Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Summary To provide a framework for the assessment, screening and vaccination of all workers and students to reduce the risk associated with vaccine-preventable diseases in accordance with the risk category of their position.

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Audience All NSW Health workers and students

Secretary, NSW Health

NSW Health

POLICY DIRECTIVE

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

POLICY STATEMENT

All NSW Health organisations must establish systems to ensure that all workers are appropriately assessed, screened and vaccinated to reduce the risk associated with vaccine-preventable diseases in accordance with the risk category of their position.

These diseases include SARS-CoV-2 (COVID-19), diphtheria, tetanus and pertussis, hepatitis B, measles, mumps, rubella, varicella, tuberculosis and influenza.

SUMMARY OF POLICY REQUIREMENTS

All workers must be assessed, screened and vaccinated as required by the risk category of their position before they commence employment/ engagement or attend clinical placements in NSW Health facilities.

Each NSW Health agency must ensure that resources and appropriately trained assessors are provided to conduct assessments of compliance.

All workers and new recruits are required to receive 2 doses of a Therapeutic Goods Administration approved or recognised COVID-19 vaccine to commence employment/ engagement or continue to work within a NSW Health service.

A worker and new recruit will be considered compliant if they have a medical contraindication to all available Therapeutic Goods Administration approved or recognised COVID-19 vaccines and provide medical contraindication evidence in line with the policy requirements.

In addition, all Category A workers and new recruits are required to receive one dose of the seasonal influenza vaccine annually to be considered compliant.

Category A workers and new recruits who are non-compliant with seasonal influenza vaccination or have a medical contraindication to influenza or COVID-19 vaccinations must comply with all other infection control risk reduction strategies as directed while working in a Category A position.

Category A workers and new recruits must have completed the *Tuberculosis (TB) Assessment Tool* and the follow-up required.

For new recruits, compliance with this Policy Directive is at the individual's own cost (except for chest x-ray and/ or TB clinical review where required). Workers employed in existing positions must be informed of the requirements of this Policy Directive and any assessments, screening and vaccinations required to meet compliance must be provided as required at no cost to the worker.

Workers and new recruits who have been granted temporary compliance for hepatitis B or tuberculosis must complete the *Undertaking/Declaration Form* and comply with the requirements within 6 months for hepatitis B compliance, or, in the case of tuberculosis

temporary compliance, attend chest x-ray surveillance and clinical reviews as required by the tuberculosis service/ chest clinic until discharged.

Ongoing compliance includes a diphtheria, pertussis, and tetanus (dTpa) booster every 10 years.

All job advertisements must advise potential applicants of the requirements of this Policy Directive and new and existing position descriptions must include the designated risk category of the position.

All students must be advised of the requirements of this Policy Directive prior to and at enrolment/ commencement of the course.

Compliance details must be recorded in VaxLink or ClinConnect (students and facilitators).

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_022 August-2023	Deputy Secretary, Population and Public Health & Chief Health Officer	Revised definition of a 'worker'. Inclusion of 'seasonal influenza vaccine', 'COVID-19 primary vaccination course', 'high risk clinical area' and 'medical contraindication to COVID-19 vaccines' in Section 1.2 *Key definitions*. Amendment to Section 2.2.2 *Other vaccination requirements*. Amendment to Section 2.3 *Evidence of protection against infectious disease* to accept overseas COVID-19 vaccination records. Updated COVID-19 vaccination requirements. Revision of influenza vaccination requirements for new recruits. Amendments to TB assessment and TB screening requirements. Revision to Section 5 *Medical Contraindications and Vaccine Non-responders*. Updated governance and reporting requirements. Amendment to Appendix 5 *Non-Participation Form* to exclude COVID-19 and influenza.
PD2022_030 July-2022	Deputy Secretary, Population and Public Health	Administration format amendment.

PD2022_029 July-2022	Deputy Secretary, Population and Public Health	Category A high risk category removed, workers are either category A or B Revised definition of a 'worker' Inclusion of Up-to-date' and 'Medical Contraindication Form' in Key definitions Inclusion of COVID-19 vaccination requirements Revision of Influenza vaccination requirements Revision of TB assessment and TB screening requirements Amendment to Section 7 to exclude COVID-19 and Influenza vaccination. Minor amendments to monitoring and reporting performance indicators Appendices revised and includes summary of evidence required for each vaccine preventable disease
PD2020_017 May-2020	Acting Executive Director, Health Protection	Minor amendment to section 2.6 to remove the requirement that students are assessed for TB compliance within 4 months of their first clinical placement
PD2020_016 May-2020	Deputy Secretary, Population and Public Health	Mandatory influenza vaccination requirements for workers in Multi-Purpose Services and State Government residential aged care facilities Enhanced TB control measures introduced including more comprehensive TB assessment and tighter rules around the granting of temporary TB compliance Updated monitoring and performance indicators Inclusion of additional documents that can be used to demonstrate compliance
PD2018_009 March-2018	Deputy Secretary, Population and Public Health	Category A High Risk included as a new category Mandatory influenza vaccination of workers employed in Category A High Risk positions Recommendations for termination of staff who refuse to comply Hepatitis B vaccination statutory declaration Monitoring and reporting performance indicators
PD2011_005 January-2011	Deputy Secretary, Population and Public Health	Initial Document

CONTENTS

1. BACKGROUND

Transmission of infectious diseases in health care settings has the potential to cause serious illness and avoidable deaths in workers, patients and other users of NSW Health services as well as others in the community.

Reducing the likelihood of health care exposure events and outbreaks allows the continued effective operation of the NSW public health care system.

Assessment, screening and vaccination of workers are recognised, evidence-based control measures which reduce the risk of staff being infectious or acquiring an infection, and thereby reduces the risk of transmitting the disease to patients, visitors or other staff. Vaccination can also reduce the risk of serious illness if infection/ transmission does occur.

1.1. About this document

This Policy Directive provides a framework for the assessment, screening and vaccination of all workers as defined in this Policy Directive (including students), to reduce the risk associated with vaccine preventable diseases for workers and others including patients, consumers and visitors.

From time to time, it may be updated in line with changes in public health advice for the purpose of ensuring that current vaccination requirements for workers remains aligned with the most current evidence.

Education providers are expected to ensure that all students undertaking clinical placements and student facilitators are informed of the requirements of this Policy Directive prior to and at enrolment/ commencement of employment. Similarly, recruitment agencies are expected to ensure all workers/ applicants for positions are informed of the requirements of this Policy Directive.

1.2. Key definitions

Assessment	The evaluation of a person's prior exposure/ level of protection against the specified infectious diseases covered by this Policy Directive by appropriately trained clinical personnel.
Australian Immunisation Register (AIR)	A national register that records vaccines given to all people in Australia.
Authorised nurse immuniser (ANI)	A registered nurse/ midwife who has completed the specified specialist post-graduate training to provide immunisation services without direct medical authorisation.
ClinConnect	A web-based resource designed to manage clinical placements for health care students and facilitators who will undertake clinical placements in NSW Health facilities.

Clinical observership	Clinical placements for international medical students (the placements are also known as 'electives') and for international medical graduates who are becoming familiar with medical practice in Australia and/ or preparing for examinations in Australia.
Contact	Direct close interaction with patients/ clients on an ongoing or short-term basis.
Compliant	The status applied to those workers who demonstrate that they are protected against the specified infectious diseases and have had tuberculosis (TB) exposure assessed, as required by this Policy Directive. It also includes workers who have completed the requirements of this Policy Directive but remain unprotected against hepatitis B and are therefore considered persistent hepatitis B non-responders. Compliance must be recorded in either the VaxLink (for workers and volunteers) or ClinConnect database (students and clinical facilitators). Refer to Section 9 *Records Management*. Non-compliant workers are classed as susceptible to infection, and/ or pose a risk of transmitting one or more of the specified infectious diseases. Temporary compliance is only applicable to TB and hepatitis B and COVID-19.
Country with a high incidence of TB	Countries with an annual TB incidence of 40 cases per 100,000 population per year or more.
COVID-19 primary vaccination course	Under this Policy Directive, all new recruits and workers applying for/employed in Category A and B positions are required to have received two doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (except for the Janssen COVID-19 vaccine which is approved by the TGA as a single dose primary course). Additional doses recommended by the Australian Technical Advisory Group on Immunisation (ATAGI) as part of an extended primary series for people at higher risk of severe illness are not required for compliance with this policy but are strongly recommended.
Education Provider	a) University; or b) A tertiary education institution, or another institution or organisation, that provides vocational training; or c) A specialist medical college or other health profession college.

Employer	A person or organisation that employs people and/ or is authorised to exercise the functions of an employer of workers employed in NSW Health agencies or facilities.
Evidence of protection	Includes a record of vaccination, and/or serological confirmation of protection, and/ or other evidence. All evidence of protection must be provided as specified in Appendix 1 *Evidence of protection*.
Exposure prone procedure (EPP)	Clinical practices where there is a risk of injury to the worker resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.
Facilitator	A clinician who mentors and visits students during their clinical placements and who is employed by an Education Provider.
Facility	A defined service location such as a hospital, community health centre or other location where health care services are provided.
High risk clinical area	High risk clinical areas include the following settings: • Antenatal, perinatal and post-natal areas including labour wards and recovery rooms and antenatal outreach programs • Neonatal intensive care units; special care units; any home visiting heath service and community-based setting service provided to neonates • Paediatric intensive care units • Transplant and oncology wards • Respiratory wards • Emergency departments • Intensive care units • Multipurpose Services (NSW Health) • NSW Health Residential aged care facilities (except when special provisions under Section 3.1 *Mandatory requirements to be vaccinated* apply)

