

Policy

Addressing vaccine preventable
disease: Occupational assessment,
screening, and vaccination

Version 3.0

Approval date: 18 November 2022

PDS Reference No: D0451



1. Name of Policy

Addressing vaccine preventable diseases: Occupational assessment, screening, and vaccination (this Policy).

2. Policy statement

This Policy provides requirements for:

- the assessment, screening and vaccination to protect against specified vaccine preventable diseases (VPDs) and;
- assessment and screening of tuberculosis (TB).

The intent of this Policy is to minimise the risk to workers from contracting VPDs and risk of transmission of these infections.

This Policy supports a consistent approach to management of occupational assessment, screening and vaccination and facilitates SA Health meeting its duty of care and responsibility under the [Work Health and Safety Act 2012 \(SA\)](#) to minimise the risk of disease transmission in the workplace.

3. Applicability

This Policy applies to all 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 will make provision for vaccinations as may be considered beneficial by SA Ambulance Service to employees covered by the SA Ambulance Service (SAAS) Award for the prevention of contagious infection, for so long as is required under clause 34 of the SAAS Award. For employees covered by the SAAS Award, until such time as clause 34 of the SAAS Award is varied or deleted, it shall not be compulsory for any employee to be subject to inoculations and/or vaccinations under this Policy. Assessment and screening requirements set out in this Policy apply to individuals covered by the SAAS Award.

Vaccine and screening requirements are set out in [Mandatory Instruction 1: Risk assessment, screening and vaccination](#). In addition to the mandatory vaccination requirements for all SA Health roles under this Policy SA Health workers must also comply with any vaccination requirements imposed under legislation (including any directions under the *Emergency Management Act 2004* or the *South Australian Public Health Act 2011*) and any mandatory vaccination requirements under the terms and conditions of employment of employees.

*Note: it is the role of the employing authority to ensure relevant vaccinations and screenings have taken place before commencement of employment.

4. Policy principles

SA Health's approach to occupational assessment, screening and vaccination is underpinned by the following principles derived from the [South Australian Public Health Act 2011](#).

- > Prevention: we minimise the impact of VPDs and TB in the workplace and facilitate the highest level of protection for our workforce as reasonably practicable, against harm from hazards and risks arising from work.

- > Population focus: we are committed to increasing vaccination coverage amongst individuals and supporting a safer workplace in order to protect those most vulnerable to communicable diseases in the South Australian population and to reduce the risk of population spread.
- > Equity: we minimise the risk of transmission of VPD and TB to vulnerable populations.
- > Participation: we meet our responsibilities as individuals, employers, and education providers.

5. Policy requirements

Risk assessment

All SA Health roles must be assessed and classified based on expected duties associated with each role.

Roles will be classified either Category A, Category B, or Category C. Please refer to [Mandatory Instruction 1: Risk assessment, screening and vaccination](#) for risk categorisation criteria.

The employing authority must:

- > Ensure that the risk category of all SA Health roles are assessed according to their risk of acquisition and/or transmission of specified VPDs.
- > Ensure systems are established to enable managers and/or appropriately trained assessor to undertake risk assessment and categorisation for all SA Health roles.
- > Review and reclassify roles where an individual transfers between networks or services, or if a change in duties for a role is expected.
- > Ensure systems are established to record risk classifications in Role Descriptions and review classification of roles as duties associated with these roles change.
- > Communicate any change in the risk classification of a role to individuals currently employed within the role.
- > Ensure a process is established which enables an employee to dispute the risk categorisation assigned to their role.
- > Authorise a Local Health Panel to review any risk categorisation which has been disputed by an employee.

Where the most appropriate risk category for a role is unclear, the role should be classified into the higher of the risk categories considered.

Vaccine preventable disease screening and vaccination

The VPD screening process will include review of vaccination records signed by an authorised immunisation provider (and/or from the Australian Immunisation Register) and/or laboratory reports indicating immune status.

The employing authority must:

- > Establish systems to ensure employees, prospective employees, contractors, students and volunteers are assessed, screened and vaccinated as required by the risk category of their role.
- > Plan and implement a phased approach to ensure VPD screening of the current workforce, prioritising individuals in high-risk clinical roles and settings.

- > Ensure DHW, each Local Health Network and emergency and statewide services meet the cost of screening for individuals employed within their network or service at the time this Policy was approved.
- > Ensure DHW, each Local Health Network and emergency and statewide services allow paid time for current employees to attend screening and/or vaccination appointments.
- > Provide for all employees within SA Health access to free annual influenza vaccination and make arrangements to conduct influenza vaccination clinics.
- > Make arrangements to refer individuals to whom this Policy applies to COVID-19 vaccine providers and/or conduct COVID-19 vaccinations clinics for employees of SA Health.
- > Provide detailed information on the available influenza and COVID-19 vaccines, including side effects.
- > Make provisions for individuals who are vaccine non-responders or subject to medical exemption based on medical contraindication to any required vaccine as defined in the [Australian Immunisation Handbook](#), or in [Australian Technical Advisory Group on Immunisation \(ATAGI\) guidelines](#) (see [Mandatory Instruction 2: Vaccination management \(refusal, non-responder, exemptions including medical contraindications\)](#)).
- > Provide individuals with information regarding management of screening and vaccination (see [Mandatory Instruction 2: Vaccination management \(refusal, non-responder, medical contraindications\)](#)).
- > Where an individual is assessed as requiring evidence of immunity to a specified infectious disease, ensure DHW, each Local Health Network and emergency and statewide services not appoint that individual/allow that individual to commence duties in Category A or Category B role until that individual has provided the required acceptable evidence of immunity as set out in [Mandatory Instruction 3: Acceptable evidence of immunity to specific vaccine preventable diseases](#).
- > In relation to specified VPDs, establish a system to enable an individual to be granted temporary compliance with this Policy and commence duties or clinical placement (see [Mandatory Instruction 1: Risk assessment, screening and vaccination](#) Section 2.2 Provisions for temporary compliance with this Policy).

Individuals to whom this Policy applies must:

- > Participate in VPD screening conducted by an appropriately trained assessor in accordance with [Mandatory Instruction 3: Acceptable evidence of immunity to specific vaccine preventable diseases](#).
- > Complete and submit an approved [Health Care Worker Immunisation Screening Form](#) covering both VPD screening and baseline TB screening which will document the individual's immune status.
- > Provide required acceptable evidence of immunity against VPDs set out in [Mandatory Instruction 3: Acceptable evidence of immunity to specific vaccine preventable diseases](#).
- > Where the VPD screening process identifies one or more vaccines are required and/or one more serology tests are required, receive the vaccine/s and/or have the required serology test/s, in line with the requirements for the specific VPD.

Individuals in Category C roles are not required to undergo VPD assessment and screening unless mandated for vaccination under this Policy.

All students should be screened by their education facility. All contractors should be screened by their employing agencies.

Prospective employees, contractors and students will bear the cost of their VPD screening, unless the contracting agency agrees to bear these costs. Volunteers will be responsible for these costs unless the relevant SA Health service has other arrangements in place.

Tuberculosis screening, assessment and management

The employing authority must:

- > Undertake a health service and work environment risk assessment for TB control.
- > Implement appropriate infection control measures, including education based on this risk assessment.
- > Establish a system to manage TB screening and assessment refusal (see [Mandatory Instruction 2: Vaccination management \(refusal, non-responder, medical contraindications\)](#)).
- > Ensure treating medical practitioners and diagnostic laboratories comply with the *South Australian Public Act 2011* by notifying the Chief Public Health Officer of suspected or confirmed cases of mycobacterial disease, including TB.

Individuals in Category A and Category B roles must:

- > Participate in baseline questionnaire screening for TB risk.
- > Further TB screening (for example, blood tests, skin tests and chest x-rays) will be required as indicated by the results of the baseline screening.

Any individual to whom this Policy applies must:

- > In the event of active pulmonary TB, be excluded from the workplace until cleared by a SA TB Services medical consultant.

SA Tuberculosis Services must:

- > Lead the public health investigation in the event an individual may have had contact with a suspected TB case without adequate protection.
- > Ensure TB infection is managed in accordance with national and international standards and undertaken by SA TB Services or a medical practitioner experienced in TB management.
- > Ensure active TB is managed in accordance with national and international standards.
- > In line with statutory obligations, manage the public health risk in the event of active TB infection.

See [Mandatory Instruction 4: Tuberculosis screening, assessment and management](#) for further information.

Evidence and records management

The employing authority must:

- > Ensure DHW, each Local Health Network and emergency and statewide services enter evidence of influenza and COVID-19 vaccinations administered through an SA Health vaccination program into:

- (1) the SA Health payroll system (CHRIS 21 for SA Health employees or confidential record keeping system/database maintained by their employer for non-SA Health employees) and
- (2) the [Australian Immunisation Register](#).

In regard to contractors, the contracting agency is responsible for recording assessment, screening and vaccinations for workers on SA Health sites.

In regard to students, the educational institution is responsible for recording assessment, screening and vaccination for students on SA Health sites.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [South Australian Public Health Act 2011](#)
- > [Work Health and Safety Act 2012 \(SA\)](#)
- > [SA Health Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017](#)
- > [SA Health Worker Health, Wellbeing and Fitness for Work Policy Directive 2018](#)
- > [SA Health Work Health, Safety and Injury Management \(WHSIM\) Policy Directive 2019](#)
- > [SA Health Healthcare Prevention and Control of Healthcare Associated Infection \(HAI\) Policy Directive](#)
- > [SA Health Health Record Management Policy](#)
- > Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011) National Safety and Quality Health Service Standards (Second edition – 2021) for Workforce immunisation ([Preventing and Controlling Infections Standard - Action 3.13](#))
- > [ACSQHC Workforce immunisation risk matrix](#) for health care worker screening
- > [The Aged Care Quality Standards \(Quality Standards\) Standard 8\(3b\)](#)
- > [NDIS Practice Standards and Quality Indicators, November 2021, Version 4.](#)

7. Supporting information

The following documents have relevance to and provide further context for this Policy:

- > Australian Technical Advisory Group on Immunisation (ATAGI) [Australian Immunisation Handbook](#), Australian Government Department of Health, Canberra
- > [The Aged Care Quality Standards \(Quality Standards\)](#)
- > National Health and Medical Research Council (NHMRC) [Australian Guidelines for the Prevention and Control of Infection in Health Care 2019](#)
- > [SA Health Code of Fair Information Practice guidelines \(SA\) 2012](#)
- > [Consent to Medical Treatment and Palliative Care Act 1995 \(SA\)](#)
- > Government of South Australia Department of Premier and Cabinet Circular PC012 [Information Privacy Principles \(IPPS\) Instructions May 2020](#)

- > [Controlled Substances \(Poisons\) Regulations 2011](#) under the *Controlled Substance Act 1984*
- > [South Australian Immunisation Program: Vaccine Standing Drug Orders](#)
- > [Australian Commission on Safety and Quality in Health Care \(ACSQHC\) National Safety and Quality Health Service Standards](#)
- > The National Tuberculosis Advisory Committee (NTAC). [Management of Tuberculosis Risk in Healthcare Workers in Australia](#). *Communicable Disease Intelligence* 41(3) 2017
- > National Tuberculosis Advisory Committee (NTAC). [National Position Statement for the Management of Latent Tuberculosis Infection](#). *Communicable Disease Intelligence* 41(3) 2017.

8. Definitions

- > **abnormal TB baseline test** refers to a tuberculin skin test (TST) result greater than or equal to 10mm diameter (irrespective of BCG status) or an interferon gamma release assay (IGRA) result greater than or equal to 0.35 IU/ml.
- > **access appointees** refers to a medical or dental practitioner, or allied or scientific health professional, registered and eligible to practice in Australia who is granted approval to conduct clinical or professional practice at a Local Health Network (LHN) where they are not an employee.
- > **authorised immunisation provider** refers to a qualified health practitioner who is permitted to provide vaccinations. Registered nurses (RNs), midwives, pharmacists and Aboriginal and Torres Strait Islander Health Practitioners who meet the requirements of the [Vaccine Administration Code](#) (the Code) may administer vaccines under the Code. RNs and other health practitioners eg. enrolled nurses (under the delegation of a RN) who do not meet the requirements of the Code may provide vaccinations under a Standing Medication Order (SMO) but are not considered authorised immunisation providers.
- > **assessment** refers to the evaluation of an individual's prior exposure and/or level of protection against the infectious diseases covered by this Policy by appropriately trained assessors.
- > **appropriately trained assessor** refers to an individual designated by a LHN as having the appropriate skills to competently assess another individual's compliance status with this Policy. This may be a doctor, paramedic, registered nurse (RN) or enrolled nurse (EN) who has training on this Policy in the interpretation of immunological test results, vaccination schedules, TB assessment and/or TB screening. ENs and RNs who have been assessed as having the required experience and knowledge in immunisation may perform assessments and refer difficult/uncertain results/assessments to an authorised immunisation provider or doctor for advice.
- > **employing authority** has meaning given under the [Health Care Act 2008](#), and that definition is extended for the purposes of this Policy in respect of the employment of employees employed in the Department for Health and Wellbeing to mean the Chief Executive, Department for Health and Wellbeing.
- > **exposure prone procedures (EPPs)** are invasive procedures where there is potential for direct contact between the skin of the staff member (usually finger or thumb) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. This is regardless of whether the hands are gloved or not. During EPPs, there is an increased risk of transmitting bloodborne viruses (BBVs) between staff and patients.

- > **health care worker** includes, but is not limited to, current and prospective SA Health workers in the following categories regardless of whether they have face to face patient contact or not:
 - in medical, dental, nursing, midwifery, allied health, access appointees, emergency health care workers, Aboriginal health workers, paramedics, ambulance officers, volunteer ambulance officers, volunteer first aid workers, assistants in nursing, allied health assistants, 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, personal support services assistant (PSSA), ward support staff, orderlies, plumbers, workers responsible for the decontamination and disposal of contaminated materials, and catering workers
 - ward clerks, office management and clerical workers, garden and kitchen workers
 - staff and volunteers working in aged care including: RACFs, community based aged care settings and multi-purpose sites
 - all persons undertaking a placement or work experience or fulfilling a volunteer role in a SA Health health care or laboratory setting.
- > **health care service (under the Health Care Act 2008 (SA))** means:
 - a) a service associated with:
 - (i) the promotion of health and well-being; or
 - (ii) the prevention of disease, illness or injury; or
 - (iii) intervention to address or manage disease, illness or injury; or
 - (iv) rehabilitation or on-going care for persons who have suffered a disease, illness or injury; or
 - b) a paramedical or ambulance service; or
 - c) a residential aged care service; or
 - d) a research, pathology or diagnostic service associated with veterinary science; or
 - e) a service brought within the ambit of this definition by the regulations but does not include a service excluded from the ambit of this definition by the regulations.
- > **high risk clinical areas for specified vaccine preventable diseases** refers to antenatal, perinatal and postnatal areas, including labour wards and recovery rooms; neonatal and paediatric intensive care units, special care units and home visiting services provided to neonates; paediatric wards; transplant and oncology wards; palliative care; infectious diseases wards; intensive care units and high dependency units; emergency departments; operating theatres and recovery rooms; clinical areas of ambulance services, sites providing health services to children; laboratories, including pathology collection sites; and residential aged care and geriatric settings. This also includes home-based services to at-risk clients.
- > **IGRA (interferon gamma release assay)** refers to an in vitro blood test to detect TB infection based on interferon gamma release after stimulation by TB specific antigens.
- > **immunisation** refers to the process where protective antibodies are formed following administration of a vaccine. While technically different from 'vaccination', the two terms are commonly used interchangeably.

- > **individual** refers to all current and prospective employees, contractors, students and volunteers of the Department for Health and Wellbeing, and Local Health Networks (including state-wide services aligned with those networks).
- > **influenza season** usually peaks between June to September each year unless another period is determined by the Chief Public Health Officer (CPHO) based on seasonal influenza epidemiology or the appearance of a novel influenza strain.
- > **Local Health Panel** is group of a minimum of two people convened to provide expertise in infection control and risk management in relation to matter specific to administration of this Policy within SA Health. It should include a nursing or medical expert from worker health, infection control or infectious diseases and a clinical expert from the area involved. It should not include the person who originally assessed the role.
- > **medical contraindication to vaccination** refers to a condition as defined in [The Australian Immunisation Handbook](#) or Australian Technical Advisory Group on Immunisation guidance 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.
- > **negative baseline test result** refers to a TST result that is less than 10 mm diameter (except in immune-suppressed persons).
- > **prospective health care workers** includes but not limited to a person who is applying for employment / duties / tasks / placement within a SA Health service; that is all potential employees, contractors (including those contracted through other government and third-party agencies), students (undertaking a work placement or work experience) and volunteers of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks) and SA Ambulance Service. This includes persons who have been employed / undertaking duties / tasks / placement in roles within a SA Health service and are applying / being engaged for a new position / undertaking duties / tasks / placement in a different role within the same SA Health service.
- > **protected** means that an individual has immunity, for which they can provide documented evidence.
- > **SA Health employees** are those individuals engaged via an SA Government contract of employment within a SA Health service.
- > **SA Health workers** are those individuals engaged in any work located within an SA Health worksite.
- > **TB disease (active tuberculosis)** refers to an infectious disease caused by the *Mycobacterium tuberculosis* complex.
- > **TB infection (latent tuberculosis infection or LTBI)** refers to a subclinical infection with *M. tuberculosis* complex without clinical, bacteriological or radiological features of disease.
- > **tuberculosis (TB) screening** is a public health process for establishing the presence of infection or suspicion of disease and uses a combination of a TB questionnaire, TST and/or IGRA and chest x-ray.
- > **tuberculin skin test (TST)** refers to a diagnostic test that measures a cell-mediated immune response to identify possible infection with *M. tuberculosis* complex. TST conversion refers to an increase from a negative baseline to a TST measuring greater than or equal to 10 mm diameter

with at least 6 mm increase within a two-year period; such an increase likely indicates recent infection.

- > **unprotected** means an individual cannot provide the evidence of immunity as required by this Policy and is classed as susceptible to one or more of the specified VPDs.
- > **vaccination** means the process of administering a vaccine. While technically different from 'immunisation', the two terms are commonly used interchangeably.
- > **vaccine non-responders** mean persons who have been fully vaccinated according to the recommended immunisation schedule but who have evidence of inadequate immunity.
- > **vaccine preventable disease (VPD)** is one that can be prevented, or its impact reduced, through immunisation¹.

9. Compliance

This Policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this Policy, in accordance with the requirements of the [System-wide Integrated Compliance Policy](#).

Any instance of non-compliance with this Policy should be reported to the Domain Custodian for the Public Health Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

See [Mandatory instruction 5: Tuberculosis screening, assessment and management](#) for SA Health wide compliance indicators for this Policy.

10. Document ownership

Policy owner: Chief Public Health Officer, Executive Director, Health Regulation and Protection as Domain Custodian for the Public Health Domain

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Contact for enquiries: healthcommunicablediseases@sa.gov.au

11. Document history

Version	Date approved	Approved by	Amendment notes
V1.0	01/08/17	SA Health Policy Committee	Original
V2.0	19/02/21	COVID-19 Vaccine Strategy Group	Addition of COVID-19 requirements
V3.0	18/11/2022	Chief Public Health Officer	Integrating VPD and TB screening. Updated in line with SA Health Policy Framework Redefining categories for risk assessment, screening and vaccinations

¹ Australian Institute of Health and Welfare. (2019). The burden of vaccine preventable diseases in Australia—summary. Canberra: AIHW.

			Addition of COVID-19 vaccination
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12. Appendices

[Mandatory Instruction 1: Risk assessment, screening and vaccination](#)

[Mandatory Instruction 2: Vaccination management \(refusal, non-responder, exemptions including medical contraindications\)](#)

[Mandatory Instruction 3: Acceptable evidence of immunity to specific vaccine preventable diseases](#)

[Mandatory Instruction 4: Vaccination / immune status requirements for specific vaccine preventable diseases](#)

[Mandatory Instruction 5: Tuberculosis screening, assessment and management](#)

[Mandatory Instruction 6: SA Health wide compliance indicators](#)

[Mandatory Instruction 7: Risk management framework for unprotected staff under Chief Executive discretionary powers](#)

Mandatory Instruction 1: Risk assessment, screening and vaccination

The following Instructions must be complied with to meet the requirements of the SA Health Policy Addressing vaccine preventable disease: Occupational assessment, screening and vaccination.

1. Categories for risk assessment

All SA Health roles must be assessed and classified based on expected duties associated with each role.

Roles will be classified as either Category A, Category B, or Category C.

1.1 Category A roles

All roles must be categorised as Category A which involve:

- > Duties performed in a high-risk clinical area for VPDs; **and**
- > Direct physical contact with:
 - patients and/or clients
 - deceased persons and/or body parts
 - blood, body substances, infectious material or surfaces or equipment which might contain these; **and/or**
- > Performing exposure prone procedures; **and/or**
- > Exposure which may allow transmission or acquisition of diseases spread by airborne or droplet routes (respiratory means).

1.2 Category B roles

All roles must be categorised as Category B which involve:

- > Duties performed in a high-risk clinical area for VPDs; **and/or**
- > Exposure which may allow transmission or acquisition of diseases spread by airborne or droplet routes (respiratory means); **and**
- > No direct physical contact with:
 - patients and/or clients
 - deceased persons and/or body parts
 - blood, body substances, infectious material or surfaces or equipment which might contain these; **and**
- > Do not perform exposure prone procedures.

1.3 Category C roles

All roles must be categorised as Category C which involve:

- > No duties performed in an area (of the health care service) where patients and/or clients receive health care services unless:
 - At times of essential need; and
 - There is no alternative; or

- There is appropriate risk mitigation in place.
- > No direct physical contact with:
- patients and/or clients
 - deceased persons and/or body parts
 - blood, body substances, infectious material or surfaces or equipment which might contain these.

2 Vaccination requirements

- > Process for management of screening and/or vaccine refusal, vaccination non-responders and exemptions, including medical exemption based on contraindications, have been incorporated into this Policy (see [Mandatory Instruction 2: Vaccination management \(refusal, non-responders, contraindications\)](#)).
- > Screening and any required vaccination and/or serology testing must occur prior to appointment or commencement; [Mandatory Instruction 1: Risk assessment, screening and vaccination](#) Section 2.1 Provisions for temporary compliance with this Policy sets out limited provisions for specific VPD screening and/or vaccination which enable individuals to be appointed or commence duties/placement within SA Health.
- > Each SA Health workplace will plan and implement a phased VPD screening and assessment program for their current workforce, with priority given to individuals working in high-risk settings and individuals changing from a lower to high risk classified role.
- > [Mandatory Instruction 4: Vaccination / immune status requirements for specific vaccine preventable diseases](#) provides details of the vaccination/immune status requirements for specific vaccine preventable diseases.
- > Vaccination programs delivered by SA Health to current employees, such as the COVID-19 or annual influenza vaccine programs, must be conducted on a rotating roster and administered during work hours, for example, during a range of shifts and days of the week.

Table 1. Vaccination requirements by risk category

Infectious Disease	Category A	Category B	Category C
Diphtheria	Mandatory	Mandatory	Strongly recommended
Pertussis (Whooping cough)	Mandatory	Mandatory	Strongly recommended
Polio	Mandatory	Strongly recommended	Strongly recommended
Hepatitis A	Strongly recommended	Strongly recommended	Strongly recommended
Hepatitis B	Mandatory	Strongly recommended	Strongly recommended
Measles	Mandatory	Mandatory	Strongly recommended

Infectious Disease	Category A	Category B	Category C
Mumps	Mandatory	Mandatory	Strongly recommended
Rubella	Mandatory	Mandatory	Strongly recommended
Varicella (Chickenpox)	Mandatory	Mandatory	Strongly recommended
Seasonal influenza	Strongly recommended	Strongly recommended	Strongly recommended
Tuberculosis assessment	Mandatory	Mandatory	Strongly recommended
SARS-CoV-2 (COVID-19)	Mandatory	Mandatory	Strongly recommended

2.1 Other vaccination considerations

- > Laboratory and mortuary workers may have additional vaccination requirements if working with or at risk of being exposed to specific agents (See the [Australian Immunisation Handbook](#)).
- > Plumbers in contact with raw sewerage are strongly recommended to receive the hepatitis A vaccine.
- > For individuals who work in rural and remote Indigenous communities with Aboriginal or Torres Strait Islander children and/or person with developmental disabilities the Australian Immunisation Handbook recommends hepatitis A vaccine.

2.2 Provisions for temporary compliance with this Policy

- > For varicella (chickenpox) immunity only, a current SA Health employee (at the time this Policy is approved), who has been previously assessed as immune to varicella infection based on a history of past infection is not required to have varicella vaccination or serology testing. However, current individuals who are uncertain of their immune status for varicella infection are strongly encouraged to meet the acceptable evidence of immunity requirements.
- > For hepatitis B immunity only, a current SA Health employee (at the time this Policy is approved), who has previously not been required to provide evidence of immunity to hepatitis B as a result of working in a Category B or Category C role under the previous Policy Directive is not required to have a course of hepatitis B vaccine and provide evidence of post-vaccination seroconversion unless their role changes to a higher risk category. However, individuals in this situation are strongly encouraged to have a full course of hepatitis B vaccine and subsequent post-vaccination serology.
- > Current SA Health employees in Category A or Category B who are due for a diphtheria/tetanus/pertussis (dTpa) booster must be vaccinated before the due date for this booster. Those who do not meet this requirement must be subject to vaccination management (see [Mandatory Instruction 2: Vaccination management \(refusal, non-responders, contraindications\)](#)).

Mandatory Instruction 2: Vaccination management (refusal, non-responder, exemptions including medical contraindications)

1. Management of screening and/or vaccine refusal

- > Individuals who refuse to participate in screening requirements specified in this Policy, including baseline or required subsequent TB screening, must be managed in line with the approach set out for specific groups in this mandatory instruction.
- > Individuals working in an area where health care services are provided to patients, 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 by an individual must be managed in line with the approach set out for specific groups in Section 1.1 (below).

1.1 Management approach for screening and/or vaccine refusal

Current employees

- > A manager (who may seek assistance from an appropriately trained assessor) is responsible for undertaking any initial risk assessments of each employee or role for which they are responsible (having regard to duties, work area and the population cared for in that area) to identify appropriate actions to manage risk arising from VPDs or TB.
- > A current employee whose duties are assessed as mandated for vaccination and who refuses to participate in VPD or TB screening/assessment and or required vaccination, must sign and submit the [Health Care Worker Refusal Form](#) to indicate they understand the risks and consequences involved in choosing not to be screened or vaccinated.
- > A current employee who fails to provide confirmation of immune status must also sign and submit the [Health Care Worker Refusal Form](#).
- > If the employee agrees with risk reduction strategies proposed by the manager, they must sign and submit the [Health Care Worker Refusal Form](#) to indicate they agree to comply with the protective risk measures required and any other directions in place.
- > An employee's choice to not be vaccinated must be documented in the nominated database to enable a timely alert in the event of a VPD being identified to which the worker is susceptible (see [SA Health Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline, 2017](#)).
- > Where it is assessed risks cannot be reasonably managed, management may consider alternative strategies to mitigate the risk, such as an alternative work placement, reasonable work adjustments and/or work restrictions. Any action will be considered on a case-by-case basis.
- > If a current employee does not satisfy the mandatory screening and/or vaccination requirements under this Policy the employing authority (or delegate) may (without limiting the available management options):
 - direct the employee to participate in VPD or TB screening/assessment and provide proof of required vaccination; and/or
 - transfer the employee to other duties; and/or
 - direct the employee to comply with work restrictions and/or safety measures; and/or
 - direct the employee to comply with the mandatory vaccination requirements contained in this Policy applicable to the role within a reasonable time; and/or

- direct the employee to attend for duty or direct the employee away from the workplace.
- > An employee who fails to comply with a lawful and reasonable direction may be subject to disciplinary action, including termination of employment.
- > If an employee is absent without lawful authority this may result in the agency directing the employee not be paid remuneration for the period of the absence pursuant to s 69(1) of the *Public Sector Act 2009*. If an employee is absent without authority for more than 10 working days with no proper written explanation which has been accepted by the CE or their delegate, the employee may be taken to have resigned from (or abandoned) their employment.
- > At any stage management may seek a risk assessment, be undertaken by a Local Health Panel to reassess the risk and identify available management options to manage the risks consistent with the Policy.
- > Where practicable, following a risk assessment undertaken by a Local Health Panel, the employing authority (or delegate) may give an employee the opportunity to reconsider any decision regarding screening and/or vaccination refusal. The employing authority (or delegate) may give the employee an opportunity to be engaged in the process to determine any appropriate future work options (shorter and longer term) consistent with the risk assessment.
- > In the event an employee is determined to be non-compliant with mandatory vaccination requirements and the employing authority (or delegate) intends to take any adverse management options the employing authority (or delegate) should provide the employee an opportunity to respond to intended adverse management options.
- > Any action will be considered on a case-by-case basis taking into account any response from the employee. This does not prevent the employing authority (or delegate) from taking immediate actions including issuing interim managerial directions to ensure compliance with this Policy or to minimise risks to the safety of an employee, other workers, patients, clients or members of the public.

Students

- > A student who refuses to participate in VPD screening/assessment or required vaccination, or fails to provide confirmation of immune status, cannot be accepted for clinical placements involving Category A or Category B work activities in SA Health settings and should be informed of this by their education provider at or prior to enrolment.
- > A student who refuses to participate in TB screening cannot be accepted for clinical placement in any role in SA Health settings.
- > The [Student Health Care Worker Refusal Form](#) should be made available to education providers to support this process.

Prospective employees

- > A prospective employee who refuses to participate in VPD or TB screening or required vaccination, or fails to provide confirmation of immune status, and whose proposed work activities are assessed as Category A or Category B will not be considered for employment in SA Health services in Category A and Category B roles.

Prospective contractors

- > A prospective contract worker engaged either directly or via an agency which employs them who refuses to participate in VPD or TB screening or required vaccination, or fails to provide confirmation of immune status, and whose proposed work activities are assessed as Category A or Category B will not be engaged in SA Health services in Category A and Category B risk tasks.

Prospective volunteers

- > A volunteer who refuses to participate in VPD or TB screening or required vaccination, or fails to provide confirmation of immune status, and whose proposed tasks are assessed as Category A or Category B will not be provided with permission to act as a volunteer.

2. Management of vaccine non-responders

If there is evidence an individual in a Category A or Category B role has not acquired adequate immunity (particularly in relation to hepatitis B vaccination) despite being fully vaccinated with the appropriate schedule, the individual must:

- > Provide this evidence (eg. vaccination records and/or post-vaccination serology or serological evidence of past infection) to the appropriately trained assessors within SA Health, or in the case of students, to their education provider.

The employing authority must:

- > Record the individual's immune status in the nominated database to enable a timely alert in the event of a VPD being identified to which the individual is susceptible.
- > Provide the individual with information on managing the risk to the individual in the event of exposure.
- > Undertake a risk assessment of the individual's current or proposed work activities, their work area, and the population cared for in that area, to identify appropriate actions to manage risk arising from the VPD.

If following a risk assessment, there are no identified risk mitigations consistent with this Policy, a Local Health Panel through the relevant SA Health service may be tasked to reassess any initial role assessment. At any stage, and having regard to any further risk assessment (if any), the employing authority or delegate may consider appropriate management actions (see [Mandatory Instruction 7: Risk management framework for unprotected staff under Chief Executive discretionary powers](#)).

3. Management of contraindications to vaccination and COVID-19 exemptions

Management of medical contraindications (other than COVID-19)

All individuals who work in an area where health care services are provided to a patient and/or in pathology services who are unable to be vaccinated due to temporary or permanent medical contraindications to any required vaccine (as defined in the [Australian Immunisation Handbook](#), or in [ATAGI guidelines](#)) must:

- > Submit evidence of their contraindications to the employing authority, or in the case of students, to their education provider.
- > Undergo a further specialist medical assessment if requested by the employing authority.
- > Not commence duties or clinical placements unless and until they have undergone any required specialist medical assessment (if required).
- > Pending the results of the medical assessment process where contraindications or non-responding to vaccination is present, [Mandatory Instruction 7: Risk management framework for unprotected staff under Chief Executive discretionary powers](#) must be followed.

COVID-19 exemptions are detailed below under [COVID-19 vaccine medical contraindications](#).

In the case of students, prospective employees, prospective contract workers or volunteers, the specialist medical assessment will be at the individual's own expense.

The employing authority must:

- > Record the individual's immune status in the nominated database to enable a timely alert in the event of a VPD being identified to which the individual is susceptible.
- > Provide the individual with information on risk management in the event of exposure.
- > Undertake a risk assessment of the individual's proposed work or clinical placement activities, work area, and the population cared for in that area to identify appropriate actions to manage risk arising from VPDs.
- > Cover the cost of any required specialist medical assessment for current SA Health employees.

The employing authority (or delegate) may consider options such as an alternative work placement, reasonable work adjustments and/or work restrictions. This will be considered on a case-by-case basis.

If there is no reasonably practicable risk mitigation that identified by the initial risk assessment, local management may seek a further assessment or guidance from the Local Health Panel. At any point, the employing authority or delegate may determine actions having regard to [Mandatory Instruction 7: Risk management framework for unprotected staff under Chief Executive discretionary powers](#).

- > All individuals in Category A and Category B roles with temporary medical exemptions must complete any outstanding required vaccinations as soon as possible after the temporary exemption no longer applies, for example in the case of pregnancy, as soon as possible after delivery.
- > New recruits applying for a Category A or Category B role who have a medical contraindication, meaning they cannot demonstrate dTpa, MMR or varicella vaccination or proof of immunity, must not be employed in a Category A or Category B clinical area unless Chief Executive (or person authorised by the Chief Executive) approval has been granted.

COVID-19 vaccine medical contraindications

Medical exemptions to COVID-19 vaccination are as per the medical contraindications stipulated in the Australian Immunisation Handbook or ATAGI recognised medical contraindications to COVID-19 vaccines.

Any individual required by this Policy to be vaccinated for COVID-19, who is unable to receive COVID-19 vaccine due to a medical exemption must:

- > Provide evidence of the medical contraindication from their doctor or treating specialist to the employing authority.
- > Seek approval (or endorsement) of the medical exemption to COVID-19 vaccination from the Chief Public Health Officer (or delegate) using the [Immunisation Exemption Application Form](#).
- > In the event the Chief Public Health Officer approves (or endorses) the medical exemption, participate in appropriate risk reduction strategies as determined by their employing authority.

The employing authority must:

- > Undertake a risk assessment of the duties of any individual whose medical exemption to COVID-19 vaccination is approved by the Chief Public Health Officer to identify appropriate risk reduction strategies for the individual.
- > In the event risks cannot be reasonably managed, the employing authority may consider options such as an alternative work placement, reasonable work adjustments and/or work restrictions. Any action will be considered on a case-by-case basis.

- > Current employees with a medical contraindication to vaccination at the time this Policy was approved are not to be terminated based on their medical contraindication. They are to be risk managed as specified in [Mandatory Instructions 7: Risk management framework for unprotected staff under Chief Executive discretionary powers](#) and any advice and recommendations of the Chief Public Health Officer would be considered by the CE or their delegate.

Hepatitis B vaccine medical contraindications

Individuals with a medical contraindication to a hepatitis B vaccine may be employed in Category A roles and/or have contact with high-risk patients provided they:

- > Follow local health service protocols in the event of a potential exposure, including testing requirements.

The employing authority must:

- > Provide the individual with information regarding the risk and the consequences of hepatitis B infection.
- > Provide the individual with information regarding management in the event of body substance exposure.

Mandatory Instruction 3: Acceptable evidence of immunity to specific vaccine preventable diseases

Table 2: Acceptable evidence of immunity to vaccine preventable diseases

Vaccine preventable disease	Acceptable evidence of immunity*
COVID-19	<ul style="list-style-type: none"> > Documented evidence of up-to-date COVID-19 vaccinations as defined by ATAGI AND > Documented evidence of receipt of COVID-19 vaccinations applicable to health care workers as recommended by ATAGI.
Hepatitis A	<ul style="list-style-type: none"> > Documented evidence of hepatitis A antibody on serology (IgG) OR > Documented evidence of completed course of hepatitis A vaccine OR > Documented laboratory evidence of past hepatitis A infection.
Hepatitis B	<ul style="list-style-type: none"> > Documented evidence of hepatitis B core antibody OR > 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 is required after completion of the vaccination course. individuals 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>
Influenza	<ul style="list-style-type: none"> > Documented evidence of the current recommended seasonal influenza vaccine.
Measles	<ul style="list-style-type: none"> > Documented evidence of measles antibody (IgG) on serology OR > Documented evidence of 2 measles-containing vaccines at least 4 weeks apart OR > Born before 1966 OR > Documented laboratory evidence of past measles infection.
Mumps	<ul style="list-style-type: none"> > Documented evidence of mumps antibody (IgG) on serology OR > Documented evidence of 2 mumps-containing vaccines at least 4 weeks apart OR > Born before 1966 OR <p>Documented laboratory evidence of past mumps infection.</p>
Pertussis (diphtheria, tetanus)	<ul style="list-style-type: none"> > Documented evidence of pertussis containing booster vaccine in the previous 10 years (the only available pertussis vaccine includes diphtheria and tetanus vaccines).
Rubella	<ul style="list-style-type: none"> > Documented evidence of rubella antibody (IgG) on serology OR > Documented evidence of 2 rubella containing vaccines at least 4 weeks apart OR > Born before 1966 OR > Documented laboratory evidence of past rubella infection.

Polio	<ul style="list-style-type: none"> > Self-report of polio vaccine or self-report having had all standard childhood vaccines (note: for this VPD, nothing more is required).
Varicella (chickenpox)	<ul style="list-style-type: none"> > Documented evidence of varicella antibody (IgG) on serology OR > Documented evidence of age-appropriate varicella vaccination.

*Documented evidence may differ between individuals but may include AIR history statement, “blue book” record or equivalent, serology results etc. A statutory declaration is not acceptable evidence of immune status.

Mandatory Instruction 4 Vaccination / immune status requirements for specific vaccine preventable diseases

Table 3: Vaccination/immune status requirements

Vaccine preventable disease	Requirements
COVID-19	<ul style="list-style-type: none"> > Up-to-date vaccination of COVID-19 vaccine and any additional COVID-19 vaccinations for health care workers as recommended by ATAGI.
Diphtheria, Tetanus, Pertussis	<ul style="list-style-type: none"> > If individuals in Category A and Category B roles have not received a primary course of diphtheria-tetanus-pertussis containing vaccine in childhood, a primary course of three doses is required. > For individuals a combined diphtheria-tetanus-pertussis booster is required every 10 years (unless contraindicated).
Hepatitis A	<ul style="list-style-type: none"> > Hepatitis A vaccination is recommended for all Category A and Category B individuals who: <ul style="list-style-type: none"> • work in rural or remote Indigenous communities • work with Aboriginal children • care for persons with developmental disabilities. > Hepatitis A vaccine is also recommended for plumbers in potential contact with raw sewerage who are working in SA Health services.
Hepatitis B	<ul style="list-style-type: none"> > 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 individuals. > All Category A individuals must provide evidence of hepatitis B immunity. All Category A individuals are considered immune if they have: <ul style="list-style-type: none"> • 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. > The current edition of the Australian Immunisation Handbook details recommendations, including booster vaccinations and timing of post-vaccination serology, for Category A individuals who do not respond to a primary course of hepatitis B vaccine (vaccine non-responders). > Where an individual has commenced a course of hepatitis B vaccine, but not yet completed the full course, the individual may commence work or clinical placement if they have: <ul style="list-style-type: none"> • 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. > 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 instructions that must be

Vaccine preventable disease	Requirements
	followed if exposed to blood or body fluids (see SA Health Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline 2017).
Influenza	<ul style="list-style-type: none"> > Seasonal influenza vaccination is strongly recommended for all SA Health employees.
Measles, Mumps, Rubella	<ul style="list-style-type: none"> > Two documented doses of MMR vaccine are required for all Category A and Category B individual born 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. > Prospective employees who have only received a documented single dose of MMR can commence clinical duties/placement. They must sign the declaration of intention to receive the second MMR dose after 4 weeks of the first dose, except in the circumstance of medical contraindication to MMR. > Individuals are considered immune to measles, mumps and rubella if they are immunocompetent and: <ul style="list-style-type: none"> • were born before 1966 or • can provide documented evidence of having received 2 valid doses of a measles-mumps-rubella containing vaccine at least 4 weeks apart 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.
Tuberculosis (TB)	<ul style="list-style-type: none"> > Individuals must be compliant with the screening requirements noted in this Policy.
Varicella (chickenpox)	<ul style="list-style-type: none"> > From the date this Policy is approved, 2 doses of varicella containing vaccine given at least 4 weeks apart are required (unless contraindicated) for Category A and Category B individuals who do not have a documented age-appropriate varicella vaccination or laboratory evidence that indicates immunity to varicella. > Prospective employees who have only received a documented single dose of varicella vaccine can commence clinical duties/placement. They must sign the declaration of intention to receive the second varicella vaccine dose 4 weeks after first dose, except in the circumstance of medical contraindication to varicella vaccine. > Current SA Health individuals who, prior to the date this Policy is approved, have been assessed as immune on the basis of a past history of chickenpox infection, are encouraged, but not required, to have a serological test to assess varicella immunity. > Individuals without documented evidence of 2 doses of varicella vaccination at least 4 weeks apart should have serology to determine their immune status to varicella. Alternatively, undertake the required varicella vaccination required to complete the require age-appropriate course.

Mandatory Instruction 5: Tuberculosis screening, assessment and management

1. Tuberculosis screening

The objective of pre-employment Tuberculosis (TB) screening is to use a risk management approach to identify individuals with active TB, individuals at highest risk of infection with *M. tuberculosis* complex, and individuals most at risk for progression from TB infection to active TB disease.

- > Baseline screening of all prospective employees from Category A and Category B involves completing a comprehensive questionnaire regarding TB risk.
- > Further TB screening (for example, blood tests, skin tests and chest x-rays) will be required as indicated by the results of the baseline questionnaire screening. Blood tests include Interferon gamma release assay (IGRA) test, and skin tests are the tuberculin skin test (TST, ie Mantoux test).

Table 4: Risk assessment of health service (work environment)

Risk	Work environment	Individual
High risk	<ul style="list-style-type: none"> > Bronchoscopy suites > Other work areas where staff undertake sputum induction for suspected TB or other procedures in which aerosol possibly containing TB is created > Laboratories where clinical specimens which may contain <i>M. tuberculosis</i> complex are manipulated > Post-mortem suites 	<ul style="list-style-type: none"> > Individual born in a high prevalence TB country* > Individual who trained or worked for 3 months or more in a high prevalence TB country* > Previous history of TB disease > Evidence of TB infection as indicated by a history of positive TB screening test (e.g. TST or IGRA) result > Previous or current contact with an active TB disease case > Immune suppression <p>* High prevalence TB countries are those where TB is endemic (World Health Organization estimated TB rate >40/100,000, see WHO Global Tuberculosis Program).</p>
Low risk	<ul style="list-style-type: none"> > Laboratories where clinical specimens that may contain <i>M. tuberculosis</i> complex are not manipulated > All other work areas 	<ul style="list-style-type: none"> > No TB exposure risk factors or other evidence of TB infection identified with the TB screening questionnaire > Individuals who do not have any patient contact

- > Individuals with abnormal TB screening test results must have a medical evaluation by, or in consultation with, a medical practitioner experienced in TB management to determine the likelihood that the abnormal screening result represents TB infection, and to ensure that the estimated disease risk and appropriate management are undertaken.
- > In circumstances where there is an urgency to onboard staff, if there are no concerning features of TB the staff member can commence work pending their review by SA TB Service. SA TB Services will, as required, perform remote telehealth consultation and organise chest x-ray through the local hospital prior to their scheduled appointment.

- > Where an asymptomatic individual returns a positive TST/IGRA, a chest X-ray is advisable to ensure there is no radiological evidence of active pulmonary TB.
- > If an individual is IGRA positive, they must be provided with a copy of their IGRA result and a copy of the SA Tuberculosis individual pre-employment screening letter. The individual must also be referred to SA TB Services for medical evaluation by or in consultation with a medical practitioner experienced in TB management.
- > Records of TST/IGRA results must be made available to the individual and retained by the LHN worker health unit for whatever period is required by SA Health Medical Records.

There is no longer a requirement for routine or interval TB screening unless:

- > there is a known or suspected high-risk exposure, or
- > risk factors, such as interim work in a high prevalence setting, or
- > the potential for ongoing transmission in a specific high-risk area is identified.

A lower threshold must be applied to immune-suppressed individuals.

Individuals who have been screened within the last five (5) years and are applying for a new position in SA Health only require an individual risk assessment to identify any intervening risk factors that include:

- > known exposure to an infectious TB case
- > residence or work for more than a cumulative three (3) months or longer in a country with a high incidence of TB
- > immune-suppressive disorder or treatment.

Individuals with a previous positive TST or IGRA and normal chest x-ray:

- > do not require a repeat chest x-ray unless there is a clinical indication
- > require education about the need to present early if symptoms suspicious for TB arise.

Individuals employed in Category A and Category B roles within SA Health do not require additional screening when transferring between Local Health Networks if they do not have any identifiable risk factors known exposure to an infectious TB case.

In individuals with evidence of previous TB infection, priority must be given to educating the individual about the need to present early if symptoms suspicious for TB develop.

All individuals are responsible for informing their employer (or education provider for student) and completing a new baseline screening questionnaire if they have travelled for a cumulative time of three (3) months or longer in a country with a high incidence of TB or have had known TB exposure since their last TB assessment and were not screened as a contact.

Individuals who develop symptoms of TB disease must be referred immediately to SA TB Services for medical assessment.

2. Tuberculosis environmental assessment and infection control

Health services must undertake a health service and work environment risk assessment for TB control. If the risk assessment identifies a potential for on-going TB transmission, the health service must have a comprehensive plan for infection control and surveillance to address the risk of TB infection and disease.

Environmental risk for TB transmission should particularly be assessed in:

- > respiratory units (inpatient and outpatient)
- > bronchoscopy theatres
- > laboratories handling tuberculous material
- > post-mortem suites.

The following health services are higher risk settings and must assess the service/institutional risk for TB transmission every two years:

- > institutions with over 200 beds and with ≥ 6 TB patients/year
- > institutions of less than 200 beds with ≥ 3 TB patients/year
- > outpatient health clinics that see ≥ 3 TB patients/year
- > laboratories where clinical specimens that may contain the *M. tuberculosis* complex are manipulated
- > post-mortem suites.

Identified or suspected infectious cases of pulmonary TB disease must be promptly isolated in single rooms under negative pressure. Where negative pressure rooms are not available, (eg. regional hospitals) use a single room with the door closed, along with standard, contact and airborne precautions while arranging transfer to a specialist centre for management.

Individuals must use correctly fitted particulate filter respirator (PFR) when attending to identified or suspected cases of pulmonary TB disease.

Individuals who are HIV-positive or immune-suppressed must be provided with appropriate occupational health advice in relation to TB and advised not to work in an environment with known or suspected infectious TB patients.

Timely evaluation of any episodes of possible transmission of infection to individual and patient contacts of infectious patients must be conducted.

Information and education on infection control procedures must be provided to staff by the employing health service and by all other health services where the individual is assigned to work, including ensuring that staff members are advised of their obligations.

Individuals working in higher risk TB work environments ([see Table 4](#)) must be provided with more detailed information about infection control procedures to minimise the ongoing risk of TB transmission.

3. Tuberculosis exposure and contact tracing in the aged care and health care workplace

When an episode of contact is identified, assessment and additional screening must be undertaken to identify recent transmission of infection, and treatment instituted when indicated.

SA TB Services must lead the public health investigation for all cases of TB notified in South Australia, to identify individuals who may have been placed at risk and require screening.

Where required, SA Health services may be asked by SA TB Services to support contact tracing efforts (for example when the number of potential contacts exceeds the contact tracing capacity of SA TB Services). SA TB Services will provide the required guidance documents and training to support contact tracing in these circumstances.

4. Management of Tuberculosis infection

TB infection is managed in accordance with national and international standards and must be undertaken by SA TB Services or a medical practitioner experienced in TB management.

Recent infection (within two (2) years) represents the most significant risk for developing disease in the immunocompetent individual. Immune suppression increases risk in those with recent or past infection.

Individuals with suggestive evidence of TB infection on screening must undertake a medical evaluation by, or in consultation with, a medical officer experienced in TB management, to assess disease risk, which includes consideration of both individual susceptibility and length of time from exposure/infection.

5. Management of active Tuberculosis

An individual in whom active TB is suspected or proven must be notified by the relevant medical practitioner or diagnostic laboratory to SA TB Services.

The individual must be managed in accordance with national and international standards.

The public health risk must be managed under statutory obligations by SA TB Services.

An individual with active pulmonary TB must be excluded from the workplace until cleared by the SA TB Services treating medical consultant.

6. Bacillus Calmette-Guerin vaccination

BCG vaccination is not routinely recommended for individuals (see [Australian Immunisation Handbook](#)).

7. Exceptional circumstances for vaccine preventable disease and Tuberculosis occupational assessment

In certain circumstances, it may be argued that 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 (eg. 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 delegate) has the discretionary power to vary the requirements of this Policy, on a case-by-case basis. This power must only be exercised in exceptional circumstances and be documented in writing. A risk management plan must be developed to protect the individual, the SA Health workforce, patients and visitors.

Mandatory Instruction 6: SA Health wide compliance indicators

The SA Health wide compliance indicators for this Policy are set out below.

Table 5. Compliance indicators

Indicator	Description
COVID-19 vaccination compliance reporting for SA Health employees and workers	<p>Workforce Health will report annually to the Chief Public Health Officer (CPHO) on compliance rates for SA Health employees using an agreed reporting template developed in consultation with Workforce Health, LHNs and SA Ambulance Service.</p> <p>The report includes:</p> <ul style="list-style-type: none"> percentages of employees and workers with COVID-19 vaccination medical exemptions percentages of employees in mandated roles who are vaccinated for COVID-19 the number of employees in mandated roles who are being risk managed at the discretion of the CPHO under a risk management framework (excluding persistent non-responders to hepatitis B and workers in mandated roles who are not vaccinated for COVID-19).
Notifiable Adverse events following immunisation (AEFI)	<p>SA Health workers responsible for delivering immunisation services for SA Health must report notifiable adverse events following immunisation (AEFI) for vaccines given by SA Health services to the Immunisation Section, Communicable Disease Control Branch. Notifiable AEFI is a notifiable condition under the <i>South Australian Public Health Act 2011</i>.</p>
Compliance reporting for education providers	<p>SA Health Clinical Placement Agreements with education providers must include the requirement that education providers report annually on compliance rates for student individuals to the CPHO. This is provided to SA Health using an agreed reporting template developed in consultation with each education provider.</p>

Mandatory Instruction 7: Risk management framework for unprotected staff under Chief Executive discretionary powers

Under this Policy, the Chief Executive, Department for Health and Wellbeing, or person authorised by the Chief Executive, has the discretionary power to authorise implementation of risk mitigations set out in this Mandatory Instruction, on a case-by-case basis. This power must only be exercised in exceptional circumstances and be documented in writing. A risk management plan must be developed to protect the individual, the SA Health workforce, patients and visitors.

Table 6. Risk management framework for unprotected workers

Vaccine preventable disease	Details
Hepatitis B	<ul style="list-style-type: none"> > Unprotected individuals (persistent non-responders and vaccination refusers) must be informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer to the Australian Immunisation Handbook) and agree to comply with the protective measures required by the health service and as defined by Health Care Infection control policy. > Subject to complying with these requirements, an unprotected individual must: <ul style="list-style-type: none"> • be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure • provide a signed declaration on the Current SA Health employees: HCW Immunisation Screening Form, as appropriate, indicating: <ul style="list-style-type: none"> – receipt and understanding of the above information; and – that they agree to be managed, in the event of exposure, in accordance with HIV, hepatitis B and hepatitis C – Management of Health Care Workers Potentially Exposed and the recommendations of the current edition of the Australian Immunisation Handbook regarding post-exposure prophylaxis for hepatitis B. > Individuals performing exposure prone procedures must comply with the requirements of Communicable Disease Network Australia National Guidelines for healthcare workers on managing bloodborne viruses, Management of health care workers with a bloodborne virus and those doing exposure prone procedures.
Measles, Mumps, Rubella (MMR)	<p>Measles</p> <ul style="list-style-type: none"> > An unprotected individual must be excluded from working in a high-risk clinical area (see Definitions) for 18 days after the worker has had last contact with a known case of measles during the infectious period. > The unprotected individual must also be excluded from all clinical duties until assessed by a medical practitioner to be non-infectious if the worker, develops a fever, new

Vaccine preventable disease	Details
	<p>unexplained rash or coughing illness in the 18 days following return from overseas or contact with a known case.</p> <ul style="list-style-type: none"> > The Communicable Disease Control Branch advice must be sought if the unprotected Category A or Category B high risk individual has been in contact with a measles case. > Following contact with a measles case, an unprotected individual must be offered MMR vaccine within 72 hours of exposure or normal human immunoglobulin (NHIG) within 144 hours (6 days). Those who refuse or are unable to be vaccinated must be excluded from clinical duties for 18 days after the last exposure to the infectious case. <p>Mumps</p> <ul style="list-style-type: none"> > An unprotected individual who develops mumps must be excluded from all clinical duties for 5 days following the onset of swelling or until fully recovered, whichever is sooner. > An unprotected individual may be required to be excluded from the 9th day after the first exposure to mumps up to and including the 26th day after the last exposure. <p>Rubella</p> <ul style="list-style-type: none"> > An unprotected individual must be excluded from all clinical duties for from the 7th day after first exposure to the rubella case until 21 days following last exposure to a rubella case, or at least 4 days after the onset of a rash if illness develops.
Pertussis	<ul style="list-style-type: none"> > Following exposure to a pertussis case, an unprotected individual must be excluded from all clinical duties until they have completed a 5-day course of an appropriate antibiotic. > In situations during an outbreak at a facility where asymptomatic unprotected workers have been recommended and refused antibiotics, they must be excluded from all clinical duties for 14 days following first exposure to a pertussis case.
Varicella	<ul style="list-style-type: none"> > Following contact with a varicella/shingles case, an unprotected individual must be offered varicella vaccine as soon as possible and within 5 days of exposure or varicella-zoster immunoglobulin (VZIG) within 96 hours (4 days). > Those who refuse or are unable to be vaccinated must be excluded from clinical duties from day 10 after first exposure and until 21 days after the last exposure to the infectious case.
COVID-19	<ul style="list-style-type: none"> > All SA Health employees must follow current CE direction about case and close contact management.

Adapted from Appendix 2 of the NSW Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy Directive 2020