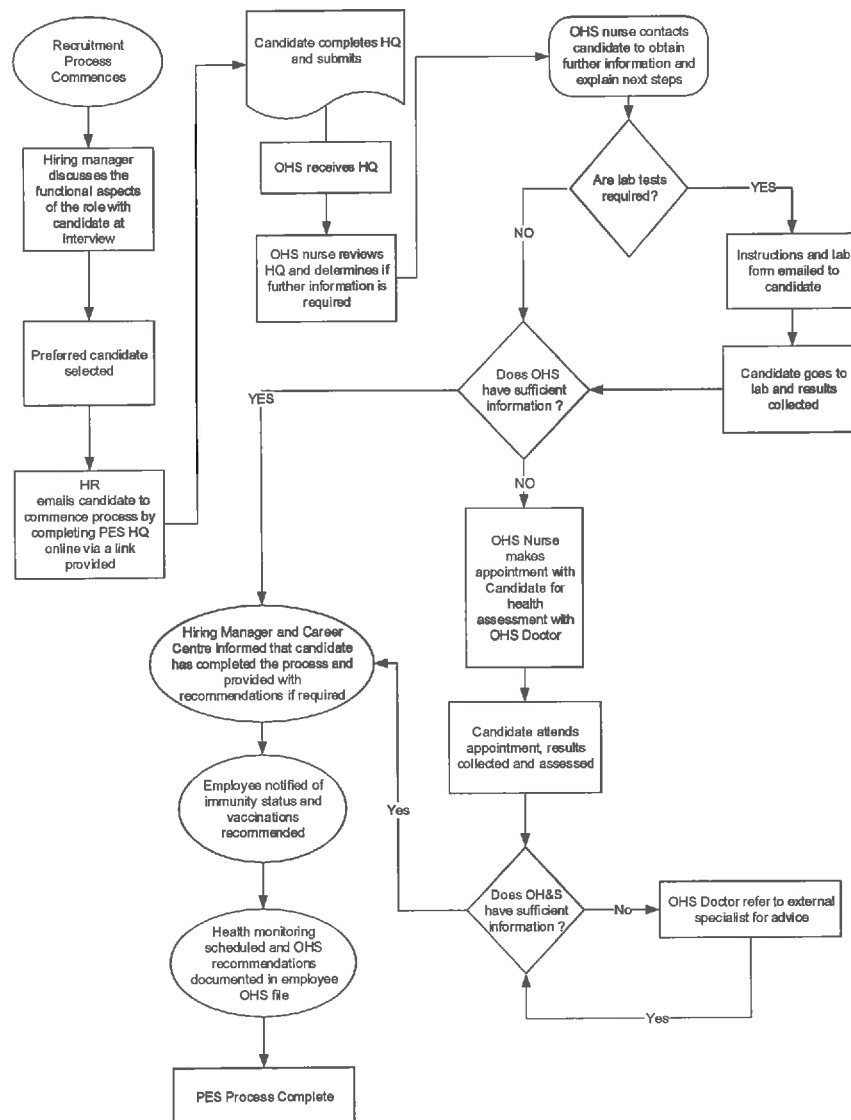
- Complete a health questionnaire.
- Undergo health screening as requested prior to commencing employment.
- Take all practical steps to complete this in a timely manner.

6.4 Auckland DHB OHS department

- Identify the PEHS requirements for each role based on risk of exposure to identified hazards
- Establish an efficient and effective method of gathering information regarding pre-existing conditions related to requirements.
- Ensure efficiency and continuous improvement in the PEHS process by regular review.
- Maintain the PEHS database.
- Monitor and report on PEHS statistics.
- Keep all parties informed.