Influenza season	From 1 June to 30 September inclusive, unless another period is determined by the Chief Health Officer, NSW Health based on seasonal influenza epidemiology or the appearance of a novel influenza strain.
Medical contraindication to COVID-19 vaccination	A medical contraindication to all the available Therapeutic Goods Administration (TGA) approved COVID-19 vaccines, in accordance with the Australian Technical Advisory Group on Immunisation (ATAGI) Clinical Guidance on COVID-19 vaccine contraindications and precautions as updated from time to time.
New recruit	A person who is applying for a position in a NSW Health agency on a permanent, temporary or casual basis. This also includes workers that have been employed in an existing position within a NSW Health agency and are applying for a new position within the same NSW Health agency. Visiting Practitioners on an existing contract are classified as new recruits when their contracts are renewed.
Non-compliant worker	A worker who has failed to provide evidence of protection or an accepted medical contraindication as required under Section 2 *Risk Assessment, Screening and Vaccination* and Appendix 1 *Evidence of protection*.
Position	A role in which a worker is employed and includes contractors, volunteers and students.
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a member of a family of viruses called coronaviruses that can infect people and may lead to the development of a disease called COVID-19.
Seasonal influenza vaccine	A southern hemisphere influenza vaccine registered for use by the Therapeutic Goods Administration for the current influenza season.
Student	All students who undertake placements within NSW Health facilities. It includes secondary school students undertaking TAFE-delivered vocational education and training (TVET) for schools.
Specialist assessment	A clinical assessment and review of the person or their medical record by a specialist medical practitioner to substantiate a claim of medical contraindication to vaccination.
Unprotected	The person is not compliant with the screening and vaccination requirements of this Policy Directive and is therefore classed as

	susceptible to infection, and/ or poses a risk of transmitting one or more of the specified infectious diseases. This also includes workers who are medically contraindicated or hepatitis B non-responders. Refer to Appendix 1 *Evidence of protection*.
Up-to-date	Guidance in relation to vaccination status produced by the Australian Technical Advisory Group on Immunisation (ATAGI) as updated from time to time as advice changes, for the number and timing of appropriate COVID-19 vaccine doses recommended for and received by an individual, according to their age and other factors.
Vaccination Record	Includes an Immunisation History Statement from the Australian Immunisation Register (AIR), a childhood blue book or a letter from a doctor (on practice letterhead).
Vaccination record card	A card ordered from the Better Health Centre (*Vaccination Record Card for Category A Workers (including Students*) to be given to a doctor or immunisation provider to record vaccination and serology results.
Vaccine non-responder	A person who has been fully vaccinated against hepatitis B according to Appendix 1 *Evidence of protection* Section 11.1.2 *Evidence for Hepatitis B* but who has evidence of inadequate immunity.
VaxLink	A state-wide database within StaffLink that enables NSW Health agencies to record vaccination and pathology information and compliancy status for all workers (excluding students).
Visiting Practitioner	A medical practitioner or dentist who is appointed by a public health organisation in accordance with Chapter 8 of the *Health Services Act 1997* (NSW).
Worker	For the purposes of this Policy Directive, a worker means each of the following: a) All persons who are employed in NSW Health; and b) Contractors/ subcontractors (including visiting medical officers and agency staff) who: (i) provide health services for or on behalf of NSW Health; and (ii) at a NSW Health facility; and c) Students on placement, researchers undertaking research activities, and persons undertaking or delivering training or education at a NSW Health facility; and

d) Volunteers working in a NSW Health Facility; and

e) Any other persons directed to comply with this Policy, where indicated by the nature of their engagement, work and risks associated with infectious diseases. *

For the purpose of this definition, "NSW Health" means public health organisations (including affiliated health organisations in respect of their recognised establishments and services), the NSW Ministry of Health, the Ambulance Service of NSW, and all other organisations under the control and direction of the Minister for Health or the Health Secretary.

* NSW Health agencies should have regard to the definitions and principles in the *Work Health and Safety Act 2011* (NSW) when considering the application of this Policy Directive.

This Policy Directive does not prevent NSW Health agencies from requiring other persons (who are not workers) from adhering to vaccination requirements as a condition of a contract for services.

1.3. Legal and legislative framework

- *Health Services Act 1997* (NSW)
- *Public Health Act 2010* (NSW)
- *Work Health and Safety Act 2011* (NSW)
- *Work Health and Safety Regulation 2017* (NSW)
- *Workplace Injury Management and Workers Compensation Act 1998* (NSW)

Under section 17 of the *Work Health and Safety Act 2011* (NSW), a duty is imposed which requires risks to be eliminated and if it is not reasonable to do so, risks should be minimised through controls. All NSW Health agencies have a duty of care and a responsibility under work health and safety legislation to control and minimise risks.

2. RISK ASSESSMENT, SCREENING AND VACCINATION

2.1. Risk categorisation of workers

NSW Health agencies must assess the risk category of all workers as outlined below and according to their risk of acquisition and/ or transmission of specified vaccine preventable diseases.

All position descriptions must include the designated risk category of the position. Positions will be either Category A or Category B.

2.1.1. Category A positions

All positions must be categorised as Category A that involve either:

- Direct physical contact with:
  - patients/ clients
  - deceased persons, body parts
  - blood, body substances, infectious material or surfaces or equipment that might contain these (such as soiled linen, surgical equipment, syringes) **OR**
- Contact that would allow the acquisition and/ or transmission of diseases that are spread by respiratory means:
  - workers with frequent/ prolonged face-to-face contact with patients or clients, such as interviewing or counselling individual clients or small groups; performing reception duties in an emergency or outpatient department
  - where the predominant work location is in a clinical area such as a ward, emergency department, outpatient clinic (including for example, ward clerks and patient transport officers), or workers who frequently, throughout their working week, are required to attend clinical areas (such as workers employed in food services who deliver meals and maintenance workers).

All students who undertake clinical placements within NSW Health facilities are considered Category A workers.

2.1.2. Category B positions

Positions are categorised as Category B where the worker's role:

- does not require the worker to care for the client groups or work in the clinical areas listed in Category A
- does not involve direct physical contact with patients/ clients, deceased persons, blood, body substances or infectious material or surfaces/ equipment that might contain these
- has a normal work location that is not in a clinical area, such as workers employed in administrative positions not working in a ward environment, such as food services personnel in kitchens
- only attends clinical areas infrequently and for short periods of time, such as visits a ward occasionally on administrative duties or is a maintenance contractor undertaking work in a clinical area.
- has incidental contact with patients no different to other visitors to a facility, such as in elevators, cafeteria, etc.

2.2. Assessment, screening and vaccination

NSW Health agencies must establish systems to ensure that all workers and new recruits are assessed, screened and vaccinated as required by the risk category of their position.

NSW Health agencies are responsible for meeting the full cost of assessment, screening and vaccination for workers (including volunteers) employed in existing positions (at the time this Policy Directive is issued).

New recruits and students must undertake any necessary serological tests, vaccinations and tuberculosis (TB) screening at their own cost, prior to their appointment, or prior to the commencement of a student's first clinical placement, in a NSW Health facility. This does not apply to workers employed in an existing position who are successfully appointed to a new position within a NSW Health agency and volunteers.

Workers and new recruits must:

- Provide evidence of their protection as specified in Appendix 1 *Evidence of protection*. against the infectious diseases listed in Table 1 *Vaccination/ TB assessment requirements by position risk category*.
- Complete and submit to the health facility the *Undertaking/Declaration Form* and *Tuberculosis (TB) Assessment Tool*.
- Undertake TB screening (interferon gamma release assay (IGRA) or tuberculin skin test (TST)) and/ or clinical review, where required.
- Submit required evidence of protection and any updated documentation to the health service for further assessment, as requested.

2.2.1. Vaccination requirements

The vaccination and assessment requirements for all NSW Health workers are summarised in Table 1 below. Refer to Appendix 1 *Evidence of protection* for detailed information on the evidence required to demonstrate protection against these diseases.

Table 1. Vaccination/ TB assessment requirements by position risk category

Infectious Disease	Category A	Category B
SARS-CoV-2 (COVID-19)	Required	Required
Measles	Required	Recommended
Mumps	Required	Recommended
Rubella	Required	Recommended
Hepatitis B	Required	Recommended
Varicella (Chickenpox)	Required	Recommended
Diphtheria	Required	Recommended
Tetanus	Required	Recommended
Pertussis (Whooping Cough)	Required	Recommended
Influenza	Required	Recommended
Tuberculosis assessment	Required	Recommended
***Hepatitis A**	*Recommended	*Recommended

*Hepatitis A vaccination is recommended for certain groups of workers at occupational risk of acquiring Hepatitis A, refer to the current online edition of *The Australian Immunisation Handbook*.

2.2.2. Other vaccination requirements

New and existing laboratory, post-mortem and NSW Biocontainment Unit personnel may also have additional vaccination requirements as determined by the scope of their laboratory practice. Laboratories must have documented local protocols in place to assess the risks and provide appropriate vaccination programs to at-risk personnel, as additional vaccines may be required as specified in the current online edition of *The Australian Immunisation Handbook* or in response to emerging infectious diseases.

In addition to the vaccination requirements for Category A and B workers (Table 1 *Vaccination/ TB assessment requirements by position risk category*), other vaccinations may be recommended for certain groups of workers at higher risk of acquiring a vaccine-preventable disease as specified in the current online edition of *The Australian Immunisation Handbook*. NSW Health agencies/ facilities must ensure that:

- All workers are informed that additional vaccinations may be recommended based on their occupational risk of exposure to a vaccine-preventable disease or health status.
- All at-risk workers are referred to their doctor for an individual risk assessment of additional vaccination requirements.
- Where additional vaccines are recommended and available, the vaccines are made available for at-risk workers employed in existing positions including workers deployed with the Australian Medical Assistance Team (AUSMAT).

2.3. Evidence of protection against infectious disease

Appendix 1 *Evidence of protection* provides the acceptable form of evidence of protection from each infectious disease.

Acceptable evidence of protection may include but not limited to:

- An Australian Immunisation Register (AIR) Immunisation History Statement.
- Serological confirmation of protection (where applicable).
- A written record of vaccination signed, dated and stamped by a medical practitioner/ nurse immuniser or pharmacist vaccinator (for authorised vaccines only) on the NSW Health *Vaccination Record Card for Category A Workers (including Students)* (Vaccination Record Card).

If the NSW Health Vaccination Record Card is being used as evidence, the new recruit or student must attend their local doctor or immunisation provider. The doctor/ nurse immuniser or pharmacist vaccinator (for authorised vaccines only) is responsible for completing the Vaccination Record Card which will be used to assess the worker's/ student's compliance with this Policy Directive.

