

OFFICIAL

SA Health

Policy

Immunisation for Health Care Workers and Quarantine Workers Policy

COPY WHEN PRINTED

Version 2.0

Approval date: 18 February 2021

OFFICIAL



Government
of South Australia

SA Health

1. Definitions

- > **assessment** means: the full evaluation of a person's level of protection against the vaccine preventable diseases covered by the Policy by appropriately trained clinical personnel.
- > **employees** means: persons who are employed by SA Health services on a permanent, temporary or casual basis and includes volunteers. Persons provided by an employment/locum agency on a casual basis are considered health care workers for the purpose of this Policy but are not defined as employees.
- > **health care workers** means: all those who have contact with patients, whether facility-based or in the community, or contact with blood or other body substances from patients in a health care or laboratory setting as a result of their workplace activities (Categories A and B). Examples of roles include:
 - medical, dental, nursing, midwifery, allied health, access appointees, emergency health care workers (paramedics, ambulance officers and volunteer first aid workers), phlebotomists, laboratory workers and mortuary workers, including all trainees and student health care workers in these groups
 - health care facility workers such as maintenance engineers who service equipment, sterilising service workers, cleaners, orderlies, workers responsible for the decontamination and disposal of contaminated materials, catering workers, ward clerks, office clerical workers, garden, and kitchen workers.
 - all persons undertaking a placement or work experience in a health care or laboratory setting that may involve contact with patients or contact with blood or other body substances from patients.
 - all in the groups above whether full-time, part-time, permanent, temporary, casual or agency workers, including contractors, students and volunteers.
- > **High risk clinical areas** means:
 - antenatal, perinatal and postnatal areas, including labour wards and recovery rooms
 - neonatal intensive care units and special care units
 - paediatric wards
 - transplant and oncology wards
 - infectious diseases wards
 - intensive care units and high dependency units
 - emergency departments
 - operating theatres and recovery rooms
 - ambulance service
 - laboratories, including pathology collection sites
 - respiratory clinics and wards.
- > **Immunisation** means: the process where protective antibodies are formed following administration of a vaccine. It is technically different from vaccination, but the two terms are commonly used interchangeably.

- > **immunocompromised persons** means: persons in whom the immune system's ability to fight infectious disease is reduced or totally absent due to a primary immunodeficiency syndrome, human immunodeficiency virus (HIV) infection, chemotherapy, some forms of cancer such as leukaemia, and persons on immune suppressing treatment following an organ transplant or for another medical condition.
- > **medical assessment** means: the clinical assessment and review of the person or their medical record by a specialist medical practitioner, to substantiate a medical contraindication to vaccination and/or to develop an individual management plan.
- > **medical contraindication to vaccination** means: a condition that precludes a person from receiving a vaccine as it may increase the chance of a serious adverse event. A medical contraindication may be permanent, for example, anaphylaxis to vaccine component(s), or time-limited/temporary, for example, pregnancy.
- > **protected** means: immunity, for which the person can provide evidence, such as documentation of prior vaccination, infection, or other proof of immunity.
- > **quarantine worker** means: any persons working within a medi-hotel or in the close proximity of recently returned overseas travellers.
- > **risk classification** means: allocation of health care workers to categories (defined as A, B, C and D) based on work activities of a person or position according to the risk of transmission of the specified infectious diseases.
- > **SA Health services:** Local Health Networks, Health Services and Business Units involved in the delivery or management of health services, whether facility-based or in the community or at home.
- > **should** means: recommended action that is to be followed unless there are sound reasons for taking a different course of action.
- > **student** means: a person enrolled at a university, TAFE or other educational institution.
- > **unprotected** means: the person cannot provide the evidence of immunity as required by this Policy and is classed as susceptible to one or more of the specified vaccine-preventable diseases.
- > **vaccination** means: the process of administering a vaccine. It is technically different from immunisation, but the two terms are commonly used interchangeably.
- > **vaccine non-responders** means: persons who have been fully vaccinated according to the recommended immunisation schedule but who have evidence of inadequate immunity.
- > **volunteer** means: a person given permission to act as a volunteer in SA Health.

2. Name of policy

Immunisation for SA Health Health Care Workers and Quarantine Workers Policy.

3. Policy statement

- 3.1 The Immunisation for Health Care Workers and Quarantine Workers in South Australia Policy defines the minimum standards, including documented evidence of immune status to selected vaccine preventable diseases (VPD), which SA Health services are required to implement in the workplace to minimise the risk of transmission of VPD in order to protect health care workers (HCWs) and other employees, workers, contractors, access appointees, students, educators, volunteers, patients and visitors.
- 3.2 Transmission of VPD in health care settings has the potential to cause serious illness and avoidable death in HCWs, other employees, workers, patients, family members, visitors and other users of SA Health services, and others in the community.
- 3.3 Unless they are protected by immunity due to vaccination or past infection, HCWs, including contractors, students, educators and volunteers have an increased risk of acquiring some VPD and of transmitting these diseases to other HCWs, other employees, workers, patients and visitors.
- 3.4 SA Health has a duty of care and a responsibility under the *Work Health and Safety Act 2012* to minimise the risk of VPD transmission in the workplace.
- 3.5 The Policy replaces the Immunisation for Health Care Workers in South Australia 2017 Policy Guideline.

4. Applicability

- 4.1 This Policy applies to all HCWs and HCW students in SA Health services who have direct or indirect contact with patients, or contact with blood or other body substances from patients, in a health care or laboratory setting as a result of their workplace or study activities; or persons who work within quarantine facilities (e.g. medi-hotels) and services involved in the transfer and quarantine of recently returned overseas travellers (quarantine and medi-hotel workers) (see Section 13 for definitions of HCWs, quarantine and medi-hotel workers and SA Health services).
- 4.2 The Chief Executive or appropriate delegates will ensure that the Policy is applied with respect to prospective workers having regard to their potential status as employees, students, volunteers or persons prospectively engaged pursuant to a contract for services (contract workers).

