

## St Vincent's Health Australia Group Policy

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<b>Policy Applicable to</b>	<i>All SVHA Workers across SVHA</i>
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Covid-19 vaccination First Dose due	<i>15 December 2021</i>
Covid-19 vaccination Second Dose due	<i>28 February 2022</i>
<b>Summary of changes:</b>	<i>Amended Covid vaccine due dates. Jurisdictional health orders may supersede requirements of this policy</i>
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<b>Approval by and date:</b>	<i>SVHA ELT on 17 November 2021</i>

***All SVHA policies must comply with the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia, the Ethical Framework for Mary Aikenhead Ministries and the SVHA Ethics Policy.***

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## 1. PURPOSE:

SVHA has a duty of care under work health and safety legislation to eliminate and/or control the risk of transmission of vaccine preventable diseases (VPD) in healthcare settings. VPD's have the potential to cause serious illness and avoidable death.

The objective is to improve assessment, screening, and vaccination of all Workers engaged by SVHA, thereby improving patient/resident/client and worker safety, safety of other users of SVHA health facilities and services as well as the general community.

## 2. RISK STATEMENT:

Transmission of vaccine preventable diseases (VPDs) in healthcare settings and the community has the potential to cause serious illness and avoidable deaths in patients/residents/clients, healthcare workers and other workers and users of the health system.

Maintaining immunity of our workforce helps prevent transmission of VPDs to and from our staff, contractors and patients/residents/clients.

## 3. DEFINITIONS:

**Airborne precautions** – A type of transmission-based precautions, used to interrupt airborne transmission from patients/residents/clients known or suspected to be infected with agents transmitted person-to-person by the airborne route.

**Aerosol Generating Procedures (AGPs)** – Procedures that are more likely to generate excessive small respiratory droplets (aerosols). AGPs potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection.

**Aged Care** – all aged care facilities and services within SVHA under St Vincent's Care and the Public Division.

**Category A - high risk** - Workers who have direct physical contact with patients/residents/clients/clients and/or potential exposure to blood or body substances and/or materials/surfaces that may contain blood or body substances. This category includes Workers permanently employed on that ward and other Workers who in their day-to-day work processes may come into direct contact with these patients/ residents/ clients

This category also includes Workers who come into direct contact with vulnerable patients/ residents/ clients, such as in residential aged care, mental health or correctional health facilities.

**Category B** – Workers in all remaining roles and areas that are not in Category A.

**Contractors / third party suppliers** - any person / company engaged by SVHA on a permanent, temporary or casual contract basis.

**HAI** – Healthcare associated infection(s) - Health care-associated infections (HAIs) are infections people get while they're receiving health care for another condition.

**Fully Vaccinated against COVID** – means an individual has received at least two doses of an approved COVID vaccine and at least two weeks has passed since their

second dose. Note that this definition includes booster doses of an approved COVID vaccine as recommended by approved guidelines.

**Infection Control Practitioner or ICP** – A trained professional in infection prevention who is able to implement report on and evaluate a local HAI program.

**Position** – a role in which a person is currently, permanently, temporarily, or casually employed (existing position) and includes volunteers.

**Required** – compulsory, or otherwise considered essential<sup>1</sup>. Deemed necessary to work in the areas stipulated in this policy.

**Risk categorisation** - refers to the process of assessing an individual's risk of exposure to blood or body fluids and direct contact with patients/residents/clients through the course of their everyday work.

**Severe Acute respiratory syndrome coronavirus 2 (SARS-CoV-2)** - SARS-CoV-2 is the infective agent that causes coronavirus disease 2019 (COVID-19). SARS-CoV-2 is a novel coronavirus that was first identified in December 2019.

**Serological evidence** – refers to evidence of an individual's level of immunity confirmed by laboratory test against the infectious disease.

**Vaccine non-responders** – an individual who has been fully vaccinated but whose serology shows inadequate immunity.

**Vaccine preventable diseases or VPDs** – for the purposes of this policy refers to: Hepatitis B; Measles, Mumps, Rubella; Diphtheria, Tetanus, Pertussis (Whooping cough); Varicella (Chickenpox); Tuberculosis, Seasonal Influenza and COVID-19.