The new recruit or student must not complete their own vaccination, serology or TB assessment records on the Vaccination Record Card. The doctor/ nurse or pharmacist vaccinator (for authorised vaccines only) must sign and apply the practice/ pharmacy stamp to the Vaccination Record Card and vaccine batch numbers or vaccine brand names are to be recorded, where available.

For COVID-19 vaccines administered in Australia, the **only** acceptable evidence of COVID-19 vaccination is an AIR immunisation history statement (IHS), AIR COVID-19 and Influenza IHS or AIR COVID-19 digital certificate (evidence of COVID-19 vaccination).

For COVID-19 vaccines administered overseas, overseas COVID-19 vaccination records are acceptable evidence if the assessor is satisfied that the evidence is from a legitimate source, the vaccine is approved for use or recognised in Australia by the Therapeutic Goods Administration (TGA), and it was received on or after 1 March 2020.

Vaccination records recorded in a foreign language may be translated using the Free Translating Service website provided by the Department of Home Affairs or using a local translation service.

All information and documentation must be managed as per Section 9 *Records Management.*

2.4. Tuberculosis assessment

All Category A new recruits and workers must undergo a TB assessment, by completing and submitting the *Tuberculosis (TB) Assessment Tool*. A TB assessment is also recommended for Category B workers.

All Category A new recruits and workers are required to submit a new *Tuberculosis (TB) Assessment Tool* if they have:

- had known TB exposure since their last TB assessment and did not complete contact screening
- travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB since their last TB screening
- commenced employment at a new NSW Health agency (excluding rotational positions).

The *Tuberculosis (TB) Assessment Tool* will be reviewed by an appropriately trained assessor to identify those workers who require TB screening and/ or referral to a NSW TB service/ chest clinic for a TB clinical review before TB compliance can be granted. Additional guidance is available in Appendix 3 *TB Assessment Decision Support Tool*.

TB compliance will be granted by an appropriately trained assessor where the TB assessment indicates that TB screening is not required, such as answers ‘no’ to all questions in Parts A, B and C of the *Tuberculosis (TB) Assessment Tool.* Further action is required for new recruits and workers that answer ‘yes’ to any of the questions in Parts A, B and C (see Table 2).

Table 2. Action and rationale for 'yes' responses on the Tuberculosis (TB) Assessment Tool

Section	Action	Rationale
Part A	Immediate referral to local TB service/ chest clinic	TB clinical review required to exclude active TB disease
Part B	Referral to local TB service/ chest clinic*	Clinical review for those with previous active TB or latent TB Advice for those at risk of progression to TB disease
Part C	Refer for TB screening (see Section 2.5 *Tuberculosis screening*)	Exclude TB infection

*Workers who have been previously referred to a NSW TB service/ chest clinic for a Part B response and have been made compliant, and who are re-assessed and have no new or different responses in Part B do not need to be re-referred to a NSW TB service/ chest clinic unless they have new risks identified in Part C. The previous *Tuberculosis (TB) Assessment Tool* and evidence of compliance must be available to confirm no changes to responses provided previously in Part B.

2.5. Tuberculosis screening

TB screening is to identify evidence of latent (or active) TB infection. Accepted tests for latent TB infection are an interferon gamma release assay (IGRA), or tuberculin skin test (TST, also known as Mantoux test).

It is recommended that TB screening should not be repeated if there is evidence of a previous positive test (in which case the worker or new recruit should answer 'yes' to the relevant question in Part B of the *Tuberculosis (TB) Assessment Tool*).

TB screening is required if the person:

- is a new recruit or Category A student who:
    - has been advised they were in contact with a person known to have infectious TB disease and who did not complete contact screening
    - was born in a country with a high incidence of TB
    - has resided or travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB
- is an existing worker or Category A student, who may have been previously assessed as compliant for TB, but who has subsequently:
    - Been advised they were in contact with a person known to have infectious TB disease and who did not complete contact screening, or
    - travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB since their last TB assessment and/ or screening.
- is an existing worker who has no documented evidence of prior TB screening and they were born in or have travelled for a cumulative period of three months or longer in a country or countries with a high incidence of TB.

A TB screening test will be valid if the following criteria are met:

- the person has no known TB exposure and has stayed/travelled for a cumulative period of less than 3 months in a country or countries with a high incidence of TB since the test was undertaken
- the test was performed prior to, on the day of, or at least 4 weeks after, a live parenteral vaccine
- a TST that was administered and read by an Australian state or territory TB clinic, or collaborating service endorsed by the Local Health District or Specialty Health Network TB service/ chest clinic, or
- an IGRA test was performed, and the results are reported in English.

Workers who have a positive TST or IGRA need to be referred to the local TB service/ chest clinic.

TB compliance for a person will be granted by an appropriately trained assessor where documentation of a negative TST or IGRA that meets the criteria above, and the person did not also require referral to a local TB service/ chest clinic for Part A or B of the *Tuberculosis (TB) Assessment Tool*.

2.5.1. Tuberculosis screening following migration screening for latent tuberculosis infection

All Category A students or new recruits who were tested for latent TB infection as a migration screening requirement are required to complete the *Tuberculosis (TB) Assessment Tool* and provide a copy of the result of their latent TB screening test.

Workers with a positive TST or IGRA on migration screening must answer 'yes' to having ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+ in Part B of the *Tuberculosis (TB) Assessment Tool*. These workers must be referred to a TB service/ chest clinic for clinical review unless the worker provides a summary of TB clinical review from a NSW TB service or the TB clinical review has been updated in VaxLink.

A negative IGRA on migration screening performed within 3 months of arrival in Australia constitutes a valid TB screening test and these workers do not require further latent TB infection testing.

Re-screening is required where the result of migration screening was:

- a negative IGRA result tested more than 3 months prior to arrival in Australia
- a negative TST (also known as Mantoux test).

2.5.2. Tuberculosis clinical review

New recruits and existing workers who have symptoms of TB disease and/ or evidence of TB infection (a positive TB screening test), are to be referred to the local TB service/ chest clinic for TB clinical review to exclude TB disease and/ or for consideration of TB preventive treatment.

TB clinical review is required if the person:

- answered 'yes' to any question within Part A of the *Tuberculosis (TB) Assessment Tool*, or
- has undertaken TB screening and has a positive test for latent TB infection.

TB clinical review is to be undertaken only within designated TB services/ chest clinics by clinicians experienced in the management of TB. TB services/ chest clinics will provide a summary of TB clinical review to document compliance or temporary compliance back to the referrer and/ or the Worker, or VaxLink may be updated directly.

TB compliance may be revoked in the event of diagnosis of active pulmonary TB where the worker does not follow treatment recommendations, fails to undertake recommended contact screening following a TB exposure, or fails to comply with surveillance requirements.

TB temporary compliance or compliance will be reinstated once the worker completes the required screening or follow-up, or in the case of active TB disease where the person is on treatment and is deemed non-infectious.

2.6. Temporary compliance

Temporary compliance may be granted to complete the course of hepatitis B vaccination, or to meet the TB clinical review and any follow-up requirements. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/ duties and may jeopardise the course of study/ duties.

2.6.1. Hepatitis B

New recruits, medical graduates attending a 'clinical observership' and Category A students in their first enrolment year of their course (who have a clinical placement early in their first year) may be granted temporary compliance and commence employment/ placement provided they have:

- provided documentary evidence that they have received at least the first dose of hepatitis B vaccine; and
- completed all other vaccination requirements; and
- submitted a written undertaking to complete the hepatitis B vaccination course and provide a post-vaccination serology result within 6 months as appropriate (refer to the *Undertaking/Declaration Form*). Those who fail to provide the required evidence within 6 months will be terminated (as per Section 8 *Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers*); unless there are extenuating circumstances to be considered by the NSW Health agency; and
- temporary compliance may only be granted once, and from the date of their initial assessment, unless there are extenuating circumstances (as determined by the assessor) that warrant a one-off further extension.

New recruits (except those employed in an existing position who are successfully appointed to a new position within the same or different NSW Health agency) and Category A students who have been granted temporary compliance must pay for the costs of screening and

vaccinations that are required to complete their compliance after they have commenced employment/ clinical placement.

2.6.2. Tuberculosis

Workers and new recruits who have been exposed to TB, may be granted temporary compliance and commence/ continue employment/ placement provided they:

- have completed the requirements for TB assessment and screening (if required), and if they require a TB clinical review, they:
    - have had a chest X-ray reporting no evidence of active TB disease; and
    - have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB service/ chest clinic is considered acceptable evidence of booking, or
- have had a TB clinical review and are recommended for ongoing management which may include:
    - treatment of active TB once deemed non-infectious
    - to undertake TB preventive treatment or a period of chest X-ray surveillance for latent TB infection.

A NSW TB service/ chest clinic will provide documentation on the next review date for extension of temporary compliance or grant full TB compliance once discharged from the TB service/ chest clinic.

2.7. Additional information for the assessment, screening and vaccination of students

All students must comply with this Policy Directive, and it is expected that they are made aware by their education provider of the requirements of this Policy prior to enrolment in their university, TAFE or other education provider.

It is each student's responsibility to complete all compliance requirements and provide evidence of compliance as part of the ClinConnect verification process before commencing a clinical placement in a NSW Health facility.

Students must only attend a clinical placement if they are assessed as being compliant or temporarily compliant. ClinConnect will cancel their placements 7 days before commencement if they are not compliant, or if their full compliance or temporary compliance will expire before the start date of the placement.

Students whose temporary compliance expires during their placements must show evidence of meeting the full compliance requirements of this Policy Directive or having their temporary compliance for TB extended before their temporary compliance expires. If the student cannot be assessed as fully compliant or having their temporary compliance extended upon temporary compliance expiry, then the student is to be removed from the placement.

Secondary school students, including those undertaking TAFE-delivered vocational education and training (TVET) for schools, must be compliant with the requirements of this

Policy Directive. Students who are under 18 years of age must have their documentation co-signed by their parent/ guardian.

Students who attend their first clinical placements in the later years of their courses (that is not during their first year) must be assessed in the first year. This is to identify compliance issues early in a student's candidature as those who are non-compliant will not be able to attend their placements which may impact on the completion of their course.

Annual influenza vaccination with a seasonal influenza vaccine is mandatory for all Category A students (at their own cost) if attending a placement during the influenza season (as defined in Section 1.2 *Key definitions*).

