



Immunisation for Health Care Workers in South Australia Policy Directive 2017

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Immunisation for Health Care Workers in South Australia Policy Directive 2017

1. Objective

- 1.1 The Immunisation for Health Care Workers in South Australia 2017 Policy Directive 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 and other employees, workers, patients and visitors.
- 1.2 Transmission of VPD in health care settings has the potential to cause serious illness and avoidable death in health care workers, other employees, workers, patients, family members, visitors and other users of SA Health services, and others in the community.
- 1.3 Unless they are protected by immunity due to vaccination or past infection, health care workers (HCWs) have an increased risk of acquiring some VPD and of transmitting these diseases to other health care workers, other employees, workers, patients and visitors.
- 1.4 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.
- 1.5 This Policy Directive replaces the Immunisation for Health Care Workers in South Australia 2014 Policy Guideline.

2. Scope

- 2.1 This Policy Directive applies to all health care workers 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 (see Section 13 for definitions of health care workers and SA Health services).
- 2.2 The Chief Executive or appropriate delegates will ensure that the Policy Directive is applied with respect to prospective HCWs having regard to their potential status as employees, students, volunteers or persons prospectively engaged pursuant to a contract for services (contract HCWs).

3. Principles

- 3.1 This Policy Directive 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 HCWs, employers, education providers and immunisation providers in implementing this Policy Directive
 - Equity: to minimise the risk of transmission of VPD to vulnerable populations in SA Health services.
- 3.2 The *Work Health and Safety Act 2012* (SA) Objects relevant to this Policy Directive 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).
- 3.3 This Policy Directive 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 2012), in particular Action 3.6.1 (a workforce immunisation program that complies with current national guidelines is in use).
- 3.4 All references to documentation and management of information related to this Policy Directive will comply with the Government of South Australia Cabinet Administrative Instruction [Information Privacy Principles \(IPPS\)](#) and State and Commonwealth Privacy legislation (see Section 15).

4. Detail

4.1 PLANNING IMMUNISATION PROGRAMS

- 4.1.1 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.
- 4.1.2 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).

4.2 RISK CLASSIFICATION AND RECOMMENDED VACCINES FOR HEALTH CARE WORKERS

- 4.2.1 HCWs 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 HCW and the recommended vaccinations to ensure an appropriate level of protection is offered to each HCW. There are three major categories for HCWs in relation to infectious hazards:

Category A (direct contact with blood or body substances)
Category B (indirect contact with blood or body substances) and
Category C (minimal patient contact).

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

- 4.2.2 The scope of this Policy Directive does not include employees in Category C 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 and B. However, seasonal influenza vaccination should be offered to employees in all categories (A, B and C) as detailed in Table 1.
- 4.2.3 HCWs will require a re-assessment of their category status (A, B or C) 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 HCW is protected against VPD.

Table 1. Risk Categorisation and Recommended Vaccines for Health Care Workers

Category	Risk	Examples of roles (risk assessment based on work tasks)	Recommended vaccines
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, laboratory staff, mortuary workers, maintenance engineers who service biomedical equipment, sterilising service staff, cleaners responsible for the decontamination and disposal of biologically contaminated materials, porters who transport patients around health facilities.</p>	<p>Diphtheria-Tetanus-Pertussis</p> <p>Hepatitis B</p> <p>Hepatitis A*</p> <p>Influenza</p> <p>Measles-Mumps-Rubella</p> <p>Varicella</p>
B	<p>Indirect contact with blood or body substances.</p> <p>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.</p>	<p>Catering staff and ward clerks</p>	<p>Diphtheria-Tetanus-Pertussis</p> <p>Influenza</p> <p>Measles-Mumps-Rubella</p> <p>Varicella</p>
C	<p>Minimal patient contact.</p> <p>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 account when deciding immunisation requirements and all staff should be encouraged to be vaccinated according to the <i>Australian Immunisation Handbook</i>.</p>	<p>Office management and clerical staff, kitchen staff, plumbers[#]</p>	<p>Influenza</p>

Category	Risk	Examples	Recommended vaccines
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.

4.3 SCREENING OF HEALTH CARE WORKERS AND ACCEPTABLE EVIDENCE OF IMMUNITY

- 4.3.1 All HCWs (students, prospective employees, prospective contract HCWs, volunteers, and current employees) in Categories A and B must participate in screening for the VPD detailed in the Policy Directive.
- Student HCWs must complete screening prior to clinical placement.
 - Prospective employees must provide confirmation of immune status during the pre-employment process.
 - Prospective contract HCWs 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 HCWs 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.
- 4.3.2 The screening process must include immunisation and other relevant history, serological tests (if required) 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. Students, prospective employees and prospective contract HCWs will be responsible for any costs involved with the screening process. Volunteer HCWs 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](#).
- 4.3.3 Appendix 1 provides details of acceptable evidence of immunity for HCW for specific VPD.

4.4 INFORMED CONSENT

- 4.4.1 Informed consent prior to vaccination must be obtained from the HCW by their immunisation provider in accordance with the current *Australian Immunisation Handbook*. This includes providing information for the HCW 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 HCWs should take to report any adverse reaction following vaccination; and
 - for current employees, information on SA Health policy in relation to confidentiality of the HCW screening results.
- 4.4.2 Documentation of the informed consent process and its outcome should be maintained by the immunisation provider.

4.5 REFUSAL

- 4.5.1 HCWs in Categories A and B 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 4.6 (Vaccine non-responders) and Section 4.7 (HCWs with contraindications to vaccination).
- 4.5.2 Student HCWs 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](#).
- 4.5.3 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, 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.
- 4.5.4 Prospective contract HCWs, either directly or via an agency which employs them, and whose prospective work activities are assessed as Category A or Category B, 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.
- 4.5.5 Prospective volunteer HCWs who refuse to participate in screening, and whose prospective work activities are assessed as Category A or Category B, will not be provided with permission to act as a volunteer.

- 4.5.6 Current employees in Categories A and B who refuse 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 refusal document provided by SA Health indicating that the HCW understands the risks and consequences involved in refusal, 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. Model Refusal Forms to support SA Health managers in this process are available from the [SA Health website](#).
- 4.5.7 If, following the risk assessment for a current employee, there is no acceptable outcome consistent with this Policy Directive, 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](#).
- 4.5.8 Documentation of the refusal of current employees must be recorded in the CHRIS database to enable a timely alert in the event of a VPD being identified to which the HCW is susceptible (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#))

4.6 VACCINE NON-RESPONDERS

- 4.6.1 Student HCWs whose proposed clinical placement 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 their education provider or clinical placement coordinator prior to clinical placement.
- 4.6.2 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.
- 4.6.3 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.
- 4.6.4 All HCWs in Categories A and B who are 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](#)).

- 4.6.5 If, following this risk assessment, there is no acceptable outcome consistent with this Policy Directive, 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](#).
- 4.6.6 Documentation of the immune status of current employees who are vaccine non-responders must be recorded in the CHRIS database to enable a timely alert in the event of a VPD being identified to which the HCW is susceptible (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)).

4.7 HCWs WITH CONTRAINDICATIONS TO VACCINATION

- 4.7.1 Student HCWs in Categories A and B 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.
- 4.7.2 Prospective employees, prospective contract HCWs and prospective volunteer HCWs in Categories A and B 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.
- 4.7.3 Current employees in Categories A and B 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.
- 4.7.4 All HCWs in Categories A and B with temporary or permanent medical contraindications to vaccination may be required to undergo a further specialist medical assessment. In the case of HCW students, prospective employees, prospective contract HCWs or volunteers, the specialist medical assessment, if required, will be at the HCW's own cost. These HCWs will not be allowed to undertake clinical placements or commence duties until they have undergone any required specialist medical assessment.
- 4.7.5 All HCWs in Categories A and B 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. HCWs 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](#)).

- 4.7.6 If, following this risk assessment, there is no acceptable outcome consistent with this Policy Directive, 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](#).
- 4.7.7 All HCWs in Categories A and B with temporary medical contraindications must complete any outstanding recommended vaccinations as soon as possible after the contraindications no longer apply.
- 4.7.8 Documentation of the immune status of current employees with contraindications to vaccination must be recorded in the CHRIS database to enable a timely alert in the event of a VPD being identified to which the HCW is susceptible (see [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)).

4.8 SPECIFIC VACCINE PREVENTABLE DISEASES COVERED BY THIS POLICY

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

4.8.1 Diphtheria -Tetanus - Pertussis

- 4.8.1.1 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.
- 4.8.1.2 Booster vaccination
For HCWs a combined diphtheria-tetanus-pertussis booster is required every 10 years (unless contraindicated).

4.8.2 Hepatitis A

- 4.8.2.1 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.
- 4.8.2.2 Hepatitis A vaccine is also recommended for plumbers in potential contact with raw sewerage who are working in SA Health services.

4.8.3 Hepatitis B

- 4.8.3.1 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.
- 4.8.3.2 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.

- 4.8.3.3 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).
- 4.8.3.4 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.
- 4.8.3.5 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](#)).

4.8.4 Influenza

- 4.8.4.1 Seasonal influenza vaccination is recommended for all SA Health employees (Categories A, B and C) as noted in Table 1.
- 4.8.4.2 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.

4.8.5 Measles - Mumps - Rubella

- 4.8.5.1 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.
- 4.8.5.2 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.

4.8.6 Poliomyelitis

- 4.8.6.1. 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).

- 4.8.6.2 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.

4.8.7 Tuberculosis (TB)

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

4.8.8 Varicella (chickenpox)

- 4.8.8.1 Two-doses of varicella containing vaccine given 4 to 6 weeks apart are required (unless contraindicated) for HCWs who do not have a reliable history of previous varicella infection or documented age-appropriate varicella vaccination or laboratory evidence that indicates immunity to varicella.
- 4.8.8.2 HCWs with a negative or uncertain history of varicella infection 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.

5. Roles and Responsibilities

5.1 CHIEF EXECUTIVE/ DEPUTY CHIEF EXECUTIVES (SA HEALTH)

- 5.1.1 Ensure the Immunisation for Health Care Workers in South Australia Policy Directive (the Policy Directive) is monitored for its appropriateness and effectiveness and is reviewed as required.
- 5.1.2 Ensure system-wide compliance with the Policy Directive.
- 5.1.3 Ensure that the recruitment and appointment of employees is consistent with the Policy Directive and relevant legal requirements system-wide.

5.2 CHIEF EXECUTIVE OFFICERS/ CHIEF OPERATING OFFICERS

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

- 5.2.1 Provide the financial and physical resources required for the implementation of this Policy Directive, 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.
- 5.2.2 Ensure and monitor compliance with the Policy Directive.
- 5.2.3 Ensure that the recruitment and appointment of employees is consistent with the Policy Directive and relevant legal requirements.
- 5.2.4 Conduct a review of a decision to not appoint a prospective employee to a Category A or Category B position due to refusal to undertake screening and/or recommended vaccination, where such an individual seeks a review or lodges a grievance.

5.3 EXECUTIVES, DIRECTORS, SENIOR MANAGERS AND MANAGERS

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

5.4 DIRECTORS OF WORKFORCE and WORK HEALTH AND SAFETY MANAGERS

- 5.4.1 Establish and maintain systems and operational procedures through Worker / Staff Health Services and Infection Prevention and Control Practitioners (Country Health SA LHN and SA Dental Services) to ensure compliance with the Policy Directive, including clear allocation of responsibility for screening and vaccination for HCWs in rotational positions (for example, junior medical officers and other clinical trainees).

- 5.4.2 Ensure provision of information and advice for managers and employees regarding vaccination requirements.

5.5 WORKER / STAFF HEALTH SERVICES, AND INFECTION PREVENTION AND CONTROL PRACTITIONERS (COUNTRY HEALTH SA LHN AND SA DENTAL SERVICES)

- 5.5.1 Implement HCW 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 Directive. This includes reporting of adverse events following immunisation (see 6.1.2).
- 5.5.2 Provide advice to relevant managers on risk management options for current employees in Categories A and B who refuse to participate in screening and/or vaccination (see 4.5.6). Model Refusal Forms to support this process are available from the [SA Health website](#).
- 5.5.3 Provide advice to relevant managers on risk management options for current employees in Categories A and B who are vaccine non-responders or who have temporary or permanent contraindications to vaccination (see 4.6.4 and 4.7.5)
- 5.5.4 Assess whether the preferred candidate for a Category A or B position in SA Health is compliant with the Policy Directive in relation to documented confirmation of immune status and advise hiring managers or selection panel chairpersons accordingly.
- 5.5.5 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 4.6.4 and 4.7.5).
- 5.5.6 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 4.6.4 and 4.7.5).
- 5.5.7 Maintain screening and immunisation records on the CHRIS 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 Directive, including results of screening tests and vaccinations administered in SA Health services.
- 5.5.8 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.
- 5.5.9 Comply with privacy and confidentiality requirements.

5.6 HIRING MANAGERS AND SELECTION PANEL CHAIRPERSONS FOR PROSPECTIVE EMPLOYEES

- 5.6.1 Ensure that the requirement for immunisation screening is clearly articulated in Role Descriptions for Category A and B positions (also referred to as Job & Person Specifications) and communicated to prospective employees during the recruitment process.
- 5.6.2 Ensure the preferred candidate's confirmation of immune status is provided to Worker / Staff Health services or Infection Control Practitioners (CHSALHN) for assessment of compliance with the Policy Directive.
- 5.6.3 Ensure that no offer of appointment to a Category A or B position is made until confirmation of immune status has been assessed as compliant by Worker / Staff Health services or Infection Control Practitioners (CHSALHN).
- 5.6.4 Conduct a risk assessment for preferred candidates whose proposed work activities in SA Health services will be Category A or B, 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 (Country Health SA LHN and SA Dental Services), in order to determine if any work modifications or restrictions can be accommodated.
- 5.6.5 Comply with privacy and confidentiality requirements.

5.7 MANAGERS RESPONSIBLE FOR PROSPECTIVE CONTRACT AND VOLUNTEER HCWs

- 5.7.1 Ensure that the requirement for immunisation screening and/or recommended vaccinations is clearly articulated to volunteer HCWs in a Category A or B role by managers responsible for volunteer HCWs.
- 5.7.2 Ensure that the requirement for immunisation screening and/or recommended vaccinations is clearly articulated to prospective contract HCWs in a Category A or B role, either directly by managers responsible for prospective contract HCWs, or via an agency which employs them, where specified in the contract.
- 5.7.3 Conduct a risk assessment for 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 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 (Country Health SA LHN and SA Dental Services), in order to determine if any work modifications or restrictions can be accommodated.
- 5.7.4 Comply with privacy and confidentiality requirements.

5.8 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:

- 5.8.1 Develop organisational processes to support this Policy Directive 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](#).
- 5.8.2 Inform student HCWs that compliance with this Policy Directive is required in order to undertake clinical placement in SA Health services.
- 5.8.3 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.
- 5.8.4 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.
- 5.8.5 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 Directive.
 - is updated when the student HCW informs the education provider of any changes in their compliance status with the Policy Directive.
 - is secure and accessible only by authorised personnel in accordance with the education provider's policies and practices, including confidentiality and privacy requirements.
- 5.8.6 Meet reporting requirements detailed in Section 6.1.3 to monitor compliance with this Policy Directive.

5.9 HEALTH CARE WORKERS (EXISTING EMPLOYEES IN CATEGORIES A AND B)

- 5.9.1 Must comply with this Policy Directive, as well as relevant work health and safety policies and procedures, and any lawful and reasonable direction relevant to the prevention of vaccine preventable diseases.
- 5.9.2 Know their immune status for the vaccine-preventable diseases covered in this Policy Directive and retain screening and vaccination records that demonstrate compliance with the Policy Directive. Acceptable evidence of vaccination is detailed in Appendix 1. A statutory declaration is not acceptable evidence of immune status.
- 5.9.3 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.

- 5.9.4 If non-immune (through failure to seroconvert, medical contraindications to vaccination or refusal of recommended screening tests and/or vaccinations as detailed in Sections 4.5, 4.6 and 4.7), be aware of:
- the risks and consequences of the infection(s) against which the individual HCW is not protected, including management in the event of exposure
 - their duty of care and obligation to patients and other HCWs
 - possible restrictions on placement within the health service
 - protective measures that must be utilised for the infection(s) against which the individual HCW is not protected (e.g. personal protective equipment).

6. Reporting

6.1 REPORTING REQUIREMENTS

- 6.1.1 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.
- 6.1.2 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.
- 6.1.3 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.

7. EPAS

It is not anticipated that employees records related to immune status to VPD will be maintained on EPAS.

8. Exemption

8.1 EXEMPTION SCOPE

N/A (exemption not allowed)

8.2 EXEMPTION PROCESS

N/A

8.3 EXEMPTION AUTHORITY

N/A











9. Other

ACKNOWLEDGEMENTS

SA Health acknowledges the immunisation policy materials developed by New South Wales and Western Australia in preparing this Policy Directive.

10. National Safety and Quality Health Service Standards

A HCW immunisation program consistent with this Policy Directive is required under the Australian Commission on Safety and Quality in Health Care's *National Safety and Quality Health Service Standards*. SA Health recommends all health care settings and institutions which educate HCW students develop immunisation policies and programs in line with this Policy Directive.

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
		<input checked="" type="checkbox"/>							

11. Risk Management

11.1 REASSIGNMENT OF UNPROTECTED OR UNSCREENED EMPLOYEES

- 11.1.1 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 vaccine-preventable diseases in this Policy Directive do not work in high risk clinical areas (defined in Section 13). Risk assessment and management options for these employees are described in Sections 4.5, 4.6 and 4.7.
- 11.1.2 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 Directive, 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.

12. Evaluation

12.1 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 Directive. For SA Health services, monitoring will be based on reports (Section 6) provided by designated managers using de-identified summary data to assess the immune status of HCWs against the listed VPD. For education providers, monitoring will be based on reports of compliance (Section 6) provided by education providers to SA Health.

12.2 EVALUATION

A formal evaluation of the process, impacts and outcomes of this Policy Directive, 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.

13. Definitions

In the context of this document:

assessment means: the full evaluation of a person's level of protection against the vaccine preventable diseases covered by the Policy Directive 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 Directive 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, emergency health care workers (paramedics, ambulance officers and volunteer first aid workers), 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 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.

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.

must means: mandatory action that requires compliance.

protected means: immunity, for which the person can provide evidence, such as documentation of prior vaccination, infection, or other proof of immunity.

risk classification means: allocation of health care workers to categories (defined as A, B and C) 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.

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 Directive 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.

14. Associated Policy Directives / Policy Guidelines

[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](#)

15. References, Resources and Related Documents

15.1 REFERENCES

This Policy Directive 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 Directive is supported by the recommendations contained within the following references (which may be updated from time-to-time):

- [The Australian Immunisation Handbook](#). 10th Edition 2013. National Health and Medical Research Council. Canberra: Australian Government Publishing Services.
- [Australian Guidelines for the Prevention and Control of Infection in Health Care](#) 2010.
- [Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses](#) 2012.

This Policy Directive should be read in conjunction with:

- [Code of Fair Information Practice 2001](#) (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](#)

15.2 MODEL AND SUPPORTING DOCUMENTS

SA Health have developed a number of model documents to support the implementation and monitoring of this Policy Directive. 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](#).

Appendices

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; <u>or</u> ▪ History of prior chickenpox or shingles (no documentation required for history of varicella infection). <p>Confirmation of immunity post-vaccination is not required.</p>
Diphtheria	<ul style="list-style-type: none"> ▪ Documented evidence of a booster dose of diphtheria-containing vaccine in the last 10 years. <p>Confirmation of immunity post-vaccination is not required.</p>
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. <p>Confirmation of immunity post-vaccination is not required.</p>
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. <p>Confirmation of immunity post-vaccination <u>is required</u> after completion of the vaccination course for all HCWs.</p> <p>All 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.</p>
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. <p>Confirmation of immunity post-vaccination is not required.</p>
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. <p>Confirmation of immunity post-vaccination is not required.</p>
Pertussis	<ul style="list-style-type: none"> ▪ Documented evidence of pertussis containing booster vaccine in the previous 10 years. <p>Confirmation of immunity post-vaccination is not required.</p>
Poliomyelitis	<ul style="list-style-type: none"> ▪ History of vaccination with a primary course of 3 vaccinations (documentation is not required). <p>Confirmation of immunity post-vaccination is not required.</p>
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. <p>Confirmation of immunity post-vaccination is not required.</p>
Tetanus	<ul style="list-style-type: none"> ▪ Documented evidence of a booster dose of vaccine containing tetanus in the last 10 years. <p>Confirmation of immunity post-vaccination is not required.</p>

Note: for many VPDs an exact serological level of antibody which confers immunity is unknown.