7. Pre-employment health screening process

7.1 Flowchart



7.2 Stages

Stage	Description	Who	Time frame
Recruitment process	<ul style="list-style-type: none"> Functional aspect of the job are discussed with the candidate at their interview 	Hiring Manager	When the interview occurs
Candidate selected	<ul style="list-style-type: none"> Candidate is directed to commence the PEHS process as part of their job offer 	Recruitment Consultant	When the selection process is completed
Collect base line health information	<ul style="list-style-type: none"> Candidate to complete the PEHS health questionnaire on line. 	Candidate	As soon as offer letter received
Health information assessed	<ul style="list-style-type: none"> Health information assessed Previous records obtained where possible Requirements for testing or further assessment determined Directions given to candidate 	OHS	Undertaken by OHS Nurse as soon as HQ is received
Blood tests or health assessment carried out	<ul style="list-style-type: none"> Candidate goes for blood tests, or has a health assessment, as required 	Candidate	Upon receipt of the lab test form or request for health assessment
Blood tests reviewed	<ul style="list-style-type: none"> Results of blood tests assessed 	OHS	As soon as results received from the lab, approx. 3-5 days (up to 10 days for QTBG test)
Recommendations and/or follow up	<ul style="list-style-type: none"> Results and recommendations communicated to candidate Recommendations for providing a safe work environment communicated to hiring manager 	OHS	Provided by the OHS nurse or doctor as soon as test results and/or additional information are available
Process complete	<ul style="list-style-type: none"> Candidate, Recruiting Service and Hiring Manager informed when process is complete 	OHS	Five to 15 days according to the test results and further action required
Health monitoring	<ul style="list-style-type: none"> Any health monitoring requirements set up for Recall and candidate informed 	OHS	At the time of PEHS completion

8. Legislation

- Health and Safety at Work Act 2015
- Human Rights Act 1993
- Privacy Act 1993

9. Associated documents

- Blood & Body Fluid Accidents
- Health and Safety Hazard Identification and Risk Assessment
- Health & Safety
- Recruitment & Selection

Other

- Clinical Access Agreement (between Auckland DHB and training institutions)

10. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

11. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.

Appendix 1: PEHS for infectious diseases requirements and response

Disease	Who is tested	Accepted tests and time frame	OHS response	Advice to hiring manager
Hepatitis B	All staff with potential exposure to blood and body fluids	Laboratory documentation of anti-HBs level.	If non immune: Vaccination strongly recommended.	None
		Blood test for anti-HBs, and HBsAg 3-5 days	If HepB carrier and performs EPP: Referral to OHS Physician.	Work restrictions for EPP, referral to the Auckland DHB expert panel.
			If HepB carrier with no EPP tasks: Follow up with OHS Nurse.	None
Measles	All staff with patient contact	Documentation of 2 MMR vaccinations	If non-immune: Vaccination is strongly recommended	Remove staff from direct contact with infective patient
		Laboratory documentation of measles immunity		Stand down if exposed, as per Staff with Communicable Diseases policy
		Born in NZ before 1969		
Mumps Rubella	All staff with patient contact	Blood test for antibodies, 3-5 days	If non-immune: Vaccination is strongly recommended	Remove staff from direct contact with infective patient
		Documentation of 2 MMR vaccinations		Stand down if exposed, as per Staff with Communicable Diseases policy
		Laboratory documentation of rubella and mumps immunity		
		Blood test for antibodies, 3-5 days		

if printed, this document is only valid for the day of printing.

Disease	Who is tested	Accepted tests and time frame	OHS response	Advice to hiring manager
Varicella	All staff with patient contact	Documentation of 2 varicella vaccinations Laboratory documentation of varicella immunity Blood test for antibodies, 3-5 days	If non-immune: Vaccination is strongly recommended	Remove staff from direct contact with infective patient Stand down if exposed, as per Staff with Communicable Diseases policy
TB	All staff with patient contact or contact with infectious TB material	Laboratory documentation of QTBG or Mantoux in last 2 years QTBG blood test, 5-10 days	If positive result: CXR (report of CXR within one year accepted). Assessment with OHS Doctor if new positive result or abnormal CXR. Referred to Respiratory Service if indicated.	None if LTBi (latent infection) Clearance delayed if concerns re active TB and referral to respiratory clinic
MRSA	Only those staff at risk of infection (based on skin and sinus health)	Nasal with or without skin swab, 3 days	If infection present: Refer to GP for treatment of infected wounds/eczema. Decolonisation overseen by OHS or GP. Post treatment swabs and work clearance	Start delayed