Students who transfer from overseas or interstate to a NSW education provider beyond their first year of study must be assessed (as compliant or temporarily compliant) in the first year that they are a student in NSW. The decision to allow Students who have not been assessed in their first year of studying with an interstate or overseas education provider and who are requested to attend a clinical placement in a NSW Health facility must be determined on a case-by-case basis. They must be assessed before attending a placement in a NSW Health agency.

Overseas students attending a clinical placement must demonstrate compliance with this Policy Directive. In certain circumstances they may not be able to complete the hepatitis B requirements of this Policy Directive prior to their placements but must at least obtain temporary compliance prior to commencing placement.

Category A students/ overseas students/ medical graduates who perform exposure prone procedures must be aware of their status in relation to blood borne virus infection and be managed according to NSW Health Policy Directive *Management of health care workers with a blood borne virus and those doing exposure prone procedures* (PD2019_026) as appropriate.

Category A students that provide a hepatitis B serology result (following completion of an age-appropriate vaccination course) indicating inadequate protection (anti-HBs <10mIU/mL) must be managed as specified in the current edition of *The Australian Immunisation Handbook*. They may be granted temporary compliance from the date of their initial compliance check (following their first vaccination course and subsequent serology) and the temporary compliance could be extended until they receive additional vaccine doses and undergo further serology tests.

Persistent hepatitis B non-responders are to be informed that they are considered unprotected against hepatitis B and are to minimise potential exposure and be advised about the need for hepatitis B immunoglobulin within 72 hours of parenteral or mucosal exposure to hepatitis B virus. These students are to be considered compliant with this Policy Directive.

3. OTHER VACCINATION REQUIREMENTS, INCLUDING REQUIREMENTS IN OTHER HEALTH SETTINGS

3.1. Mandatory requirements to be vaccinated

All new recruits and workers must be advised that there may be other mandatory requirements to be vaccinated against influenza and/ or COVID-19 including in order to provide specific types of services or enter certain premises (for example, under a public health order issued under the *Public Health Act 2010* (NSW), or as a condition of employment in the NSW Health Service fixed under section 116A(1) of the *Health Services Act 1997* (NSW)). Vaccination requirements, in addition to those set out in this Policy Directive, must be complied with for the duration of the legal requirement.

All new recruits and workers must also comply with all vaccination obligations required by this Policy Directive.

3.1.1. Legal requirements for influenza vaccination prior to entry into residential care facilities

Where there is a legal requirement in force (for example, under a public health order issued under the *Public Health Act 2010* (NSW)) for a person to receive an influenza vaccination prior to entry to a residential care facility, workers employed in a NSW Health residential care facility[1] must be vaccinated with a seasonal influenza vaccine, provided that the vaccine is available to the worker.

Subject to the terms of the legal requirement, this requirement may also apply to any NSW Health workers who visit any government or non-government residential care facilities as part of their duties. Examples include, but are not limited to, patient transport services, community nursing, and palliative care teams.

Workers employed in a NSW Health residential care facility, or those who routinely work in such facilities, who refuse to be vaccinated and are not compliant with a legal requirement must not work in the facility while the legal requirement is in force.

Provisions for Chief Executive discretion as specified in Section 7.3 *Chief Executive discretion* and Section 6.2 *Non-compliance with influenza vaccination requirements* do not apply in relation to legal requirements for vaccination.

Workers who are non-compliant with a legal requirement are to be managed in accordance with Section 8 *Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers.*

[1] A residential care facility means a facility at which the following services are provided to a person in relation to whom a residential care subsidy or flexible care subsidy is payable under the *Aged Care Act 1997* of the Commonwealth:

(a) accommodation,
(b) personal care or nursing care

4. OBLIGATIONS OF NSW HEALTH AGENCIES

4.1. Local assessors

Each NSW Health agency must ensure that appropriately trained assessors are identified, and their details made available to the relevant personnel so that all workers are assessed, screened and vaccinated as required before they attend a NSW Health agency.

This may be a doctor, paramedic, registered nurse (RN) or enrolled nurse (EN) who has training on this Policy Directive in the interpretation of immunological test results, vaccination schedules, tuberculosis (TB) assessment and/ or TB screening.

Enrolled nurses and registered nurses 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 Nurse Immuniser (ANI) or doctor for advice.

Enrolled nurses must work under the supervision (direct or indirect) of a registered nurse or Authorised Nurse Immuniser who has agreed to supervise the enrolled nurse. The level of supervision will depend on the enrolled nurse's level of competence to perform the required tasks and as determined by the employer.

The *Occupational Assessment, Screening and Vaccination* (OASV) training module is available in My Health Learning to educate trained assessors.

4.2. Notifying existing workers of vaccination requirements

NSW Health agencies must ensure that workers employed in existing positions are informed of the vaccination requirements as they relate to their positions, and that assessment, screening and vaccination is provided as required at no cost to the worker.

Where a worker employed in an existing Category B position transfers to, or applies for, a Category A position; or their role is reclassified to Category A, the worker must be informed of and comply with the additional assessment, screening and vaccination requirements prior to appointment.

Workers employed in existing positions with a medical contraindication to vaccination must be assessed on a case-by-case basis as to the severity and longevity of their medical contraindications. They are to be managed as per Section 5 *Medical Contraindications and Vaccine Non-responders*.

Existing compliant workers who are due for a diphtheria, tetanus and pertussis (dTpa) booster must be vaccinated before the recommended 10 year interval, with costs to be met by the NSW Health agencies. Those who do not meet this vaccination requirement must be managed in accordance with Section 6 *Non-participating Workers and Vaccine Refusers.*

4.3. Recruitment

All job advertisements must advise potential applicants of the requirements of this Policy Directive and position descriptions must include the designated risk category of the position.

Non-compliant workers employed in existing positions who are applying for a new position in the same or different NSW Health agency must be reassessed by the recruiting NSW Health

agency and must be compliant prior to appointment. The cost of any additional vaccinations for these non-compliant workers must be met by the NSW Health agency. The outcome of the assessment, screening and vaccination must be recorded in VaxLink.

Workers in rotational positions such as junior medical officers and other clinical trainees must be assessed by the initial employing NSW Health agency. The outcome of the assessment, screening and vaccination must be recorded in VaxLink so that the next NSW Health agency has access to this information prior to commencement of the rotation.

NSW Health agencies are required to ensure that recruitment agencies only refer workers who are compliant or temporarily compliant with the requirements of this Policy Directive. Recruitment agencies must ensure that all workers who are referred to work in a NSW Health agency are informed of the requirements of this Policy Directive and must not work in a NSW Health agency when their temporary compliance expires and/ or are no longer current with vaccination requirements of this Policy Directive.

4.4. Annual influenza vaccination program

All Category A workers/ new recruits must receive a seasonal influenza vaccine during the influenza season (as defined in Section 1.2 *Key definitions*) and by 1 June each year.

Annual influenza vaccination is strongly recommended and provided free for all workers.

Each NSW Health agency/ facility must ensure that the vaccination program is widely publicised and available for workers on a rotating roster and the vaccines are administered during work hours, for example, during a range of shifts of a day and a week.

NSW Health agencies/ facilities must provide detailed information on the influenza vaccine (including side effects) and make arrangements to conduct the vaccination clinics for workers employed in existing positions.

Section 6.2 *Non-compliance with influenza vaccination requirements* provides information on the management of non-compliance with influenza vaccination requirements.

4.5. COVID-19 Vaccination

All workers and new recruits must provide evidence of a COVID-19 primary vaccination course (as defined in Section 1.2 *Key definitions*).

In addition, all workers and new recruits are strongly recommended to:

- Stay up-to-date with COVID-19 vaccinations as recommended by the Australian Technical Advisory Group on Immunisation (ATAGI).
- Seek education and counselling from the employing NSW Health agency about additional COVID-19 vaccine doses if they are in at-risk age groups or have medical risk factors for severe COVID-19, in line with the ATAGI clinical guidance.

Each NSW Health agency/ facility must ensure that:

- Recommendations related to COVID-19 vaccinations are widely publicised.
- Vaccines are made available for all workers as per local arrangements to support them to stay up-to-date with COVID-19 vaccinations.

- Workers at risk of severe illness from COVID-19 infection are offered with support, education and counselling to manage their health in the workplace including education about additional COVID-19 vaccination recommendations, testing early if they develop symptoms indicative of COVID-19 and early antiviral treatment options.

A worker and new recruit will be considered compliant if they have a medical contraindication to all available Therapeutic Goods Administration (TGA) approved COVID-19 vaccines and provide medical contraindication evidence as defined in Section 5.4 *Contraindication to COVID-19 vaccination*.

Refer to the *ATAGI Clinical guidance for COVID-19 vaccine providers* for COVID-19 vaccine recommendations.

4.6. COVID-19 vaccination special leave payment

NSW Health employees who are unable to access COVID-19 vaccines in their workplace and receive a dose of a COVID-19 vaccine, when they are not on duty are eligible for a special leave payment of 2 hours per COVID-19 vaccination.

5. MEDICAL CONTRAINDICATIONS AND VACCINE NON-RESPONDERS

A medical contraindication to vaccination is a medical condition or risk factor in a new recruit or worker that makes receiving a specific vaccine potentially harmful, as assessed by a suitably qualified medical practitioner.

New recruits and workers who are unable to be vaccinated due to a temporary or permanent medical condition are required to provide evidence of their medical contraindication (for example, a medical certificate or Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) from their doctor) to their NSW Health agency for review and approval in support of any application for a temporary or permanent medical contraindication.

A NSW Health agency may require the worker or new recruit to attend an independent medical examination (IME) if further information is required or to seek further guidance on managing the medical contraindication (see Section 5.6 *Further specialist advice*).

Where a temporary or permanent medical contraindication is approved the worker or new recruit must be managed in accordance with local risk management process and any other additional risk management strategies specified in this Policy Directive. NSW Health agencies must provide detailed information to workers regarding the risk of infection from the infectious disease(s) against which the worker is not protected, the consequences of infection, and the management requirements in the event of exposure (refer to Appendix 6 *Risks and consequences of exposure*). This information must be recorded in VaxLink (or ClinConnect for students and facilitators).