5. Policy principles

- 5.1 This Policy aligns with a number of the Principles of the *South Australian Public Health Act 2011* (Part 2, sections 6 – 14):
 - Prevention: to minimise the impact of VPD in the workplace
 - Population focus: to increase the coverage of effective vaccines among the SA Health workforce
 - Participation: to outline the responsibilities of individuals, employers and education providers
 - Partnership: to collaborate with workers, employers, education providers and immunisation providers in implementing this Policy
 - Equity: to minimise the risk of transmission of VPD to vulnerable populations in SA Health services
- 5.2 The *Work Health and Safety Act 2012* (SA) (WHS Act) objects relevant to this Policy include: “protecting workers and other persons against harm to their health, safety and

welfare through the elimination or minimisation of risks arising from work”; and “providing for fair and effective workplace representation, consultation, co-operation and issue resolution in relation to work health and safety”. In addition “workers and other persons should be given the highest level of protection against harm to their health, safety and welfare from hazards and risks arising from work ... as is reasonably practicable” (Part 1, Section 3). The WHS Act also requires an employee to: “take reasonable care for his or her own health and safety; take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act; and co-operate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers” (Part 2, Division 4, Section 28).

- 5.3 This Policy is aligned with Standard 3 (Preventing and Controlling Healthcare Associated Infections) of the Australian Commission on Safety and Quality in Health Care’s National Safety and Quality Health Service Standards (September 2017), in particular Action 3.13.
- 5.4 All references to documentation and management of information related to this Policy will comply with the Government of South Australia Cabinet Administrative Instruction [Information Privacy Principles \(IPPS\)](#) and State and Commonwealth Privacy legislation (see Section 15).

6. Policy requirements

6.1 PLANNING IMMUNISATION PROGRAMS

- 6.1.1 The current edition of the [Australian Immunisation Handbook](#), updated from time to time, provides details on recommended vaccination procedures, including pre-vaccination, administration of vaccines and post-vaccination management.
- 6.1.2 In South Australia vaccines can only be administered by, or under the direction of, persons registered or licenced under relevant State Acts and Regulations, in particular s18(1d)(d) of the *Controlled Substances Act 1984* and regulation 18(3) of the *Controlled Substances (Poisons) Regulations 2011* (see Section 15 References, Resources and Related Documents).

6.2 RISK CLASSIFICATION AND RECOMMENDED VACCINES FOR WORKERS

- 6.2.1 Workers and students must be assessed based on their current or planned work activities. Table 1 provides risk classification guidance to assist in this assessment based on recommendations in the current edition of the *Australian Immunisation Handbook*. Work activities, rather than job title, should be considered on an individual basis when determining the relevant category of the worker or student and the recommended vaccinations to ensure an appropriate level of protection is offered to each worker or student. There are four major categories for workers or students relevant to this policy in relation to infectious hazards:

- **Category A** – persons with direct contact with blood or body substances
- **Category B** – persons with indirect contact with blood or body substances

- **Category C** – persons who work within facilities (e.g. medi-hotels) and services involved in the transfer and quarantine of recently returned overseas travellers
- **Category D** – persons with minimal patient contact.

Where it is unclear which the most appropriate category is, the worker should be classified into the highest category.

Laboratory and mortuary workers are in Category A, but may have additional vaccination requirements. Plumbers (in contact with raw sewerage) are in Category D, but are recommended to receive Hepatitis A vaccine

6.2.2 The scope of this Policy does not include employees in Category D who have no greater exposure to vaccine preventable diseases than the general public. It is not necessary to include these employees in immunisation programs aimed at protecting employees in Categories A, B and C. However, seasonal influenza vaccination should be offered to employees in all categories (A, B, C and D) as detailed in Table 1.

6.2.3 Employees who work within facilities (e.g. medi-hotels) and services involved in the transfer and quarantine of recently returned overseas travellers are at greater risk of coronavirus 2019 (COVID-19) exposure from infected individuals (either overseas travellers or other asymptomatic co-workers) and should be offered COVID-19 vaccination as a priority.

6.2.4 Workers will require a re-assessment of their category status (A, B, C or D) when:

- they transfer between SA Health services
- they transfer between positions within the health service
- there is a change in the duties of the role/s they are performing.

This will ensure the relevant category is identified and the worker is protected against VPD as appropriate.

Table 1. Risk Categorisation and Recommended Vaccines for Health Care Workers and Quarantine and Medi-Hotel Workers

Category	Risk	Examples of roles (risk assessment based on work tasks)	Recommended vaccines
Category A	<p>Direct contact with blood or body substances.</p> <p>This category includes all persons, who have physical contact with, or potential exposure to, blood or body substances.</p>	<p>Dentists, medical practitioners, nurses, midwives, allied health practitioners, paramedics, ambulance officers, Aboriginal health workers, health care students, phlebotomists, laboratory staff, mortuary workers, maintenance engineers who service biomedical equipment, sterilising service staff, cleaners responsible for the</p>	<p>Diphtheria-Tetanus-Pertussis</p> <p>Hepatitis B</p> <p>Hepatitis A*</p> <p>Influenza</p>

Category	Risk	Examples of roles (risk assessment based on work tasks)	Recommended vaccines
		decontamination and disposal of biologically contaminated materials, porters who transport patients around health facilities	Measles-Mumps-Rubella Varicella COVID-19
Category B	Indirect contact with blood or body substances. Rarely have direct contact with blood or body substances. These staff may be exposed to infections spread by the airborne or droplet routes, but are unlikely to be at occupational risk from blood borne diseases.	Catering staff and ward clerks	Diphtheria-Tetanus-Pertussis Influenza Measles-Mumps-Rubella Varicella COVID-19
Category C: Non-clinical quarantine and medi-hotel workers	Minimal patient contact but working in relatively close proximity to individuals with suspect and/or unconfirmed COVID-19 status	Any persons working with returned overseas travellers:- security guards, drivers, cleaners, testing site volunteers, maintenance workers, plumbers, reception staff, and kitchen staff.	Influenza COVID-19
Category D	Minimal patient contact. Occupational groups that have no greater exposure to infectious diseases than do the general public. The exact nature of job responsibilities should be taken into	Office management and clerical staff, kitchen staff, plumbers#	Influenza COVID-19

Category	Risk	Examples of roles (risk assessment based on work tasks)	Recommended vaccines
	account when deciding immunisation requirements and all staff should be encouraged to be vaccinated according to the <i>Australian Immunisation Handbook</i> .		
Laboratory staff and mortuary workers	May have additional vaccination requirements if they are working with or may be exposed to specific agents.		See <i>Australian Immunisation Handbook</i> -Section 3.3.7

* The *Australian Immunisation Handbook* recommends hepatitis A vaccine for HCWs who work in rural and remote Indigenous communities; with Indigenous children; or care for persons with developmental disabilities.

Plumbers (in contact with raw sewerage) are recommended to receive hepatitis A vaccine.

Adapted from: *Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2010*

6.3 SCREENING OF WORKERS IN CATEGORIES A, B AND C, AND ACCEPTABLE EVIDENCE OF IMMUNITY

6.3.1 All workers (students, prospective employees, prospective contract workers, volunteers, and current employees) in Categories A, B and C must participate in screening for the VPD detailed in the Policy.

- Prospective students scheduled for placement in next semester must complete screening prior to clinical placement.
- Prospective employees must provide confirmation of immune status during the pre-employment process.
- Prospective contract workers must provide confirmation of immune status from the prospective contractor or agency that is the employer of the contractor prior to engagement by SA Health.
- Prospective volunteer workers must complete screening prior to the provision of permission to act as a volunteer.
- Current employees must participate in screening during a phased roll-out of the screening program.
- Current students in the current semester must participate in screening during a phased roll-out of the screening program

6.3.2 The screening process must include immunisation and other relevant history, serological tests (if required/relevant) and examination of documents, such as written records of vaccinations signed by a medical practitioner or other approved immunisation provider, or a laboratory report indicating immune status. Prospective students, employees and contract workers will be responsible for any costs involved with the screening process. Volunteer workers will usually be

responsible for these costs unless the LHN/SAAS/BU wholly or partially cover the costs, based on local considerations. SA Health will meet the costs of required screening for current employees. To assess and record immune status a model Screening Questionnaire and Certificate of Compliance (medical practitioner form) can be obtained from the [SA Health website](#).

- 6.3.3 Appendix 1 provides details of acceptable evidence of immunity for workers for specific VPD.

6.4 INFORMED CONSENT

- 6.4.1 Informed consent prior to vaccination must be obtained from the worker by their immunisation provider in accordance with the current Australian Immunisation Handbook. This includes providing information for the worker on the:
- the benefits of vaccination;
 - any screening tests required and, if screening tests are conducted, advice about any proposed action likely to be taken in response to screening test results;
 - the necessity to have serology assessed following specific vaccine courses, e.g. hepatitis B;
 - specific circumstances, or any conditions, that may preclude vaccination e.g. pregnancy, allergies;
 - actions workers should take to report any adverse reaction following vaccination; and
 - for current employees, information on SA Health policy in relation to confidentiality of the worker's screening results.
- 6.4.2 Documentation of the informed consent process and its outcome should be maintained by the immunisation provider.

6.5 REFUSAL

- 6.5.1 Workers in Categories A, B, C and D who have received recommended vaccinations but have not seroconverted and thus do not have the required confirmation of immune status (particularly in relation to hepatitis B vaccination), or who have medical contraindications to vaccination (as defined in the Australian Immunisation Handbook), are not considered to have refused recommended vaccinations, and will be managed as detailed in Section 6.6 (Vaccine non-responders) and Section 6.7 (Workers with contraindications to vaccination).
- 6.5.2 The COVID-19 vaccine is not considered mandatory across A, B, C and D categories, however, each worker or volunteer must have a detailed risk assessment of their work activities, the area in which they work and the population cared for in that area in order to identify appropriate actions to manage risk arising from coronavirus disease 2019. Management options may include alternative work placements, work adjustments and/or work restrictions.
- 6.5.3 Staff and student workers who refuse to participate in screening and/or vaccination will not be accepted for clinical placements involving Category A or B work activities in SA Health services. It is preferable that students are informed of this by their education provider at enrolment, and provided with detailed information by their immunisation provider on the risks and consequences of all relevant vaccine preventable infections, to allow opportunities to reconsider any decision they have made regarding screening and vaccination. Model Refusal Forms to support this process are available from the [SA Health website](#). This excludes the COVID-19 vaccine which is not mandatory.
- 6.5.4 Prospective employees must be advised at the time of making an application for employment in SA Health of the requirement to provide confirmation of immune

status. Those who refuse to participate in screening and/or vaccination, or fail to provide confirmation of immune status as per Appendix 1, and whose prospective work activities are assessed as Category A, or Category B will not be considered for employment in SA Health services in Category A, or B positions. This excludes the COVID-19 vaccine which is not mandatory.

- 6.5.5 Prospective contract workers, either directly or via an agency which employs them, and whose prospective work activities are assessed as Category A, B or C, will not be engaged if they or the agency refuse to participate in screening and/or vaccination, or fail to provide confirmation of immune status. This excludes the COVID-19 vaccine which is not mandatory.
- 6.5.6 Prospective volunteer workers who refuse to participate in screening, and whose prospective work activities are assessed as Category A, B and C, will not be provided with permission to act as a volunteer. This excludes the COVID-19 vaccine which is not mandatory.
- 6.5.7 Current employees in Categories A, B and C who choose not to participate in screening and/or vaccination, or fail to provide confirmation of immune status, must have a detailed risk assessment of their work activities, the area in which they work and the population cared for in that area in order to identify appropriate actions to manage risk arising from vaccine preventable diseases. Management options may include alternative work placements, work adjustments and/or work restrictions. The employee must sign a document provided by SA Health indicating that the worker understands the risks and consequences involved in choosing not to vaccinate, and agrees to comply with any protective risk measures required. Employees should be given an opportunity to reconsider any decision they have made regarding the risk assessment, screening and vaccination and to be engaged actively in the process of determining future work options, including short term and longer-term options. Forms to support SA Health managers in this process are available from the [SA Health website](#).
- 6.5.8 If, following the risk assessment for a current employee, there is no acceptable outcome consistent with this Policy, an Immunisation Expert Advisory Panel may be convened to review the situation and recommend a course of action. Details on the Immunisation Expert Advisory Panel are available from the [SA Health website](#).
- 6.5.9 Documentation of the choice to not vaccinate of current employees must be recorded in the nominated database to enable a timely alert in the event of a VPD being identified to which the worker is susceptible (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#))

6.6 VACCINE NON-RESPONDERS

- 6.6.1 Student HCWs whose proposed clinical placement in SA Health services places them in Category A and B who are fully vaccinated according to the appropriate schedule, but where evidence demonstrates that they have not acquired adequate immunity (particularly in relation to hepatitis B vaccination), must provide this evidence (for example, vaccination records and post vaccination serology) to their education provider or clinical placement coordinator prior to clinical placement.
- 6.6.2 Prospective employees, prospective contract HCWs and prospective volunteer HCWs whose proposed work activities in SA Health services places them in Category A or B, and who are fully vaccinated according to the appropriate schedule, but where evidence demonstrates that they have not acquired

adequate immunity (particularly in relation to hepatitis B vaccination), must provide this evidence (for example, vaccination records and post vaccination serology) to SA Health.

- 6.6.3 Current employees in Categories A and B who are fully vaccinated according to the appropriate schedule, but where evidence demonstrates that they have not acquired adequate immunity (particularly in relation to hepatitis B vaccination), must provide this evidence (for example, vaccination records and post vaccination serology) to SA Health.
- 6.6.4 All HCWs in Categories A and B who after screening, as appropriate, are known to be vaccine non-responders must have a risk assessment of their proposed clinical placement or work activities, the area in which they work or will work, and the population cared for in that area in order to identify appropriate actions to manage risk arising from vaccine preventable diseases. These HCWs must also be provided with information on management in the event of exposure (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)).
- 6.6.5 If, following this risk assessment, there is no acceptable outcome consistent with this Policy, an Immunisation Expert Advisory Panel may be convened to review the situation and recommend a course of action. Model Refusal forms, which include details of the Immunisation Expert Advisory Panel composition, function, and process are available from the [SA Health website](#).
- 6.6.6 Documentation of the immune status of current employees who are vaccine non-responders must be recorded in the nominated database to enable a timely alert in the event of a VPD being identified to which the worker is susceptible (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)).

6.7 WORKERS WITH CONTRAINDICATIONS TO VACCINATION

- 6.7.1 Student workers in Categories A, B and C who are unable to be vaccinated due to temporary or permanent medical contraindications to vaccination (as defined in the *Australian Immunisation Handbook*) must provide documented evidence of their contraindications to their education provider or clinical placement coordinator prior to clinical placement.
- 6.7.2 Prospective employees, prospective contract workers and prospective volunteer workers in Categories A, B and C who are unable to be vaccinated due to temporary or permanent medical contraindications to vaccination (as defined in the *Australian Immunisation Handbook*) must provide documented evidence of their contraindications to SA Health.
- 6.7.3 Current employees in Categories A, B and C who are unable to be vaccinated due to temporary or permanent medical contraindications to vaccination (as defined in the *Australian Immunisation Handbook*) must provide documented evidence of their contraindications to SA Health.
- 6.7.4 All workers in Categories A, B and C with temporary or permanent medical contraindications to vaccination may be required to undergo a further specialist medical assessment. In the case of students, prospective employees, prospective contract workers or volunteers, the specialist medical assessment, if required, will be at the person's own cost. These workers will not be allowed to undertake clinical placements or commence duties until they have undergone any required specialist medical assessment.

- 6.7.5 All workers in Categories A, B and C who have contraindications to vaccination must have a risk assessment of their proposed clinical placement or work activities, the area in which they will work and the population cared for in that area in order to identify appropriate actions to manage risk arising from vaccine preventable diseases. Management options include alternative work placements, work adjustments and/or work restrictions. Workers will also be provided with information on management in the event of exposure (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)).
- 6.7.6 If, following this risk assessment, there is no acceptable outcome consistent with this Policy, an Immunisation Expert Advisory Panel may be convened to review the situation and recommend a course of action. Model Refusal forms, which include details of the Immunisation Expert Advisory Panel composition, function and process are available from the [SA Health website](#).
- 6.7.7 All workers in Categories A, B and C with temporary medical contraindications must complete any outstanding recommended vaccinations as soon as possible after the contraindications no longer apply.
- 6.7.8 Documentation of the immune status of current employees with contraindications to vaccination must be recorded in the nominated database to enable a timely alert in the event of a VPD being identified to which the worker is susceptible (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)).

6.8 SPECIFIC VACCINE PREVENTABLE DISEASES COVERED BY THIS POLICY

(refer to the current edition of the Australian Immunisation Handbook for more detailed information in relation to vaccination for the infections noted below).

6.8.1 COVID-19

6.8.1.1 Primary course

A primary course of an age-appropriate COVID-19 vaccine is recommended (unless the vaccination is contraindicated) for all Category A, B, C and D workers.

- 6.8.1.2 The COVID-19 vaccine is not considered mandatory. Across A, B and C categories, each worker or volunteer must have a detailed risk assessment of their work activities, the area in which they work and the population cared for in that area in order to identify appropriate actions to manage risk arising from coronavirus disease 2019. If required, management options may include alternative work placements, work adjustments and/or work restrictions

6.8.2 Diphtheria -Tetanus – Pertussis

6.8.2.1 Primary course

If HCWs have not received a primary course of a diphtheria-tetanus-pertussis containing vaccine in childhood, a primary course of three doses is recommended.

6.8.2.2 Booster vaccination

For HCWs a combined diphtheria-tetanus-pertussis booster is required every 10 years (unless contraindicated).

6.8.3 Hepatitis A

- 6.8.3.1 Hepatitis A vaccination is recommended for all HCWs who:
- work in rural or remote Indigenous communities
 - work with Indigenous children
 - care for persons with developmental disabilities.
- 6.8.3.2 Hepatitis A vaccine is also recommended for plumbers in potential contact with raw sewerage who are working in SA Health services.

6.8.4 Hepatitis B

- 6.8.4.1 A primary course of age-appropriate hepatitis B vaccine is required (unless there is evidence of immunity or vaccination is contraindicated) for all Category A HCWs.
- 6.8.4.2 All Category A HCWs must provide evidence of hepatitis B immunity. HCWs are considered immune if they have:
- documented evidence of a post-vaccination serological screening result showing adequate anti-HBs antibodies ($\geq 10\text{mIU/mL}$); or
 - serological evidence of a previous resolved hepatitis B infection.
- 6.8.4.3 The current edition of the *Australian Immunisation Handbook* details recommendations, including booster vaccinations and timing of post-vaccination serology, for HCWs who do not respond to a primary course of hepatitis B vaccine (vaccine non-responders).
- 6.8.4.4 Where a HCW has commenced a course of hepatitis B vaccine, but not yet completed the full course, the HCW may commence work or clinical placement if they have:
- completed all other vaccination requirements; and
 - provided documented evidence they have received at least the first dose of hepatitis B vaccine; and
 - given an undertaking to complete the vaccination course and provide evidence of seroconversion from their immunisation provider.
- 6.8.4.5 Persons undertaking clinical duties or clinical placement prior to receiving a full course of hepatitis B vaccine will not have evidence of seroconversion, and must be advised about the risks, preventative measures and appropriate procedures if exposed to blood or body fluids (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)).

6.8.5 Influenza

- 6.8.5.1 Seasonal influenza vaccination is recommended for all SA Health employees (Categories A, B, C and D as noted in Table 1).
- 6.8.5.2 Annual influenza vaccination is also recommended for all staff of nursing homes and long term care facilities, staff providing home care to persons at high risk of influenza mortality and all HCWs involved with caring for homeless persons.

6.8.6 Measles - Mumps – Rubella

- 4.8.6.1 Two doses of MMR vaccine are required for all HCWs born in Australia during or since 1966 who do not have evidence of receiving 2 doses of a measles-mumps-rubella-containing vaccine (unless contraindicated), or laboratory evidence that indicates immunity to measles, mumps and rubella.
- 4.8.6.2 HCWs are considered immune to **measles, mumps and rubella** if they are immunocompetent and:
- were born in Australia before 1966 or
 - can provide documented evidence of having received 2 doses of a measles-mumps-rubella containing vaccine or
 - can provide documented serological evidence of immunity to measles, mumps and rubella, or documented laboratory definitive evidence of prior measles, mumps and rubella infection.

6.8.7 Poliomyelitis

- 6.8.7.1 Primary course
If HCWs have not received a primary course of a polio-containing vaccine in childhood, a primary course of three doses is recommended (unless contraindicated).
- 6.8.7.2 Booster vaccination
A booster polio-containing vaccine is only recommended for HCWs, including laboratory workers, in possible contact with poliomyelitis cases or the poliomyelitis virus.

6.8.8 Tuberculosis (TB)

- 6.8.8.1 HCWs must be compliant with the screening requirements of the [Control of Tuberculosis in South Australian Health Services Policy Directive 2013](#).

6.8.9 Varicella (chickenpox)

- 6.8.9.1 Two-doses of varicella containing vaccine given 4 to 6 weeks apart are required (unless contraindicated) for HCWs who do not have a documented age-appropriate varicella vaccination or laboratory evidence that indicates immunity to varicella.
- 6.8.9.2 HCWs without documented evidence of two doses of varicella vaccination, 4 to 6 weeks apart should have serology to determine their immune status to varicella. Alternatively, unless contraindicated, two doses of varicella vaccine, 4 to 6 weeks apart, may be given without prior serological testing.

7. Risk Management

7.1 REASSIGNMENT OF UNPROTECTED OR UNSCREENED EMPLOYEES

- 7.1.1 SA Health Directors of Workforce and Work Health and Safety Managers must ensure current employees who are HCWs in Categories A and B and who are not fully protected against the specified VPDs relevant to their Category (excluding COVID-19) in this Policy do not work in high risk clinical areas (defined in Section 1). Risk assessment and management options for these employees are described in Sections 6.5, 6.6 and 6.7.

- 7.1.2 SA Health Directors of Workforce and Work Health and Safety Managers must ensure current employees who are quarantine and medi-hotel workers are offered vaccination against COVID-19. If the employee chooses to not be vaccinated against COVID-19, the employee must have a detailed risk assessment of their work activities, the area in which they work and the population cared for in that area in order to identify appropriate actions to manage risk arising from VPDs. Management options may include alternative work placements, work adjustments and/or work restrictions.
- 7.1.3 In certain circumstances, it may be argued a genuine and serious risk to service delivery would result from reassignment of an unprotected/unscreened employee, or from failure to appoint an unprotected/unscreened employee to a clinical position. Such situations would normally be limited to a short period of time and in circumstances where:
- the person is highly specialised, a sole practitioner (e.g. in some rural/remote areas), or there is a current workforce shortage in the person's clinical area; and/or
 - failure to retain or appoint the person poses a genuine and serious risk to service delivery.

In these circumstances, the Chief Public Health Officer, SA Health (or authorised delegate) has the discretionary power to vary the requirements of this Policy, on a case-by-case basis. Any variation must only be undertaken in exceptional circumstances, and must only proceed with the written approval of the Chief Public Health Officer, and within an individual risk management plan to protect the employee, other health care workers, patients and visitors.

8. Mandatory related documents

Under this policy, all employees of SA Health must comply with:

- > [Control of Tuberculosis in South Australian Health Services Policy Directive 2013.](#)
- > [Worker Health and Wellbeing Policy Directive, 2013](#)
- > [Work Health, Safety and Injury Management \(WHSIM\) Policy Directive, 2016](#)
- > [Healthcare Associated Infection Prevention Policy Directive 2016](#)
- > [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)

9. Supporting documents

9.1 REFERENCES

This Policy details the immunisation standards for SA Health services to implement in their workplaces to protect health care workers, other employees, patients and visitors from the risk of exposure to VPD. The Policy is supported by the recommendations contained within the following references (which may be updated from time-to-time):

- Australian Technical Advisory Group on Immunisation (ATAGI) [Australian Immunisation Handbook](#), Australian Government Department of Health, Canberra, 2018.
- [Australian Guidelines for the Prevention and Control of Infection in Health Care](#) 2019.

- [Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses](#) (2018)

This Policy should be read in conjunction with:

- SA Health Code of Fair Information Practice guidelines (SA)
- [Consent to Medical Treatment and Palliative Care Act](#) 1995
- [Privacy Act 1988](#) (Cth)
- Government of South Australia Department of Premier and Cabinet Circular PC012 [Information Privacy Principles \(IPPS\) Instructions](#)
- [Work Health and Safety Act](#) 2012 (SA)
- [South Australian Public Health Act](#) 2011
- [SA Controlled Substances \(Poisons\) Regulations](#) 2011
- South Australian Immunisation Program: [Vaccine Standing Drug Orders](#)
- Australian Commission on Safety and Quality in Health Care's [National Safety and Quality Health Service Standards](#)

9.2 MODEL AND SUPPORTING DOCUMENTS

SA Health have developed a number of model documents to support the implementation and monitoring of this Policy. Model documents may be used by other institutions, such as education providers, with their own logos, and adapted for specific purposes. Model documents can be sourced from the [SA Health website](#).

SA Health have also developed a number of supporting documents which provide more detail on the implementation process, including summaries of technical information, flow charts for management of particular issues and recording forms. Supporting documents can be sourced from the [SA Health website](#).

10. Compliance

10.1 MONITORING

Monitoring of key performance indicators (KPIs) developed in consultation with SA Health services and education providers will be undertaken to assess progress towards compliance with this Policy. For SA Health services, monitoring will be based on reports (Section 10.3) provided by designated managers using de-identified summary data to assess the immune status of workers against the listed VPD. For education providers, monitoring will be based on reports of compliance (Section 10.3) provided by education providers to SA Health.

10.2 EVALUATION

A formal evaluation of the process, impacts and outcomes of this Policy, and subsequent evaluations, will be conducted at agreed times after initial implementation. The evaluation methodology will be developed in consultation with SA Health services and education providers, including the use of the monitoring KPIs.

10.3 REPORTING REQUIREMENTS

Workforce Reporting must report annually to the Chief Public Health Officer, SA Health, using an agreed reporting template developed in consultation with Workforce Reporting and LHN/HS/BUs.

SA Health employees responsible for managing or delivering immunisation services for SA Health employees must report adverse events following immunisation (AEFI) for vaccines given by SA Health services to the Immunisation Section, Communicable Disease Control Branch.

SA Health Clinical Placement Agreements must include the requirement that education providers report annually on compliance rates for student HCWs to the Chief Public Health Officer, SA Health using an agreed reporting template developed in consultation with each education provider.

11. Document ownership

Policy owner: Executive Director, Health Protection & Licensing Services as Domain Custodian for the Public Health Domain

Title: *Immunisation for Health Care Workers and Quarantine Workers Policy*

ISBN: 978-1-76083-374-9

Objective reference number: A2601360

Date published: 24 February 2021

Review date: 18 February 2022

12. Document history

Version	Date approved	Approved by	Amendment notes
V1	01/08/17	SA Health Policy Committee	
V1.1	01/12/17	A/Director, CDCB	Minor changes
V2	19/02/21	COVID-19 Vaccine Strategy Group	Addition of COVID-19 requirements, addition of quarantine workers as an applicable cohort, new policy template

13. Appendices

1. *Appendix 1. Acceptable evidence of immunity to specific VPD*
2. *Appendix 2. Roles and Responsibilities*

Appendix 1. Acceptable evidence of immunity to specific VPD

VPD	Acceptable evidence of immunity
Chickenpox (Varicella-Zoster)	<ul style="list-style-type: none"> ▪ Documented evidence of varicella antibody (IgG) on serology; <u>or</u> ▪ Documented evidence of age-appropriate varicella vaccination; Confirmation of immunity post-vaccination is not required.
COVID-19	<ul style="list-style-type: none"> ▪ Documented evidence of a completed primary vaccination course. Confirmation of immunity post-vaccination is not required.
Diphtheria	<ul style="list-style-type: none"> ▪ Documented evidence of a booster dose of diphtheria-containing vaccine in the last 10 years. Confirmation of immunity post-vaccination is not required.
Hepatitis A	<ul style="list-style-type: none"> ▪ Documented evidence of hepatitis A antibody on serology (IgG); <u>or</u> ▪ Documented evidence of completed course of hepatitis A vaccine <u>or</u> ▪ Documented laboratory evidence of past hepatitis A infection. Confirmation of immunity post-vaccination is not required.
Hepatitis B	<ul style="list-style-type: none"> ▪ Documented evidence of hepatitis B core antibody; <u>or</u> ▪ Documented level of hepatitis B surface antibody (≥ 10 mIU/ml) following completion of a course of hepatitis B vaccine. Confirmation of immunity post-vaccination <u>is required</u> after completion of the vaccination course. HCWs who have lived in a hepatitis B endemic country/setting for at least 3 months are required to have serology that includes hepatitis B surface antigen prior to vaccination.
Measles	<ul style="list-style-type: none"> ▪ Documented evidence of measles antibody (IgG) on serology; <u>or</u> ▪ Documented evidence of 2 measles-containing vaccines at least one month apart <u>or</u> ▪ Born before 1966 in Australia <u>or</u> ▪ Documented laboratory evidence of past measles infection. Confirmation of immunity post-vaccination is not required.
Mumps	<ul style="list-style-type: none"> ▪ Documented evidence of mumps antibody (IgG) on serology; <u>or</u> ▪ Documented evidence of 2 mumps-containing vaccines <u>or</u> ▪ Born before 1966 in Australia <u>or</u> ▪ Documented laboratory evidence of past mumps infection. Confirmation of immunity post-vaccination is not required.
Pertussis	<ul style="list-style-type: none"> ▪ Documented evidence of pertussis containing booster vaccine in the previous 10 years. Confirmation of immunity post-vaccination is not required.
Poliomyelitis	<ul style="list-style-type: none"> ▪ History of vaccination with a primary course of 3 vaccinations (documentation is not required); <u>or</u> ▪ History of receipt of completed childhood vaccination schedule. Confirmation of immunity post-vaccination is not required.
Rubella	<ul style="list-style-type: none"> ▪ Documented evidence of rubella antibody (IgG) on serology; <u>or</u> ▪ Documented evidence of 2 rubella containing vaccines <u>or</u> ▪ Born before 1966 in Australia <u>or</u> ▪ Documented laboratory evidence of past rubella infection. Confirmation of immunity post-vaccination is not required.
Tetanus	<ul style="list-style-type: none"> ▪ Documented evidence of a booster dose of vaccine containing tetanus in the last 10 years. Confirmation of immunity post-vaccination is not required.

Appendix 2. Roles and Responsibilities

CHIEF EXECUTIVE/ DEPUTY CHIEF EXECUTIVES (SA HEALTH)

- Ensure the Immunisation for SA Health Health Care Workers and Quarantine Workers Policy (the Policy) is monitored for its appropriateness and effectiveness and is reviewed as required.
- Ensure system-wide compliance with the Policy.
- Ensure that the recruitment and appointment of employees is consistent with the Policy and relevant legal requirements system-wide.

CHIEF EXECUTIVE OFFICERS/ CHIEF OPERATING OFFICERS

(Local Health Networks [LHN], Health Services [HS] and Business Units [BU])

- Provide the financial and physical resources required for the implementation of this Policy, including resources for education, screening and vaccination by qualified immunisation providers for existing employees, either within SA Health services, or external to SA Health services if a health service is unable to provide a worker/staff health screening and vaccination service.
- Ensure and monitor compliance with the Policy.
- Ensure that the recruitment and appointment of employees is consistent with the Policy and relevant legal requirements.
- Conduct a review of a decision to not appoint a prospective employee to a Category A, B or C position due to refusal to undertake screening and/or recommended vaccination, where such an individual seeks a review or lodges a grievance.

EXECUTIVES, DIRECTORS, SENIOR MANAGERS AND MANAGERS

- Ensure compliance with the Policy.
- Liaise with their Director of Workforce (or equivalent) where an existing employee in a Category A, B or C position refuses to undertake screening and/or recommended vaccination.
- Ensure processes are in place to alert employees, and their managers, of the requirement to reassess Category as per Table 1 when employee's work roles are changed.
- Ensure compliance with privacy and confidentiality requirements.

DIRECTORS OF WORKFORCE and WORK HEALTH AND SAFETY MANAGERS

- Establish and maintain systems and operational procedures through Worker / Staff Health Services and Infection Prevention and Control Practitioners with worker health portfolios to ensure compliance with the Policy, including clear allocation of responsibility for screening and vaccination for workers in rotational positions (for example, junior medical officers and other clinical trainees).
- Ensure provision of information and advice for managers and employees regarding vaccination requirements.

WORKER / STAFF HEALTH SERVICES, AND INFECTION PREVENTION CONTROL PRACTITIONERS WITH WORKER HEALTH PORTFOLIOS

- Implement worker screening and vaccination programs in SA Health services for current employees, and follow-up vaccination for new employees following recommendations in the current edition of the Australia Immunisation Handbook and consistent with the Policy. This includes reporting of adverse events following immunisation (see Section 10.3).
- Provide advice to relevant managers on risk management options for current employees in Categories A, B and C who refuse to participate in screening and/or vaccination (see Sections 6.5.6). Model Refusal Forms to support this process are available from the SA Health website.
- Provide advice to relevant managers on risk management options for current employees in Categories A, B and C who are vaccine non-responders or who have temporary or permanent contraindications to vaccination (see Sections 6.6.4 and 6.7.5)
- Assess whether the preferred candidate for a Category A, B or C position in SA Health is compliant with the Policy in relation to documented confirmation of immune status and advise hiring managers or selection panel chairpersons accordingly.
- Provide advice to hiring managers/ selection panel chairpersons for preferred candidates who are vaccine non-responders or who have temporary or permanent contraindications to vaccination (see Sections 6.6.4 and 6.7.5).
- Provide advice on request from managers responsible for prospective contract and volunteer health care workers who are vaccine non-responders or who have temporary or permanent contraindications to vaccination (see Sections 6.6.4 and 6.7.5).
- Maintain screening and immunisation records on the nominated database for new employees and existing employees in all categories (A, B, and C) that:
 - contain details of relevant screening and vaccination history
 - are updated when new events (vaccination, test, vaccine preventable disease, adverse event following immunisation) occur
 - produces a report for an individual demonstrating compliance with this Policy, including results of screening tests and vaccinations administered in SA Health services.
- Access, as authorised personnel, the immune status for VPD when needed for intervention after exposure or injury, or to respond to confirmed VPD cases in employees or patients 24 hours/7 days a week.
- Comply with privacy and confidentiality requirements.

HIRING MANAGERS AND SELECTION PANEL CHAIRPERSONS FOR PROSPECTIVE EMPLOYEES

- Ensure that the requirement for immunisation screening is clearly articulated in Role Descriptions for Category A, B and C positions (also referred to as Job & Person Specifications) and communicated to prospective employees during the recruitment process.
- Ensure the preferred candidate's confirmation of immune status is provided to Worker / Staff Health services or Infection Control Practitioners for assessment of compliance with the Policy.
- Ensure that no offer of appointment to a Category A, B or C position is made until confirmation of immune status has been assessed as compliant by Worker / Staff Health services or Infection Control Practitioners with worker health portfolios.
- Conduct a risk assessment for preferred candidates whose proposed work activities in SA Health services will be Category A, B or C, and who are vaccine non-responders

(Section 6.6), or who have temporary or permanent contraindications to vaccination (see Section 6.7), considering the advice from Worker / Staff Health Services or Infection Prevention and Control Practitioners with worker health portfolios, in order to determine if any work modifications or restrictions can be accommodated.

- Comply with privacy and confidentiality requirements.

MANAGERS RESPONSIBLE FOR PROSPECTIVE CONTRACT AND VOLUNTEER WORKERS

- Ensure that the requirement for immunisation screening and/or recommended vaccinations is clearly articulated to volunteer workers in a Category A, B or C role by managers responsible for volunteer workers.
- Ensure that the requirement for immunisation screening and/or recommended vaccinations is clearly articulated to prospective contract workers in a Category A, B or C role, either directly by managers responsible for prospective contract workers, or via an agency which employs them, where specified in the contract.
- Conduct a risk assessment for prospective contract workers and prospective volunteer workers whose proposed work activities in SA Health services places them in Category A, B or C, and who are vaccine non-responders (Section 4.6), or who have temporary or permanent contraindications to vaccination (see Section 4.7), considering the advice from Worker / Staff Health Services or Infection Prevention and Control Practitioners with worker health portfolios, in order to determine if any work modifications or restrictions can be accommodated.
- Comply with privacy and confidentiality requirements.

SA HEALTH EMPLOYEES RESPONSIBLE FOR CLINICAL PLACEMENTS FOR STUDENT HEALTH CARE WORKERS

Include in agreements with universities, academic institutions and other HCW education providers, the requirements that education providers:

- Develop organisational processes to support this Policy for student HCWs in Categories A and B who undertake clinical placement in SA Health services. Model documents to support education providers and student HCWs in these processes are available from the [SA Health website](#).
- Inform student HCWs that compliance with this Policy is required in order to undertake clinical placement in SA Health services.
- Inform student HCWs that a random audit of a sample of student HCWs will be undertaken by SA Health in collaboration with education providers to verify documentation provided as evidence of compliance, and any false or misleading documentation will be treated as professional misconduct with appropriate consequences, which may include refusal of, or immediate removal from, clinical placement.
- Provide, on request from SA Health employees responsible for managing the random audit process, student HCW details consistent with SA Health and the education provider's privacy and confidentiality responsibilities, for the purpose of audit.
- Establish and maintain a data collection system for student HCWs that:
 - records for each student HCW, prior to clinical placement in any SA Health services, whether the student HCW has self-declared compliance or non-compliance with the Policy.

- is updated when the student HCW informs the education provider of any changes in their compliance status with the Policy.
- is secure and accessible only by authorised personnel in accordance with the education provider's policies and practices, including confidentiality and privacy requirements.
- Meet reporting requirements detailed in Section 10.3 to monitor compliance with this Policy.

WORKERS (EXISTING EMPLOYEES) IN CATEGORIES A, B AND C

- Must comply with this Policy, as well as relevant work health and safety policies and procedures, and any lawful and reasonable direction relevant to the prevention of VPDs.
- Know their immune status for the VPDs covered in this Policy and retain screening and vaccination records that demonstrate compliance with the Policy. Acceptable evidence of vaccination is detailed in Appendix 1. A statutory declaration is not acceptable evidence of immune status.
- Provide relevant records to SA Health employees responsible for work health and safety when new events occur, including vaccination, adverse events following vaccination, relevant serology, or infection with a vaccine preventable disease.
- If non-immune (through failure to seroconvert, medical contraindications to vaccination or refusal of recommended screening tests and/or vaccinations as detailed in Sections 6.5, 6.6 and 6.7), be aware of:
 - the risks and consequences of the infection(s) against which the individual worker is not protected, including management in the event of exposure
 - their duty of care and obligation to patients and other workers
 - possible restrictions on placement within the health service
 - protective measures that must be utilised for the infection(s) against which the individual worker is not protected (e.g. personal protective equipment).

INFORMAL COPY WHEN PRINTED

For more information

Corporate Affairs
Legal and Legislative Policy
Level 10, 11 Hindmarsh Square
Adelaide SA 5000
Telephone: 8226 6047
www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons