

Queensland Ambulance Service – Immunisation Requirements

Paramedics, Patient Transport Officers and Clinical Placement students are required to undertake direct patient management and therefore, prior to commencing employment applicants are required to produce acceptable evidence of immunity to various communicable diseases.

Please note that as a minimum, serology reports are required for the below immunisations:

- Hepatitis B

Serology reports can be utilised, however are not mandatory, for the following immunisations. Formal documentation however must be provided (e.g., medical certification or record of immunisation) for:

- Diphtheria, Tetanus & Pertussis (dTpa)
- MMR
- Influenza (only required for Graduate Paramedic or Patient Transport officer roles)
- Varicella

Immunisation	Vaccination Evidence Requirement
Diphtheria, Tetanus, Pertussis (Whooping Cough)	<p>One adult dose of diphtheria / tetanus / pertussis vaccine (dTpa).</p> <p>Vaccination with ADT will not be accepted.</p> <p>Must consent and agree to further vaccinations, to occur every 10 years of former adult vaccination.</p>
Hepatitis B	<p>Documented evidence of completed age-appropriate course* of Hepatitis B vaccinations (NOT accelerated course) AND documented serology results indicating anti-HBs greater than or equal to 10mIU/ml; OR</p> <p>Documented evidence of hepatitis B core antibody (anti-HBc / HBcAb), indicating past Hepatitis B infection; OR</p> <p>Individual is a persistent non-responder – documented completed age-appropriate course* of Hepatitis B vaccinations plus one (1) booster dose AND documented serology results > 4 weeks post-booster indicating anti-HBs less than 10mIU/ml.</p> <p><i>NB. If you are a non-responder, you must include evidence of a booster dose (usually the 4th dose) of vaccination with the administration date. If a non-responder, it is strongly recommended to complete the full secondary three (3) dose course of vaccinations (ie, a 5th and 6th dose), followed by serology at least four (4) weeks later. If still a non-responder, consider an appointment with QASIS (Queensland Adult Specialist Immunisation Service), who can discuss intra-dermal inoculation.</i></p> <p><i>* Age-appropriate, non-accelerated course:</i></p> <ul style="list-style-type: none"> - For those who received a Hepatitis B-containing vaccine as an adolescent (age 11 to 15), this refers to two (2) doses with the 2nd dose at least six (6) months after the 1st dose. - For those who received a Hepatitis B containing vaccine as a paediatric or adult, this refers to three(3) doses with the 2nd dose at least one (1) month after the 1st dose, and 3rd dose at least six (6) months after the 1st dose. - Any shorter intervals are considered by QAS to be an 'accelerated course'.

Measles, Mumps, Rubella (MMR)	Two (2) doses of MMR vaccine at least one month apart; OR Positive IgG for measles, mumps and rubella; OR Birth date before 1966.
Varicella (Chicken Pox)	Two (2) doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age); OR Positive IgG for varicella; OR History of Chicken Pox or physician-diagnosed shingles (serology if uncertain).
Tuberculosis (TB)	Tuberculin Skin Test (TST) or TB Blood Test (IGRA) is required if the person: Was born in a country with a high incidence of TB (per WHO TB Incident Rates where 40/100,000 persons or greater); OR Has resided in a country for a cumulative 3 months or longer in a country with a high incidence of TB; OR Has had direct contact with a person with known and active TB.
Hepatitis A	Recommended for workers who work in rural and remote Aboriginal and Torres Strait Islander communities.
Japanese Encephalitis	Staff residing in outlying areas of Torres Strait or who will be living or working on the outer islands of the Torres Strait for a cumulative total of 30 days or more during the wet season (December – May).
Vaccines in general	Other vaccines may be required for certain roles throughout your employment with the QAS in extreme circumstances, including, but not limited to, epidemics and pandemics.