Workers with temporary medical contraindications must be reviewed at the end of the temporary contraindication period to determine appropriate management strategies.

The worker must comply with the protective risk measures that the NSW Health agency requires. A range of control measures may be considered, including redeployment to support the safety of the worker and others.

All information and documentation concerning the medical contraindication(s) is to be treated confidentially and managed in line with the *Health Privacy Principles* and Section 9.1 *Documentation and privacy considerations*.

5.1. Management of existing workers with a medical contraindication

Workers employed in existing positions with a medical contraindication to vaccination must be assessed on a case-by-case basis as to the severity and longevity of their medical contraindication(s). They are to be risk-managed as per Section 7 *Risk Management (Excluding the COVID-19 and Influenza Vaccination Requirements)* as required.

5.2. Contraindication to Diphtheria, Tetanus and Pertussis (dTpa), Measles, Mumps and Rubella (MMR) or Varicella-Zoster Virus (VZV) vaccination

New recruits applying for a Category A position and Category A students who have a medical contraindication and cannot demonstrate diphtheria, tetanus and pertussis (dTpa), Measles, Mumps and Rubella (MMR) or Varicella-Zoster Virus (VZV) vaccination or proof of immunity, must not be employed in a Category A position or attend a clinical placement.

Refer to Section 5.6 *Further specialist advice* if further specialist advice is required and Section 7.3 *Chief Executive discretion* for management of workers and new recruits with a medical contraindication.

5.3. Contraindication to hepatitis B vaccination and hepatitis B vaccine non-responders

New recruits applying for a Category A position and Category A students who have a medical contraindication to hepatitis B vaccine may be employed/ attend placement in Category A positions. They must provide evidence of the medical contraindication (such as a letter from a doctor) to the NSW Health agency for assessment.

All Category A new recruits/ workers who are fully vaccinated according to the appropriate schedule, but who have no evidence of adequate hepatitis B immunity as indicated by their serology tests (non-responders to a primary hepatitis B course) are required to provide documented evidence of their hepatitis B vaccinations and serology results. A verbal history or hepatitis B vaccination declaration must not be accepted.

Hepatitis B vaccine non-responders must be managed in accordance with the recommendations concerning *Non-responders to hepatitis B vaccine* in the current edition of *The Australian Immunisation Handbook*. They are to be granted temporary compliance from the date of their initial compliance check (following primary course completion and subsequent serology test) until they receive further vaccine doses and undergo further serology tests as appropriate.

Persistent hepatitis B non-responders (as specified in *The Australian Immunisation Handbook*) are to be considered compliant with this Policy Directive and do not require a Chief Executive exemption or reassignment.

Category A new recruits/ students with a medical contraindication and persistent hepatitis B non-responders must include in their evidence of protection documentation a signed declaration as specified in the *Undertaking/Declaration Form* that they:

- are unprotected from the hepatitis B virus
- will be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of blood and body substance exposure and will comply with the protective measures required by the health service.

In addition, they must be managed as such:

- Follow the requirements of the NSW Health Policy Directive *HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed* (PD2017_010) in the event of a potential exposure.
- Adhere to the testing requirements of the NSW Health Policy Directive *Management of health care workers with a blood borne virus and those doing exposure prone procedures* (PD2019_026), if undertaking exposure prone procedures.
- Understand the management in the event of exposure includes hepatitis B immunoglobulin within 72 hours of parenteral or mucosal exposure to the hepatitis B virus (HBV).
- Comply with the hepatitis B risk management requirements in Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements).*

The information must be recorded in VaxLink (or ClinConnect for students and facilitators).

5.4. Contraindication to COVID-19 vaccination

The only acceptable evidence of a medical contraindication to COVID-19 vaccinations (as defined in Section 1.2 *Key definitions*), is a medical contraindication that has been reported to AIR and recorded on the AIR immunisation history statement (IHS) or AIR COVID-19 and Influenza IHS.

If a new recruit or worker has a medical contraindication to one brand of a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine, they may be offered an alternate brand, if suitable. Refer to the *ATAGI clinical guidance for COVID-19 vaccine providers*.

Those who are unable to receive all the available TGA approved COVID-19 vaccines due to a medical contraindication to COVID-19 vaccinations are to be locally risk assessed on an individual basis. The NSW Health agency must ensure that the Category A worker/ new recruit is provided with detailed information and understands the risk of infection from SARS-CoV-2 if they are not vaccinated, the consequences of infection, and management in the event of exposure. This information must be recorded in VaxLink (or ClinConnect for students and facilitators).

Workers with a medical contraindication must comply with all other infection control risk reduction strategies as detailed in the Clinical Excellence Commission *Infection Prevention and Control Manual, COVID-19 and other acute Respiratory Infections*.

Category A workers who are employed/ attending placement in high-risk clinical areas must also comply with any additional precautions detailed in the Clinical Excellence Commission *Infection Prevention and Control Manual, COVID-19 and other acute Respiratory Infections*.

5.5. Contraindication to influenza vaccine

Acceptable evidence of a medical contraindication to influenza vaccine is a medical certificate or Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) from their doctor.

New recruits applying for a Category A position and workers employed in Category A positions who are unable to receive a seasonal influenza vaccine due to a medical contraindication are to be locally risk assessed on an individual basis. The NSW Health service must ensure that the Category A worker/ new recruit is provided with detailed information and understands the risk of infection from influenza if they are not vaccinated, the consequences of infection, and management in the event of exposure (refer to Appendix 6 *Risks and consequences of exposure*). This information is to be recorded in VaxLink (or ClinConnect for students and facilitators).

During the influenza season (as defined in Section 1.2 *Key definitions*), Category A Workers with a medical contraindication must comply with all other infection control risk reduction strategies as detailed in the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013) and the Clinical Excellence Commission *Infection Prevention and Control, Manual COVID-19 and other acute Respiratory Infections* at all times while working/ on placement in a Category A position.

Category A workers who are employed/ attending placement in a high-risk clinical area must also comply with any additional precautions detailed in the Clinical Excellence Commission *Infection Prevention and Control Manual, COVID-19 and other acute Respiratory Infections*.

5.6. Further specialist advice

Should the NSW Health agency require further specialist advice for workers employed in existing positions, they are to be referred to a specialist at the cost to the NSW Health agency and risk managed as appropriate (refer to Section 7 *Risk Management (Excluding the COVID-19 and Influenza Vaccination Requirements)*).

New recruits (except those employed in an existing position who are successfully appointed to a new position within a NSW Health agency), and students must pay the costs associated with additional medical assessments (for example, vaccine non-responders or medical contraindications to vaccination).

6. NON-PARTICIPATING WORKERS AND VACCINE REFUSERS

6.1. Non-compliance with COVID-19 vaccination requirements

All Category A and B workers/ new recruits who are non-compliant with the COVID-19 vaccination requirements **and** do not have an approved medical contraindication to COVID-19 vaccination cannot commence or continue work within an NSW Health service (see Section 8 *Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers*.

6.2. Non-compliance with influenza vaccination requirements

All Category A workers/ new recruits (excluding workers covered by Section 3 *Other Vaccination Requirements, including Requirements in Other Health Settings*), who refuse annual influenza vaccination must during an influenza season comply with all other infection control risk reduction strategies detailed in the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013) and Clinical Excellence Commission *Infection Prevention and Control Manual, COVID-19 and other acute Respiratory Infections* when instructed to do so and while working in a Category A position.

Category A workers who are employed in high-risk clinical areas must also comply with any additional precautions detailed in the Clinical Excellence Commission *Infection Prevention and Control Manual, COVID-19 and other acute Respiratory Infections*.

The worker's decision to decline the influenza vaccination and accept the risk of infection must be recorded in VaxLink (or ClinConnect for students and facilitators).

6.3. Management of non-participating workers (excluding the COVID-19 and influenza vaccination requirements)

6.3.1. Existing workers

Existing workers in Category A positions (excluding workers covered by Section 3 *Other Vaccination Requirements, including Requirements in Other Health Settings*) that do not comply with the requirements of this Policy Directive must complete and submit Appendix 5 *Non-Participation Form* stating that they:

- do not consent to the assessment, screening, and vaccination requirements of this Policy Directive
- are aware of the potential risks to themselves and/ or others as outlined in Appendix 6 *Risks and consequences of exposure*, and
- are aware that NSW Health:
    - will offer them counselling regarding the risk of remaining unprotected against the specified infectious disease(s) and disease transmission to and from clients
    - may reassign them to an area of lower risk under a risk management plan, unless they are considered appropriate to be managed under Chief Executive discretion

- will consider managing them under Chief Executive discretion as unprotected or unscreened, as described in Section 7.2 *Reassignment of unprotected/ unscreened existing workers (excluding the COVID-19 and influenza vaccination requirements),* and/ or
- may terminate their employment/ engagement, if risk management or reassignment is not feasible as specified in Section 8 *Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers.*

6.3.2. New recruits and students

New recruits and students who do not consent to participate in assessment, screening and vaccination must not:

- be employed or commence duties
- attend placements in a NSW Health facility.

7. RISK MANAGEMENT (EXCLUDING THE COVID-19 AND INFLUENZA VACCINATION REQUIREMENTS)

All new recruits and workers who:

- have an approved medical contraindication, or
- workers employed in existing positions who refuse or are non-compliant with the requirements under this Policy Directive

should have a risk assessment performed, including their level of risk, work location and client group.

Where there is a perceived risk to service delivery, the Chief Executive may consider using discretionary power to employ or engage an unprotected worker or new recruit (refer to Table 1 *Vaccination/ TB assessment requirements by position risk category*).

7.1. Routine recurrent tuberculosis screening

Routine, recurrent tuberculosis (TB) screening is not recommended for most workers.

Recurrent screening and/ or chest x-ray and clinical review (usually annually) must be considered for workers in certain settings where there may be increased risk of exposure to TB. Settings where there may be increased risk of exposure to TB include mycobacterial laboratories, chest clinics, mortuaries, and bronchoscopy suites.

Any decision to implement routine recurrent screening of workers within a specific setting should be based on a risk assessment by the health service with guidance from the local TB Advisory Committee and/ or NSW Health agency TB service/ chest clinic.

