

# Health Care Worker Refusal of Recommended Vaccinations and Health Screening Tests

## Introduction

This document provides support for SA Health Managers in managing current and prospective employees, contractors, students and volunteers of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those networks) and SA Ambulance Service SA Health, Health-care Workers-workers (HCW) who refuse to participate in health screening and vaccination requirements, including baseline or required subsequent tuberculosis (TB) screening. It outlines the principles that Managers can-must use to develop procedures to manage refusal in accordance with the 'Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination Policy' (2022): (the Policy).

HCWs (as defined in the Policy) working in an area where health care services are provided to patients/clients, and/or in pathology services are not considered to have refused required vaccinations in any of the following circumstances:

- the individual is considered to be a vaccine non-responder
- the individual is considered to have medical contraindications or exemptions to one or more vaccinations.

In all other instances, the refusal of a vaccine (or refusal to disclose vaccination status) by an individual must be managed in line with the approach set out for specific groups in the Policy (Mandatory Instruction 2).

SA Health Managers have an obligation to-must ensure that HCWs in SA Health services are compliant with the Policy.

In accordance with Mandatory Instruction 2, part 1.1; Contracts for new employees must not be issued unless compliance with this Policy has been verified, including completion of the HCW Vaccine Refusal Form if required.

The aim of the HCW refusal-declaration Vaccine Refusal Form procedure is to provide a transparent, standardised means to identify and manage HCW who refuse to participate in the immunisation program and/or TB screening (or refuse to disclose their vaccination status) regardless of the reasons for refusal.

A HCW who is subject to management action for refusing recommended vaccinations or screening may appeal against the decision consistent with SA Health policies and procedures.

## Procedure

Where a HCW refuses to participate in the immunisation program and/or TB screening (or refuses to disclose their vaccination status) and is not compliant with the Policy, a detailed risk assessment of their work/study situation and practices must be conducted to assess the risk of vaccine preventable diseases to the HCW, other workers, clients/patients, and consumers of the facility.

Following the risk assessment, a management plan must be developed to manage the risk. Management options may include alternative work placements, work adjustments and/or work restrictions.

In the event of a dispute related to the workplace-risk assessment and risk management plan that cannot be resolved between the HCW and the SA Health services Mmanager, the relevant SA Health service Local Health Panel may be convened. -The Terms of Reference and Process Immunisation Local Health Panel are available from the SA Health internet.

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For more information:

Specialist Services

Communicable Disease Control Branch

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**[DRAFT FOR CONSULTATION]**

# SA Health

## Health Care Worker (HCW) ~~Immunisation and Health~~

### Screening Declination Vaccination Refusal Declaration

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Contact Ph. no.: \_\_\_\_\_  
Email: \_\_\_\_\_  
SA Health Service: \_\_\_\_\_ Unit/Department: \_\_\_\_\_  
\_\_\_\_\_ Employee/Student IDNo: \_\_\_\_\_  
Position: \_\_\_\_\_

#### Organisation position statement

- Health Care Workers (HCWs) have an increased risk of acquiring some vaccine preventable diseases and of transmitting these diseases to other HCWs, patients/clients, and visitors in SA Health services.
- SA Health has a duty of care and a responsibility under the [Work Health and Safety Act 2012 \(SA\)](#) to minimise the transmission of vaccine preventable diseases (VPD) in the workplace [and the impact VPDs may have on its workers and the functioning of its health services](#).
- The ['Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination' Policy \(2022\)](#) applies to all current and prospective employees, contractors, students and volunteers of the Department for Health and Wellbeing, Local Health Networks, and statewide and emergency services.
- The Policy defines the minimum standards, including documented evidence of TB screening and immune status to selected VPDs. It is a mandatory requirement that all SA Health services implement the Policy in the workplace [including ensuring necessary pre-employment processes are in place](#).

#### Please indicate the serology and/or vaccine and/or health screening refused

	Serology	Vaccine
Diphtheria/Tetanus/Pertussis (dTpa)	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused
Hepatitis A (if recommended)	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused
Hepatitis B	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused
Measles/Mumps/Rubella	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused
Varicella (Chickenpox)	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused
COVID-19		<input checked="" type="checkbox"/> Refused
Influenza		<input type="checkbox"/> Refused
Other (please specify)	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused
TB Screening	<input type="checkbox"/> Mantoux skin test <input type="checkbox"/> IGRA <input type="checkbox"/> Follow up chest x-ray <input type="checkbox"/> Attend SA TB Services	

#### Reason(s) for refusal:

#### Health Care Worker Refusal Declaration

- I have discussed the benefits and risks of vaccination and health screening with [my treating practitioner and/or immunisation provider SA Health Clinical Worker Health \(CWH\) Nurse \(or equivalent\)](#) and have considered the information given. I have also been given the opportunity to discuss any concerns [I have](#) about vaccination and health screening.
- I understand that by refusing a vaccine or screening for immunity I may remain non-immune to vaccine preventable diseases and/or may be at [increased](#) risk of infection [and/or more severe disease](#) with these diseases and may continue, [depending on the infectious agent](#), to be a potential source of infection to other HCWs, patients/clients, consumers and visitors.

- As a result of refusing a vaccine or health screening, I understand that a risk assessment of my current work/study circumstance and practices will be conducted and I will be advised of options to manage the risk.
- I understand that I can change my mind at any time.
- I acknowledge that I will need to comply with any risk minimisation strategies put into place following that risk assessment.
- I understand that in the event of my reconsideration and subsequent compliance with the Policy that decisions made in relation to my work/study circumstances and practices will be reconsidered.
- I have read and fully understood the information in this [declinationVaccine Refusal Declaration](#) form.

**Health Care Worker's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CWH Nurse (or equivalent) Manager of worker/student Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**CWH Nurse (or equivalent) Signature:** \_\_\_\_\_

**SA Health CWH Team (or equivalent):** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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