**Workday** – SVHA's human resource and employee management system.

**Worker** – any person that carries out any (paid or unpaid) work for SVHA, including but not limited to employees; labour hire (agency) employees; students; visiting medical officers/clinicians; and volunteers. A Worker also includes contractors or sub-contractors or may reasonably be required to attend SVHA premises to conduct work.

## RELATED POLICIES/PROCEDURES/GUIDELINES

- Occupational Assessment, Screening and Vaccinations against Specified Infectious Diseases, Policy Directive NSW Health. PD2020\_17
- Health Employment Directive No.01/16 Vaccine preventable diseases (VPD) requirements QLD Department of Health, 1 Jul 2016
- Guideline: Vaccination of healthcare workers QLD Health, Version 1.3, 30 Jun 2016.
- Vaccination for healthcare workers, Department of Health and Human Services VIC Government. 7th edition 2014 (updated August 2014)
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia (2019)
- Clinical Excellence Commission, 2020, Infection prevention and control practice handbook. Clinical Excellence Commission, Sydney, Australia
- Australian Immunisation Handbook. <https://immunisationhandbook.health.gov.au/>

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<sup>1</sup> Oxford English Dictionary

#### 4. LEGAL AND COMPLIANCE

- a) Work Health and Safety Act 2011
- b) Public Health Act 2010 (NSW)
- c) Public Health Act 2005 (QLD)
- d) Public Health Regulation 2018 (QLD)
- e) Hospital and Health Board Act 2011 (QLD)
- f) Work Health and Safety Act 2011 (QLD)
- g) Public Health and Wellbeing Act 2008 (VIC)
- h) OHS Act 2004 (VIC)

#### 5. BACKGROUND AND RATIONALE

All Workers may be exposed to, and or transmit, Vaccine Preventable Diseases or VPDs. Maintaining immunity in those who work across our organisation is critical to prevent the transmission of these diseases.

SVHA has a responsibility to ensure a safe workplace for patients/residents/clients and our Workers across our offices, facilities and services (including community and home-based care).

All Workers across SVHA must ensure that they do not create a risk to health and safety to themselves, their colleagues or patients/residents/clients in relation to vaccine preventable diseases. The VPD's that SVHA assesses in accordance with the applicable clinical guidelines<sup>2</sup> are outlined in Section 7 below.

#### 6. POLICY STATEMENT

This Policy outlines the requirements for Workers across SVHA.

***NOTE:** Vaccination requirements may differ according to individual jurisdictional requirements and policy directives and where there is a conflict the higher directive will apply.*

#### RISK CATEGORIES

SVHA has grouped Workers according to their risk of contracting or transmitting vaccine preventable diseases and their risk of exposure to blood or body substances (Table 1).

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<sup>2</sup> Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service Standards (NSQHSS) Version 2 (2017) Standard 3 Preventing and Controlling Healthcare Associated Infections - Action 3.13 Workforce Immunisation and relevant legislation.

**Table 1: SVHA Risk Categories**

<b>Risk</b>	<b>Description</b>	<b>VPD/vaccination</b>
<b>All Workers</b> (due to potential risk of community or workplace exposure and or transmission)	Covid-19 vaccination is <b>required</b> for all Workers	Covid-19
In addition to the above, the following risk assessment applies: <b>Category A</b> Higher Risk – Workers working in high-risk areas or with vulnerable patients/ residents /clients	Additional vaccinations are also <b>required</b> for Workers in these high-risk areas or areas with vulnerable patients/ residents/ clients (includes community settings as well):  <ol style="list-style-type: none"> <li>1. Emergency departments</li> <li>2. Intensive care units</li> <li>3. Antenatal, perinatal and post-natal care areas including labour wards and recovery rooms and antenatal outreach programs</li> <li>4. Neonatal intensive care units, special care units, and home visiting health services provided to neonates</li> <li>5. Paediatric intensive care units</li> <li>6. Dialysis units</li> <li>7. Transplant units</li> <li>8. Wards with immunocompromised patients/residents/clients</li> <li>9. Correctional Health (client facing)</li> <li>10. Aged Care*</li>   <li>11. Laboratory workers (additional vaccinations required to the above) **</li> </ol>	Chicken pox (varicella) Diphtheria Hepatitis B Influenza Measles Mumps Rubella Tetanus Tuberculosis Whooping cough (pertussis)  * Aged Care influenza only  ** Anthrax Diphtheria Q fever Yellow fever Japanese encephalitis Rabies Meningococcal Polio Typhoid Smallpox
<b>Category B -</b> Lower risk Workers	Additional vaccinations are <b>recommended</b> for all other Workers who are not in Category A	Chicken pox (varicella) Diphtheria Hepatitis B Influenza Measles Mumps Rubella Tetanus Tuberculosis Whooping cough (pertussis)

## **7. PRIVACY**

To the extent necessary, a worker's attendance and performance at work is taken to be consent to the collection of their immunisation status for the purpose of their compliance with this policy.

Storage of your immunisation documentation will be kept confidential (and for employees as part of their employment health record). Access to your immunisation status will only be used in connection with the application of this Policy.

## **8. EVIDENCE OF COMPLIANCE WITH THIS POLICY**

It is a condition of new and ongoing employment that Workers must comply with this Policy. With the exception of Covid-19 and Influenza in Aged Care, some Workers may be required to complete a course of treatment, screening, and / or serology to confirm immunity for the other vaccine preventable diseases listed in Table 1 of the Policy.

## **9. NEW EMPLOYEES**

Workers will only be able to commence employment following assessment of their vaccination status. The decision to proceed with the commencement of employment will be based on a risk assessment and at the discretion of the ICP in consultation with the hiring manager and may in some instances, require additional vaccinations to ensure full compliance with this policy.

If additional vaccinations are required to comply with pre-employment prerequisites, this will be at the employee's own cost. It is recognised that completing all requirements for immunisation, specifically hepatitis B and completing tuberculosis (TB) screening requirements may not always be possible prior to commencement of employment. Where a new employee has commenced the course of hepatitis B vaccinations and the screening process for TB, the individual may commence work. A risk assessment may be required for Workers who are partially, but not fully vaccinated for Covid-19.

## **10. EXEMPTION PROCESS**

Under the current applicable work health and safety legislation, and as a part of their contracted role to ensure they are fit and safe to perform duties without risk of harm to themselves, their colleagues or others, Workers must comply with the requirements of this policy.

If Workers decline to vaccinate in accordance with this Policy, they will need to complete a Medical Exemptions or Non-Participation Form. Each individual case of medical exemption or non-participation in vaccination will be considered carefully with the involvement of Human Resources and facility infection prevention practitioners. To protect the Worker, other workers, and patients/residents/clients from the risk of exposure to a VPD, risk mitigation strategy such as, restriction of duties, reassignment to a low-risk area or wearing of personal protective equipment (PPE) may be required depending on the risk assessment and operational capacity.

Where an individual is unable to be vaccinated due to a temporary or permanent medical contraindication(s), they will be required to provide satisfactory medical evidence to support their circumstances. Medical exemption forms are located at Appendix 1 and 2.

As to the COVID vaccines mandated by this policy, Workers need to be aware that compliance may be mandatory by public health orders, and is otherwise necessary for safety reasons, such that any exemption is only going to be in the limited circumstances of medical contraindications.

In all cases, the SVHA reserves the right to re-deploy Workers to a lower risk environment or restrict their duties or impose any intervention deemed necessary to protect other staff and patients/residents/clients from the risk of exposure to a VPD. The organisation also reserves the right to terminate employment / engagement of a non-compliant Worker.

#### **11. VACCINE NON-RESPONDERS (INADEQUATE IMMUNITY)**

In rare cases, Workers may have been fully vaccinated, but have serology which shows inadequate immunity. The Worker will be required to provide documented medical evidence of their circumstances (e.g. vaccination records and post vaccination serology). In some cases, a booster vaccine may be required.

Detailed information must be provided regarding the risk of infection from the infectious disease(s) against which the individual is not protected. The individual must complete a declaration, stating that they accept the risks and agree to comply with protective measures as per local policy.

Following consultation with the ICP/Hiring manager, management may place work restrictions and or request redeployment where vaccine non-responders are employed in high-risk areas. Each individual case will be considered carefully with the involvement of Human Resources.

#### **12. RISK MANAGEMENT AND RISK ASSESSMENT**

This Policy outlines a risk-based immunisation program designed to protect our Workers and our patients/residents/clients from VPD's. For Workers working in high-risk areas, SVHA will apply a risk management and risk assessment framework. An example from the Australian Commission on Safety and Quality in Health Care to assess and address workplace and workforce risks is located at Appendix 3) [Workforce Immunisation Risk Matrix, March 2021 \(safetyandquality.gov.au\)](#)



### **13. APPENDIX 1: COVID-19 MEDICAL EXEMPTION FORM**

# COVID-19 VACCINE MEDICAL CONTRAINDICATION

To whom it may concern,

I am a registered medical practitioner. I certify that, Given name: \_\_\_\_\_

Family name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Sex:  Male  Female  Prefer not to say

Residential address: \_\_\_\_\_

## Section A – Medical contraindication

Has the following medical contraindication(s) to receiving a dose of all of the COVID-19 vaccines **available for use in Australia**:<sup>1</sup>

Pfizer (Comirnaty) COVID-19 vaccine	Moderna (Spikevax) COVID-19 vaccine	AstraZeneca (Vaxzevria) COVID-19 vaccine
Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/>	Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/>	Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/>
<input type="checkbox"/> History of anaphylaxis to a component of the Pfizer (Comirnaty) COVID-19 vaccine  <input type="checkbox"/> Serious adverse event attributed to the first dose of the Pfizer (Comirnaty) COVID-19 vaccine, being: _____  <input type="checkbox"/> Other specified medical contraindication, being: _____	<input type="checkbox"/> History of anaphylaxis to a component of the Moderna (Spikevax) COVID-19 vaccine  <input type="checkbox"/> Serious adverse event attributed to the first dose of the Moderna (Spikevax) COVID-19 vaccine, being: _____  <input type="checkbox"/> Other specified medical contraindication, being: _____	<input type="checkbox"/> History of anaphylaxis to a component of the AstraZeneca (Vaxzevria) COVID-19 vaccine <input type="checkbox"/> History of capillary leak syndrome <input type="checkbox"/> History of any of the following medical conditions: <input type="checkbox"/> cerebral venous sinus thrombosis (CVST) <input type="checkbox"/> heparin-induced thrombocytopenia (HIT) <input type="checkbox"/> idiopathic splanchnic (mesenteric, portal or splenic) vein thrombosis <input type="checkbox"/> antiphospholipid syndrome (APLS) with thrombosis and/or miscarriage <input type="checkbox"/> Serious adverse event attributed to the first dose of the AstraZeneca (Vaxzevria) COVID-19 vaccine, being: _____  <input type="checkbox"/> Other specified medical contraindication, being: _____

OR

## Section B – Temporary medical contraindication for up to 6 months<sup>2</sup>

Has the following medical condition(s) and is not recommended to receive dose 1  dose 2  of **any** of the COVID-19 vaccines **available for use in Australia** until \_\_/\_\_/\_\_\_\_ (up to 6 months)

acute major illness, being: \_\_\_\_\_

significant immunocompromise of short duration, being: \_\_\_\_\_

past confirmed infection with SARS-CoV-2 within the last 6 months<sup>3</sup>. Date of diagnosis: \_\_/\_\_/\_\_\_\_

other medical condition requiring temporary vaccine exemption, being: \_\_\_\_\_

### Medical practitioner details

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Registration Number: 

M	E	D	0	0	0									
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Signature: 

Print and Sign

Date: 

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# COVID-19 VACCINE MEDICAL CONTRAINDICATION

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## Notes

- <sup>1</sup> A patient must have medical contraindications to all of the COVID-19 vaccines available for use in Australia in order to be exempted from COVID-19 vaccination requirements under public health orders. If a patient has a medical contraindication to one brand of COVID-19 vaccine, they may be able to be offered an alternate brand, if suitable. The Australian Technical Advisory Group on Immunisation (ATAGI) provide clinical guidance on the use of COVID-19 vaccines in Australia, including guidance on contraindications to COVID-19 vaccines: [www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021](http://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021)
- <sup>2</sup> Temporary contraindication can only be recorded for up to 6 months. If the contraindication persist beyond this time the person will require review by an appropriate medical practitioner. If the cause of the medical contraindication persists, a new medical contraindication form will need to be completed.
- <sup>3</sup> Past confirmed infection with SARS-CoV-2 is not a contraindication to vaccination, however ATAGI recommends deferring COVID-19 vaccination for up to 6 months after the acute illness. Current evidence suggests that the risk of SARS-CoV-2 re-infection is low in the 6 months after initial infection, but may increase with time due to waning immunity. There may be some situations where it is reasonable to be vaccinated earlier than 6 months following infection in consultation with a health practitioner, such as people working in a job with a high risk of exposure to SARS-CoV-2, or patients who are significantly immunocompromised and may not have a strong immune response after being infected with the virus. Similarly, if a person is infected with SARS-CoV-2 and has had their first dose of COVID-19 vaccine, the second dose may be deferred for up to 6 months. In these situations, the person should consult their healthcare professional and their individual circumstances should be considered. If vaccination is deferred up to 6 months, this can be indicated by completing section B of this form.

## Instructions for the patient

Please keep this completed form safe. You may be required to present this completed form to your workplace as evidence of your medical contraindication to COVID-19 vaccination and carry it with you when you are working. Please check the NSW Government website for more information about the requirements for your workplace.

#### **14. APPENDIX 2: OTHER VPD EXEMPTION FORM**

Access from the Australian Immunisation Register (AIR) – Immunisation Medical Exemption Website

[Australian Immunisation Register \(AIR\) - immunisation medical exemption form \(IM011\) - Services Australia](#)

#### **14. APPENDIX 2: OTHER VPD EXEMPTION FORM**

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## 15. APPENDIX 3: RISK MATRIX

ACSQHC Workforce Immunisation Risk Matrix March 2021 applicable to the acute/sub-acute sector only

		<b>Workforce immunity/vaccination status &amp; access to workforce screening</b>		
		<ul style="list-style-type: none"> <li>All members of the workforce have up-to-date records of their immune status/ vaccination history available</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>A workforce screening/ vaccination program is in place</li> </ul>	<ul style="list-style-type: none"> <li>Up-to-date immune status/ vaccination records are <b>NOT</b> available for all members of the workforce</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>A workforce screening/ vaccination program is in place</li> </ul>	<ul style="list-style-type: none"> <li>Up-to-date immune status/ vaccination records are <b>NOT</b> available for all members of the workforce</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>A workforce screening/ vaccination program is <b>NOT</b> in place</li> </ul>
<b>Risk of disease exposure</b>	No increased risk of exposure to disease or infection associated with working in the health service organisation	Low	Medium	High
	Members of the workforce have a risk of exposure to vaccine-preventable disease due to the nature of their role	Medium	High	Very high
	Hospital-based outbreak of vaccine-preventable disease (no evidence of community transmission)	Medium	High	Very high
	Community-wide outbreak of a vaccine-preventable disease	High	Very high	Very high
	Disease with no available vaccine	Very high	Very high	Very high

Low risk	Risk is managed by routine procedures. There is minimal risk of harm or injury from the risk
Medium risk	Risk is managed by specific monitoring or audit procedures. There is potential for harm or injury from the risk.
High risk	There is a serious risk that must be addressed immediately. Consequences to individuals and the organisation are high due to a high potential for harm or injury.
Very high risk	There is a serious risk that must be addressed immediately. The magnitude of the consequences to the individual and organisation of an event, should it occur, are considered very high with potentially significant harm or injury.