Screening for those negative on latent TB test should continue to use the same test for recurrent screening. A chest x-ray and TB clinical review is indicated where workers in these settings develop a positive tuberculin skin test or positive interferon gamma release assay. Where a worker has previously had a positive TB screening test, an annual clinical review should be undertaken.

7.2. Reassignment of unprotected/ unscreened existing workers (excluding the COVID-19 and influenza vaccination requirements)

NSW Health agencies must ensure that existing workers employed in any position who are not fully protected against the specified infectious diseases in this Policy Directive (refer to Table 1 *Vaccination/ TB assessment requirements by position risk category*) or who have not been screened for TB (where indicated), do not work in their designated risk category areas where they may be at risk or pose a risk of infection to at-risk groups. Such workers must be reassigned to non-clinical areas. Reassignment of these workers is to be undertaken within appropriate personnel/ industrial relations framework(s).

Risk management for workers who are unprotected for hepatitis B is dependent on their role and whether they perform exposure prone invasive procedures (that is not the clinical area where they are employed or client group they have contact with). Re-assignment of these workers is not required provided they comply with the requirements of Section 5.3 *Contraindication to hepatitis B vaccination and hepatitis B vaccine non-responders.*

Where reassignment to a non-clinical area is not feasible, refer to Section 7.3 *Chief Executive Discretion (excluding the COVID-19 and influenza vaccination requirements)* and Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements).*

Where reassignment is not feasible and all other alternatives have been considered for existing workers who refuse to comply with the requirements of this Policy Directive, refer to Section 6.3 *Management of non-participating workers (excluding the COVID-19 and influenza vaccination requirements)* and Section 8 *Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers.*

The NSW Health agency must ensure that the worker:

- understands the requirements of this Policy Directive and the risks to patients, self and others arising from their unprotected/ unscreened status, as outlined in Appendix 6 *Risks and consequences of exposure*
- has an opportunity to clarify any outstanding issues
- has an opportunity to reconsider any decision they may have made regarding assessment, screening and vaccination
- has an opportunity to be engaged actively in the process of determining their future work options, including short term and longer-term options, including termination.

7.3. Chief Executive discretion (excluding the COVID-19 and influenza vaccination requirements)

The Chief Executive has the discretionary power to vary the requirements of this Policy Directive, on a case-by-case basis such as a genuine and serious risk to service delivery that could result from the reassignment of an unprotected/ unscreened worker or new recruit, or failure to appoint an unprotected/ unscreened worker or new recruit.

Any variation to these circumstances must only be undertaken in exceptional circumstances and must only proceed with the written approval of the Chief Executive and within an individual risk management plan, consistent with Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements*), to protect the employed worker and clients.

Workers working under Chief Executive discretion who are considered unprotected against an infectious disease must be excluded from working in the affected clinical areas where there has been a confirmed case of that disease, as per Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements)*. For example, a rubella case on a ward would result in exclusion of any worker from that ward who is unprotected against rubella. The local public health unit will provide advice on a case-by-case basis regarding the exclusion of workers in such instances.

The NSW Health agency must inform the worker or new recruit of the requirements of this Policy Directive and the risks to patients, self and others arising from their unprotected/ unscreened status, as outlined in Appendix 6 *Risks and consequences of exposure.*

7.3.1. Chief Executive discretion in managing medical contraindications

The Chief Executive is to manage a worker or new recruit with medical contraindications under a risk management plan consistent with Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power* (*excluding the COVID-19 and influenza vaccination requirements*).

7.3.2. Chief Executive discretion in managing vaccine refusal

The Chief Executive may exercise discretion in the following situations where workers refuse vaccination (who cannot be reassigned to a non-high-risk area):

- the worker is highly specialised, a sole practitioner (such as 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 worker would pose a genuine and serious risk to service delivery; and/ or
- it would be difficult to replace the worker, and/ or would result in a significant period without the service.

8. TERMINATION OF EMPLOYMENT/ ENGAGEMENT OF VACCINE NON-COMPLIANCE AND REFUSERS

The NSW Health agency may review the employment/ engagement of a worker who refuses to comply with this Policy Directive's assessment, screening and vaccination requirements, where:

- all other reasonable alternatives for redeployment (excluding COVID-19) have been considered and the risk of transmission cannot be acceptably managed; or
- any legal requirements cannot be met.

Reasonable alternatives for redeployment will not be considered for workers who are not compliant with COVID-19 vaccination requirements.

After consideration of individual circumstances, termination of the employment or appointment of a worker may be appropriate; and:

- the provisions of the NSW Health Policy Directive *Managing Misconduct* (PD2018_031) will be followed to ensure procedural fairness, and
- in the case of contractors, compliance with any relevant provisions of the applicable contract with NSW Health.

9. RECORDS MANAGEMENT

All vaccinations (including each COVID-19 vaccine dose and each annual influenza vaccination) administered to workers employed in existing positions and volunteers must be recorded in VaxLink and reported to the Australian Immunisation Register. Each worker's Medicare number will be required to report to the Australian Immunisation Register.[2]

NSW Health agencies that use an alternative system to VaxLink must ensure that they have developed processes at their own cost to transfer all required compliance evidence to VaxLink at an interval of at least monthly.

The NSW Health agency is to identify appropriate personnel to be responsible for recording the assessment, screening and vaccination results of each worker in the Australian Immunisation Register and VaxLink or ClinConnect (record compliance status only for students and clinical facilitators) as appropriate. Workers who do not want their screening/ diagnostic results entered into the Australian Immunisation Register and/ or VaxLink must have this request recorded in VaxLink.

Vaccination records, for example the Australian Immunisation Register (AIR) Immunisation History Statement (IHS), NSW Health Vaccination Record Card and/ or other documentation such as serology results and evidence of a medical contraindication should be uploaded as attachments into VaxLink so that the next NSW Health agency has access to this information if a worker moves between NSW Health agencies.

If a complete compliance record is available in VaxLink, compliant workers need to complete a new *Tuberculosis (TB) Assessment Tool* if their previous assessment was more than 3 months prior, but do not require reassessment against other vaccination requirements, when they move between NSW Health agencies, unless required in accordance with this Policy Directive.

[2] An application form to register as a vaccination provider and report vaccinations to the Australian Immunisation Register is available from the Australian Government Services Australia website. Completed application forms must be forwarded for approval to the Manager, Immunisation Unit, Health Protection NSW, at MoH-VaccReports@health.nsw.gov.au.

9.1. Documentation and privacy considerations

NSW Health agencies have a responsibility to maintain appropriate documentation (such as a summary of evidence sighted) that a worker has provided as evidence of their compliance with occupational assessment, screening and vaccination against specified infectious diseases and must retain a secure, confidential personnel record relating to compliance assessment, screening, vaccination and risk management under this Policy Directive.

Only the designated assessment and screening staff are to have access to this information. Sensitive medical information provided by the worker must be treated as a confidential personal health record.

Compliance assessments, screening and vaccination documentation in health care records is to be managed in accordance with the appropriate retention and disposal authorities for non-admitted patient services.

Appendix 5 *Non-Participation Form* is to be used for workers employed in an existing Category A position (where applicable). Workers employed in existing positions must be assessed as compliant against this Policy Directive or acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this Policy Directive.

Compliance assessments, vaccination, screening and risk management documentation in personal records is to be managed in accordance with the appropriate retention and disposal authorities for personnel records.

During the course of assessment of a student, education providers may collect information (including documents) on a student's compliance with the requirements of the Policy Directive, and may pass that information on to a NSW Health agency who may be assessing the student's compliance or where the student intends to undertake clinical placement. Collection, storage, use and transfer of such information is to be undertaken in a confidential manner in accordance with that education provider's policies on records and privacy.

Each NSW Health agency is responsible for ensuring that all workers who attend a NSW Health facility, including agency, casually employed and contractual workers are assessed in advance and a record of that assessment retained. Agency/ contractual workers in clinical areas must be assessed as Category A.

NSW Health services are responsible for maintaining copies of all compliance documentation for 7 years (including supporting information) for students they have assessed.

10. GOVERNANCE AND MONITORING

Preventing and Controlling Infections Standard, Action 3.15 Workforce Screening and Immunisation of the National Safety and Quality Health Service (NSQHS), requires all NSW Health agencies to monitor and assess compliance with the assessment, screening, vaccination, and risk management requirements of the Policy Directive.

Chief Executives are responsible for ensuring that:

- Any local procedures and/ or protocols related to occupational assessment, screening and vaccination of workers and new recruits are consistent with NSW Health Policy requirements.
- There is a process for regularly assessing compliance with NSW Health Policy requirements and a record of the results is retained, readily available and communicated to the NSW Health agency Chief Executive/ executive team/ Board as applicable.
- Results are discussed and tabled as a standing agenda item on locally agreed infection prevention and control and, work, health and safety committees where applicable, to ensure compliance issues are addressed, and action is taken to improve compliance.
- Reporting occurs to the NSW Ministry of Health (as part of the WHS PHO quarterly reporting) where compliance meets the reporting requirements set out in the NSW Health Policy Directive *Work Health and Safety Audits* (PD2023_010).

11. APPENDICES

1. Appendix 1: Evidence of protection
2. Appendix 2: Age-appropriate hepatitis B vaccination schedule
3. Appendix 3: TB Assessment Decision Support Tool
4. Appendix 4: Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements)
5. Appendix 5: Non-Participation Form
6. Appendix 6: Risks and consequences of exposure

11.1. Appendix 1: Evidence of protection

11.1.1. Evidence for Diphtheria, Tetanus and Pertussis

Position risk category	Category A workers
Vaccination Evidence	One adult dose of diphtheria, tetanus and pertussis (dTpa) vaccine within the last 10 years.
Serology Evidence	N/A. Serology will not be accepted.
Other Acceptable Evidence	Nil.
Notes	dTpa booster is required 10-yearly. **DO NOT use ADT vaccine**.

11.1.2. Evidence for Hepatitis B

Position risk category	Category A workers
Vaccination Evidence	History of age-appropriate hepatitis B vaccination course in accordance with the Australian Immunisation Handbook.
Serology Evidence	**AND** Anti-HBs ≥ 10mIU/mL.
Other Acceptable Evidence	**OR** Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+.
Notes	An incomplete accelerated hepatitis B vaccination schedule must not be accepted. A completed *Hepatitis B Vaccination Declaration* are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained. All workers who are fully vaccinated according to the appropriate schedule, but who have no evidence of adequate hepatitis B immunity as indicated by their serology tests (non-responders to a primary hepatitis B course) are required to provide documented evidence of their hepatitis B vaccinations and serology results. A verbal history or hepatitis B vaccination declaration must not be accepted. Positive HBcAb and/ or HBsAg result indicate compliance with this Policy Directive. A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures.

11.1.3. Evidence for Measles, Mumps and Rubella

Position risk category	Category A workers
Vaccination Evidence	Two doses of measles, mumps and rubella (MMR) vaccine at least four weeks apart.
Serology Evidence	**OR** Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report).
Other Acceptable Evidence	**OR** Birth date before 1966.
Notes	Do not compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed, i.e., the report may include additional clinical advice, e.g., consideration of a booster vaccination for low levels of rubella IgG detected. **DO NOT use** measles, mumps, rubella and varicella **(MMRV) vaccine (not licensed for use in persons ≥ 14 years).** If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated. Serology is not required following completion of a documented two dose MMR course. Those born before 1966 do not require serology.

11.1.4. Evidence for Varicella

Position risk category	Category A workers
Vaccination Evidence	Two doses of varicella vaccine at least four weeks apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).
Serology Evidence	**OR** Positive IgG for varicella.
Other Acceptable Evidence	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox.
Notes	DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated. Evidence of one dose of Zostavax in persons vaccinated aged 50 years and over is acceptable.

11.1.5. Evidence for Influenza

Position risk category	Category A workers
Vaccination Evidence	One dose of a seasonal influenza vaccine (defined in Section 1.2 *Key definitions*) during the influenza season and by 1 June each year.
Serology Evidence	N/A. Serology will not be accepted.
Other Acceptable Evidence	Nil.
Notes	Influenza vaccination is required annually during the influenza season (defined in Section 1.2 *Key definitions*) for all workers in Category A positions and is strongly recommended for all workers in Category B positions.

11.1.6. Evidence for COVID-19

Position risk category	Category A and Category B workers
Vaccination Evidence	COVID-19 primary vaccination course (as defined in Section 1.2 *Key definitions*). For vaccines administered in Australia the only acceptable evidence is the Australian Immunisation Register (AIR) – Immunisation History Statement (IHS) or AIR COVID-19 and Influenza IHS or AIR COVID-19 digital certificate.
Serology Evidence	N/A. Serological testing to demonstrate immunity against SARS-CoV-2 in vaccinated individuals will not be accepted.
Other Acceptable Evidence	Overseas COVID-19 vaccination evidence is acceptable if the assessor is satisfied that the evidence is from a legitimate source, the vaccine is approved for use or recognised in Australia by the TGA, and it was received on or after 1 March 2020. Workers who are unable to be compliant with COVID-19 vaccination requirements due to a temporary or permanent medical contraindication to COVID-19 vaccinations (as defined in Section 1.2 *Key definitions*), are required to provide evidence of their circumstances as per Section 5.4 *Contraindication to COVID-19 vaccination*.
Notes	All workers are strongly recommended to maintain an 'up-to-date' COVID-19 vaccination status (see Section 1.2 *Key definitions*). All workers in at-risk age groups or who have medical risk factors for severe COVID-19 are also strongly recommended to seek education and counselling from the employing NSW Health agency about additional COVID-19 vaccine doses recommended by ATAGI. NSW Health agencies/ facilities must ensure that vaccines are made available for workers on a rotating roster to support them to maintain an up-to-date status.

11.1.7. Serological testing

Serological testing is *only* required as follows:

Hepatitis B

Evidence of hepatitis B immunity (anti-HBs) following vaccination, measured at least 4-8 weeks following completion of the vaccination course is provided as a numerical value. Workers with hepatitis B markers of infection (that is HBcAb positive and/ or HBsAg positive) are regarded as compliant with the requirements outlined in this Policy Directive for hepatitis B.

Once a worker has provided evidence of anti-HBs level ≥10 mIU/mL and have completed an age-appropriate vaccination course, they are considered to have life-long immunity even if further serology demonstrates a level below 10mIU/mL. No further boosters or serology will be required unless they undergo immunosuppressive therapy or develop an immunosuppressive illness.

Measles, Mumps, Rubella

Where there is an uncertain history of completion of a two-dose course of MMR vaccination for those born during or after 1966, the worker may have serology performed or complete a two-dose course of vaccination.

Serology is NOT REQUIRED following completion of a documented MMR vaccination course.

Where a worker presents an age-appropriate MMR vaccination record or serological result(s) indicating immunity to all three diseases, the vaccination record should be accepted as compliance with the Policy Directive requirements.

Workers presenting with serological result(s) post MMR vaccination, should be determined as **either** positive or negative. Borderline results should be discussed with the laboratory involved. In general, if the laboratory isn't confident of the result and they are unable to interpret this clearly, it would be best to assume that the result is negative.

Where a worker presents with a vaccination record of complete vaccination against MMR and a serology result post-vaccination indicating negative immunity to one or more of the diseases, they must receive one booster MMR vaccine and no further serology is required.

Serology in those born prior to 1966 is not required or recommended, however, if a worker with a birth date before 1966 has a negative serology for measles, mumps or rubella, they must receive two doses of MMR vaccine at least 4 weeks apart. No further serology is required.

If a worker presents with **no** history of MMR vaccination, along with a serology result indicating negative immunity to one or more of the diseases, they must receive 2 doses of MMR vaccine at least 4 weeks apart and no further serology is required.

If a worker presents with a history of one dose of MMR vaccination, along with a serology result indicating negative immunity to one or more of the diseases, they must receive one further dose of MMR vaccine and no further serology is required.

Rubella serology results are provided as a numerical value and include the immunity status indicated on the laboratory report. Numeric levels reported from different laboratories are not comparable. The interpretation of the result and any clinical advice given in the laboratory's report must be followed, such as booster vaccination if low levels of rubella IgG are detected.

Varicella

Where there is a negative/ uncertain history of completion of prior varicella-zoster virus (VZV) vaccination course, the worker may have pre-vaccination serology performed or complete a two-dose course of varicella vaccination. *The Australian Immunisation Handbook* does not recommend testing to check for seroconversion *after* a documented appropriate course of varicella vaccination. Commercially available laboratory tests are not usually sufficiently sensitive to detect antibody levels following vaccination, which may be up to 10-fold lower than levels induced by natural infection.

Protection (commensurate with the number of vaccine doses received) is to be assumed if a worker has documented evidence of receipt of age-appropriate dose(s) of a varicella-containing vaccine (includes workers aged 50 years and over who have received a dose of Zostavax).

If serological tests to investigate existing immunity to varicella are performed, interpretation of the results may be enhanced by discussion with the laboratory that performed the test, ensuring the relevant clinical information is provided.

An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella. A verbal statement of previous disease must not be accepted.

11.1.8. SARS-CoV-2 (COVID-19)

Serology MUST NOT be performed to assess SARS-CoV-2 (COVID-19) immunity.

11.1.9. Pertussis

Serology MUST NOT be performed to assess pertussis immunity.

11.2. Appendix 2: Age-appropriate hepatitis B vaccination schedule

Evidence of a 'history' of hepatitis B vaccination may be a record of vaccination or a verbal history. Where a record of vaccination is not available and cannot be reasonably obtained, a verbal history of hepatitis B vaccination must be accompanied by a *Hepatitis B Vaccination Declaration* and the appropriately trained assessor must be satisfied that an 'age appropriate' complete vaccination history has been provided.

The vaccination declaration should include details when the vaccination course was administered, the vaccination schedule and why a vaccination record cannot be provided. The assessor must use their clinical judgement to determine whether the hepatitis B vaccination history and serology demonstrate compliance and long-term protection.

The National Health and Medical Research Council recommend the following 'age appropriate' hepatitis B vaccination schedules:

11.2.1. Adult hepatitis B vaccination schedule

A full adult (≥20 years of age) course of hepatitis B vaccine consists of three doses as follows:

- a *minimum interval* of 1 month between the 1st and 2nd dose; and
- a *minimum interval* of 2 months between the 2nd and 3rd dose; and
- a *minimum interval* of 4 months (or 16 weeks) between the 1st and 3rd dose.

That is, either a 0, 1 and 4 month or a 0, 2 and 4 month interval schedule is an acceptable 3-dose schedule for adults.

A hepatitis B vaccination record of doses administered before July 2013 at 0, 1 and 3 months should also be accepted as the recommended vaccination schedule at this time.

Note that while the minimum intervals are stated, longer intervals between vaccine doses are acceptable as stated in the online *Australian Immunisation Handbook*

An incomplete accelerated hepatitis B vaccination schedule must not be accepted.

11.2.2. Adolescent hepatitis B vaccination schedule

The National Health and Medical Research Council recommends that an adolescent age-appropriate (11-15 years) hepatitis B vaccination course consists of two doses of adult hepatitis B vaccine administered 4 to 6 months apart and is acceptable evidence of an age-appropriate vaccination history.

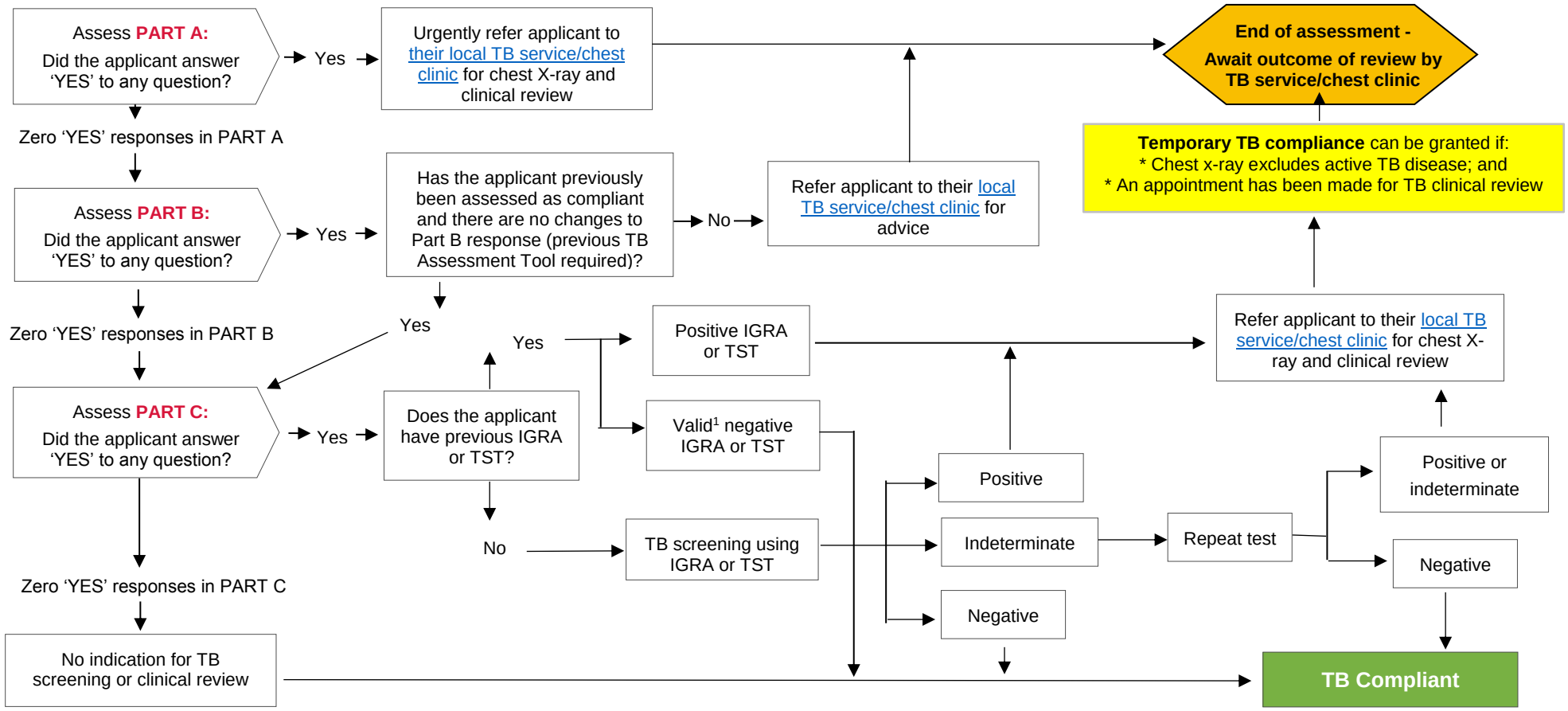
11.2.3. Childhood hepatitis B vaccination schedule

A childhood hepatitis B vaccination schedule (using paediatric vaccine) for persons vaccinated <20 years of age consists of:

- a *minimum interval* of 1 month between the 1st and 2nd dose; and
- a *minimum interval* of 2 months between the 2nd and 3rd dose; and
- a *minimum interval* of 4 months (or 16 weeks) between the 1st and 3rd dose.

A 3-dose schedule provided at minimum intervals at either 0, 1, 4 months or 0, 2, 4 months is acceptable. For example, those who have received a 3-dose schedule of hepatitis B vaccine (often given overseas) at birth, 1–2 months of age and ≥6 months of age are considered fully vaccinated. Refer to the current edition of the online *Australian Immunisation Handbook* for assessment of completion of a primary course of hepatitis B vaccine given in infancy.

11.3. Appendix 3: TB Assessment Decision Support Tool



Notes:

1. *A 'valid' TB screening result must satisfy the following criteria:*
   - *No known TB exposure or stay/travel >3 months in a country or countries with a high incidence of TB since the test was undertaken*
   - *Performed prior to, or at least four weeks after, a live parenteral vaccine*
   - *A TST administered and read by an Australian state or territory TB clinic, or a collaborating service endorsed by LHD TB service (such as Staff Health with accredited TST providers)*
   - *An IGRA test where the results are reported in English.*

11.4. Appendix 4: Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements)

For detailed information on the management of unprotected workers exposed to infectious diseases, refer to Section 7.3 *Chief Executive discretion (excluding the COVID-19 and influenza vaccination requirements)* and the NSW Health Control Guidelines for public health units.

For guidance on the management of health workers with symptomatic illness, refer to the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013).

11.4.1. Measles

An unprotected worker must be excluded from working in the clinical area (as specified in Section 2.1.1 *Category A positions*) for 14 days after they have returned from overseas. The unprotected worker must also be excluded from all clinical duties until assessed by a medical practitioner to be non-infectious if they, develop a fever, new unexplained rash or coughing illness.

Public health unit advice must be sought if the unprotected worker has been in contact with a measles case. Following contact with a measles case, an unprotected worker must be offered the MMR vaccine within 72 hours of exposure or normal human immunoglobulin (NHIG) within 144 hours (6 days).

Those who refuse/ are unable to be vaccinated must be excluded from clinical duties for 18 days after the last exposure to the infectious case

11.4.2. Mumps

A worker who develops mumps must be excluded from all clinical duties for 9 days following the onset of swelling or until fully recovered, whichever is sooner.

11.4.3. Rubella

An unprotected worker must be excluded from all clinical duties for 21 days following exposure to a rubella case, or at least 4 days after the onset of a rash if illness develops.

11.4.4. Tuberculosis (where screening is indicated)

An individual risk assessment needs to be undertaken to determine the appropriate risk management framework.

11.4.5. Varicella

Following contact with a varicella/ shingles case, an unprotected worker must be offered the 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/ are unable to be vaccinated must be excluded from clinical duties for 21 days after the last exposure to the infectious case.

11.4.6. Pertussis

Following exposure to a pertussis case, an unprotected worker 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 exposure to a pertussis case.

11.4.7. Hepatitis B

Unprotected workers must be informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 6 *Risks and consequences of exposure*) and agree to comply with the protective measures required by the health service and as defined by the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013).

Subject to complying with these requirements, an unprotected worker must:

- be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure; and
- provide a signed declaration *Undertaking/Declaration Form*, as appropriate, indicating:
    - receipt and understanding of the above information; and
    - be managed, in the event of exposure, in accordance with NSW Health Policy Directive *HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed* (PD2017_010) and the recommendations of the current edition of *The Australian Immunisation Handbook* regarding post-exposure prophylaxis for hepatitis B.
- for those workers performing exposure prone procedures (EPPs) must comply with the requirements of NSW Health Policy Directive *Management of health care workers with a blood borne virus and those doing exposure prone procedures* (PD2019_026).

11.5. Appendix 5: Non-Participation Form

This form is to be used for workers employed in an existing Category A position. Workers employed in existing positions must be assessed as compliant against the Policy or acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this Policy Directive.

NON-PARTICIPATION IN ASSESSMENT, SCREENING AND VACCINATION

1. I have read and understood the Policy Directive regarding assessment, screening and vaccination and the infectious diseases covered by the Policy Directive.
2. I am aware of the potential risks to myself and/ or others that my non-participation in assessment, screening and/ or vaccination may pose.

3.

a) I decline to participate in: (tick box for specific disease(s)/ vaccination as applicable)

- ☐ Assessment and/ or vaccination for diphtheria / tetanus / pertussis (dTpa)
- ☐ Assessment and/ or vaccination for hepatitis B
- ☐ Assessment and/ or vaccination for measles/ mumps/ rubella (MMR)
- ☐ Assessment and/ or vaccination for varicella (chicken pox)
- ☐ Assessment and/ or screening for tuberculosis

b) I am aware that non-participation in the above vaccinations/ screenings will require my employer to either manage me as unprotected or unscreened, as described in Section 7.2 *Reassignment of unprotected/ unscreened existing workers (excluding the COVID-19 and influenza vaccination requirements)* OR

c) Terminate my employment if reassignment to a Category B or non-clinical position, as appropriate, is not feasible as specified in Section 8 *Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers.*

Name:	**Date of Birth:**
Phone or Email:	**StaffLink ID:**
Health Service/ Facility:	**Clinical area/ward:**
Signature:	**Date:** / /

OFFICE USE ONLY

I have discussed with this worker the potential risks that non-participation may pose and the management of unprotected/ unscreened workers in accordance with this Policy Directive.

Assessor's Name:	**Assessor's Position:**
Contact details: Phone:	**Email:**
Health Agency/ Facility:	
Signature:	**Date:** / /

REFUSAL/ FAILURE TO ATTEND APPOINTMENT

This worker has (tick all that apply):

☐ failed to attend an appointment for assessment, screening and vaccination despite multiple requests OR

☐ refused to sign this form

See Section 8 *Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers*.

11.6. Appendix 6: Risks and consequences of exposure

Disease	Description
Hepatitis B Virus (HBV)	Blood-borne viral disease. Infection can lead to chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needle-stick, or unprotected sex. Specific at-risk groups include workers, sex partners of infected people, injecting drug users, haemodialysis patients. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx
Diphtheria	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx
Pertussis (Whooping cough)	Highly infectious bacterial infection spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx
Measles	Highly infectious viral disease spread by respiratory droplets. Infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven’t had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a first dose and children over 18 months of age who have not had a second dose. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx

Mumps	Viral disease spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have complications, such as swelling of testes or ovaries; encephalitis or meningitis may occur rarely. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx
Rubella	Viral disease spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. Infection in pregnancy can cause birth defects or miscarriage. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx
Varicella (chickenpox)	Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx
Influenza (flu)	Viral infection caused by influenza A or B strains. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/ or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, such as handshake. Spreads most easily in confined and crowded spaces. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Young children are at high risk of infection unless vaccinated. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx
Tuberculosis (TB)	A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months cumulatively in, a high TB incidence country. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx
SARS-CoV-2 (COVID-19)	SARS-CoV-2 is the virus that causes COVID-19. SARS-CoV-2 is a novel coronavirus from a large family of coronaviruses, some causing illness in people and others that circulate among animals. SARS-CoV-2 can be transmitted through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces. Persons who live or work in a high risk setting, such as health care facilities and residential care facilities, where there is evidence of a risk for rapid spread and ongoing chains of transmission, may also be at increased risk of exposure if an infectious case is introduced. For more information: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx