

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Summary This Policy Directive provides 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.

Document type Policy Directive

Document number PD2024_015

Publication date 16 May 2024

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Replaces PD2023_022

Review date 16 May 2029

Policy manual Not applicable

File number HA-2024-0001458

Status Active

Functional group Personnel/Workforce - Employment Screening, Industrial and Employee Relations, Occupational Health and Safety
Population Health - Communicable Diseases, Health Promotion, Infection Control

Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

Distributed to Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service, Health Associations Unions, Tertiary Education Institutes

Audience All NSW Health workers and students

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 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.

New recruits and students with a medical contraindication to any vaccine may be employed in NSW Health following an individual risk assessment.

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

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.

All workers are strongly recommended to stay up to date with COVID-19 vaccines as recommended in the [Australian Immunisation Handbook](#).

Category A workers and new recruits who are non-compliant with seasonal influenza vaccination 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, measles, mumps, rubella, varicella or tuberculosis must complete the [Undertaking/Declaration Form](#) and comply with the requirements within the timeframes specified in the Policy Directive, 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
PD2024_015 May-2024	Deputy Secretary, Population and Public Health	<p>Updates to several key definitions including removal of COVID-19 related definitions.</p> <p>Inclusion of temporary compliance for measles, mumps, rubella (MMR) and varicella (VZV) for new recruits.</p> <p>Costs associated with student influenza vaccinations revised.</p> <p>COVID-19 vaccination changed from required to strongly recommended for all NSW Health workers.</p> <p>Workers and students with a medical contraindication to MMR, VZV and or dTpa vaccine may be employed/attend placement in a NSW Health facility under a NSW Health Individual Risk Management Plan.</p> <p>Revision of influenza risk mitigation strategies for unprotected workers.</p> <p>Risk management and CE discretion requirements revised to support changes to temporary compliance and medical contraindications requirements.</p> <p>Revised booster vaccination requirements following MMR serology.</p> <p>Inclusion of tetanus and diphtheria to Appendix 4: Risk Management Framework.</p> <p>Reference to the new NSW Health Individual Risk Management Plan template.</p>
PD2023_022 August-2023	Deputy Secretary, Population and Public Health	<p>Revised definition of a 'worker'.</p> <p>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 <i>Key definitions</i>.</p> <p>Amendment to Section 2.2.2 <i>Other vaccination requirements</i>.</p> <p>Amendment to Section 2.3 <i>Evidence of protection against infectious disease</i> to accept overseas COVID-19 vaccination records.</p> <p>Updated COVID-19 vaccination requirements.</p>

		<p>Revision of influenza vaccination requirements for new recruits.</p> <p>Amendments to TB assessment and TB screening requirements.</p> <p>Revision to Section 5 <i>Medical Contraindications and Vaccine Non-responders</i>.</p> <p>Updated governance and reporting requirements.</p> <p>Amendment to Appendix 5 <i>Non-Participation Form</i> to exclude COVID-19 and influenza.</p>
PD2022_030 July-2022	Deputy Secretary, Population and Public Health	Administration format amendment.
PD2022_029 July-2022	Deputy Secretary, Population and Public Health	<p>Category A high risk category removed, workers are either category A or B</p> <p>Revised definition of a 'worker'</p> <p>Inclusion of 'Up-to-date' and 'Medical Contraindication Form' in Key definitions</p> <p>Inclusion of COVID-19 vaccination requirements</p> <p>Revision of Influenza vaccination requirements</p> <p>Revision of TB assessment and TB screening requirements</p> <p>Amendment to Section 7 to exclude COVID-19 and Influenza vaccination.</p> <p>Minor amendments to monitoring and reporting performance indicators</p> <p>Appendices revised and includes summary of evidence required for each vaccine preventable disease</p>
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	<p>Mandatory influenza vaccination requirements for workers in Multi-Purpose Services and State Government residential aged care facilities</p> <p>Enhanced TB control measures introduced including more comprehensive TB assessment and tighter rules around the granting of temporary TB compliance</p> <p>Updated monitoring and performance indicators</p> <p>Inclusion of additional documents that can be used to demonstrate compliance</p>
PD2018_009 March-2018	Deputy Secretary, Population and Public Health	<p>Category A High Risk included as a new category</p> <p>Mandatory influenza vaccination of workers employed in Category A High Risk positions</p> <p>Recommendations for termination of staff who refuse to comply</p> <p>Hepatitis B vaccination statutory declaration</p> <p>Monitoring and reporting performance indicators</p>



NSW Health

POLICY DIRECTIVE

PD2011_005 January-2011	Deputy Secretary, Population and Public Health	Initial Document
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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 registered nurse/midwife immuniser (ANI)	A registered nurse/ midwife who has completed the specified specialist post-graduate training to provide immunisation services without direct medical authorisation.

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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.
Compliant	<p>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 or have provided evidence of a medical contraindication to any of the vaccines (Refer to Section 5 Medical Contraindications and Vaccine Non-Responders).</p> <p>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.</p> <p>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].</p> <p>Non-compliant workers are classed as susceptible to infection, and/ or pose a risk of transmitting one or more of the specified infectious diseases.</p> <p>Temporary compliance (refer to Section 2.6 Temporary compliance) is only applicable to TB, hepatitis B, measles, mumps, rubella and varicella.</p>
Contact	Direct close interaction with patients/ clients on an ongoing or short-term basis.
Country with a high incidence of TB	Countries with an annual TB incidence of 40 cases per 100,000 population per year or more.
Education Provider	<ul style="list-style-type: none"> 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.

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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 <i>Evidence of protection</i> .
Exposure prone procedure (EPP)	<p>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.</p> <p>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.</p>
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	<p>High risk clinical areas include the following settings:</p> <ul style="list-style-type: none"> • Antenatal, perinatal and post-natal areas including labour wards, recovery rooms and antenatal outreach programs • Neonatal intensive care units; special care units; any home visiting health 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 <i>Mandatory requirements to be vaccinated</i> apply).

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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.
New recruit	<p>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 or different NSW Health agency.</p> <p>Visiting practitioners on an existing contract are classified as new recruits when their contracts are renewed.</p>
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 in Australia 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 workplace learning activities, as well as students undertaking externally TAFE-delivered vocational education and training (EVET) 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. Such risks are managed as per an individual risk management plan for the worker (Refer to Section 7 Risk Management (Excluding the Influenza Vaccination Requirements)).

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	This also includes workers who are temporarily compliant, medically contraindicated or hepatitis B non-responders (refer to Appendix 1 Evidence of protection).
Vaccination record	Includes an Immunisation History Statement from the Australian Immunisation Register (AIR), a childhood immunisation record (such as a Personal Health Record '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 to hepatitis B vaccine	A person who has been fully vaccinated against hepatitis B according to Appendix 1 <i>Evidence of protection</i> Section 12.1.2 Evidence for Hepatitis B but who has not developed protective antibodies.
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 <i>Health Services Act 1997</i> (NSW).
Worker	For the purposes of this Policy Directive, a worker means each of the following: <ul style="list-style-type: none"> a) All persons who are employed in NSW Health; and b) Contractors/ subcontractors (including visiting medical officers and agency staff) who: <ul style="list-style-type: none"> (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 Directive, where indicated by the nature of their engagement, work and risks associated with infectious diseases.*

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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).
- Student placements that are defined as clinical placements within ClinConnect.
- Secondary school students participating in workplace learning activities, undertaking a placement in a clinical area.

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 [Section 2.1.1](#) for Category A workers.
- does not involve direct physical contact with patients/ clients, deceased persons, blood, body substances or infectious material or surfaces/ equipment that might contain these.

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- 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.
- Student placements that are defined as non-clinical within ClinConnect.
- Secondary school students participating in workplace learning activities, undertaking a placement in a non-clinical area.

2.2. Assessment, screening and vaccination

NSW Health agencies must establish systems for all workers and new recruits to be 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 and those employed in existing positions successfully appointed to a new position (including volunteers) within a NSW Health agency (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.

Any investigations following a positive test for TB are free of charge to new recruits and students (as per NSW Health Policy Directive *Principles for the Management of Tuberculosis in New South Wales* [[PD2022_007](#)]).

Workers and new recruits must when requested:

- 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 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.

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

Infectious Disease	Category A	Category B
SARS-CoV-2 (COVID-19)	Recommended	Recommended
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 [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 *Australian Immunisation Handbook*. NSW Health agencies/ facilities must:

- Inform all workers that additional vaccinations may be recommended based on their occupational risk of exposure to a vaccine-preventable disease or health status.
- Refer at-risk workers to their doctor for an individual risk assessment of additional vaccination requirements.
- Where additional vaccines are recommended and available, make those vaccines 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:

- Vaccination records (as defined in [Section 1.2 Key Definitions](#)) such as 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 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 record the vaccine brand name, vaccine batch numbers (where available), sign, date and apply the practice/ pharmacy stamp to the Vaccination Record Card.

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 10 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 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 (refer to [Section 4.1 Appropriately trained assessors](#)) to identify those workers who

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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 (Yes to Part B Q1 or 2). 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 (Yes to Part B Q3 or 4).

*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 TB infection, or active TB disease. Accepted tests for latent TB infection are an interferon gamma release assay (IGRA), or tuberculin skin test (TST, also known as Mantoux test).

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:

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- 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 3 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
- an IGRA test was performed, and the results are reported in English; or
- 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.

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 a 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 prior to 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).

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2.5.2. Routine recurrent tuberculosis screening

Routine, recurrent 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 TST or positive IGRA.

Where a worker has previously had a positive TB screening test, an annual clinical review should be undertaken.

2.5.3. 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 (note exception for workers previously compliant in [Section 2.4 Tuberculosis assessment](#), Table 2).

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

A decision to grant temporary compliance is at the discretion of the NSW Health agency and must only be granted where the risk can be acceptably managed in the work location.

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Temporary compliance may be granted to complete the course of hepatitis B vaccination (refer to [section 2.6.1 Hepatitis B vaccination](#)), measles, mumps and rubella (MMR) and/or varicella vaccination (refer to [section 2.6.2 Measles, Mumps and Rubella \(MMR\) or Varicella vaccination](#)), or to meet the TB clinical review and any follow-up requirements (refer to [section 2.6.3 Tuberculosis](#)).

Temporary compliance may only be granted once, and from the date of the 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.

Failure to complete outstanding hepatitis B, MMR, varicella or TB requirements within the timeframes specified below will result in suspension from further clinical placements/ duties and may jeopardise further studies/ employment.

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

2.6.1. Hepatitis B vaccination

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 [Undertaking/Declaration Form](#) to complete the hepatitis B vaccination course and provide a post-vaccination serology result within 6 months as appropriate.

Those who fail to provide the required evidence within 6 months will be terminated/ placements cancelled (as per [Section 9 Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers](#)); unless there are extenuating circumstances to be considered by the NSW Health agency.

In addition, they must:

- 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.
- comply with the hepatitis B risk management requirements in [Appendix 4 Risk Management Framework](#).

2.6.2. Measles, Mumps and Rubella (MMR) or Varicella vaccination

New recruits (excludes students), who have not commenced the MMR or varicella vaccination course, may be granted temporary compliance, provided they have received the

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first dose of MMR and/or varicella vaccination, to commence employment (see *Table 3*) and must:

- provide documentary evidence of vaccinations; and
- complete all other vaccination requirements; and
- submit a [Undertaking/Declaration Form](#) to complete the vaccination course within 2 weeks after the dose 2 due date as specified in *Table 3*.

Those who fail to provide the required evidence within 2 weeks after the dose 2 due date will be terminated (as per [Section 9 Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers](#)); unless there are extenuating circumstances to be considered by the NSW Health agency; and

- be managed under a [NSW Health Individual Risk Management Plan](#) in accordance with [Section 7 Risk Management \(excluding the Influenza Vaccination Requirements\)](#).

Table 3. Minimum number of doses MMR or Varicella required to commence employment

Vaccination	Minimum number of doses required for temporary compliance	Timeframes for completing vaccination requirements	Duration of temporary compliance
Measles, mumps, rubella (MMR)	Minimum one dose	Second dose must be administered within 2 weeks after the dose 2 due date.	6 weeks from date of dose 1.
Varicella	Minimum one dose	Second dose must be administered within 2 weeks after the dose 2 due date.	6 weeks from date of dose 1.

2.6.3. Tuberculosis

Workers and new recruits who have been exposed to TB, may be granted temporary compliance and commence employment/ placement or 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 completed the requirements for TB assessment, in the [Tuberculosis \(TB\) Assessment Tool](#) answered ‘No’ to all questions in Part A, answered ‘No’ to Part B Question 1 and 2, and answered ‘Yes’ to Part B Question 3 and/or 4 have been referred to a NSW TB service/chest clinic; or
- have had a TB clinical review and are recommended for ongoing management which may include:

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- 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 Directive prior to enrolment in their university, TAFE or other education course.

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.

Students with a medical contraindication to any vaccine may be considered to attend placement in a NSW Health facility but must be managed in accordance with [Section 5 Medical Contraindication and Hepatitis B Vaccine Non-responders](#). In addition, each NSW Health agency must have definitive governance pathways established to ensure that responsibilities are assigned to the relevant staff to manage students on a [NSW Health Individual Risk Management Plan](#).

Annual influenza vaccination with a seasonal influenza vaccine is mandatory for all Category A students if attending a placement during the influenza season (as defined in [Section 1.2 Key definitions](#)), refer to [Section 4.4 Annual influenza vaccination program](#). Category A students must be compliant with the influenza vaccination requirements before commencing the clinical placement in a NSW Health facility.

Secondary school students, including those undertaking workplace learning activities, as well as students undertaking externally delivered TAFE-delivered vocational education and training (EVET) for schools, must be compliant with this Policy Directive.

Students who attend their first clinical placements in the later years of their course (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.

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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 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.

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 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 facility¹ 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, it 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 8](#) *Chief Executive Discretion in Managing Vaccine Refusal* and [Section 6.1](#) *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 9](#) *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* (Commonwealth):

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

4. Obligations of NSW Health Agencies

4.1. Appropriately trained 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.

Appropriately trained assessors may be a doctor, authorised registered nurse/ midwife immuniser (ANI), 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 ANI or doctor for advice.

Enrolled nurses must work under the supervision (direct or indirect) of a registered nurse or ANI 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 inform workers employed in existing positions 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 Hepatitis B 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.

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If a worker employed in existing positions is marked as compliant in VaxLink, they are only required to complete a new [Tuberculosis \(TB\) Assessment Tool](#) if their previous assessment was more than 3 months prior. They do not require reassessment against other vaccination requirements, when they move between NSW Health agencies.

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.

NSW Health agencies must ensure that unprotected workers on a [NSW Health Individual Risk Management Plan](#) are notified to the manager of the unit in which the unprotected worker is assigned.

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 for workers employed in existing positions.

Annual influenza vaccination is strongly recommended for all Category B workers and provided free for all workers. This includes students while attending placement at a NSW Health facility at the time influenza vaccination is being offered to workers. Influenza vaccinations administered to students in a NSW Health facility must be recorded in the Australian Immunisation Register by the immunisation provider.

Each NSW Health agency must make vaccines available for workers on a rotating roster and publicise the vaccination program. The vaccines should be administered during work hours, for example, during a range of shifts of a day and a week.

NSW Health agencies 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 6.1 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 are strongly recommended to:

- Stay up-to-date with COVID-19 vaccinations as recommended for their age and health status by the [Australian Immunisation Handbook](#).

Each NSW Health agency must:

- Publicise to workers recommendations related to COVID-19 vaccinations.
- As far as practicable, make vaccines available for all workers as per local arrangements to support them to stay up-to-date with COVID-19 vaccinations.

Where the NSW Health agency is aware of workers who are at risk of severe illness from COVID-19 infection, the NSW Health agency should offer support, education and counselling to the workers. This should focus on management of health and safety in the workplace, education about additional COVID-19 vaccination recommendations, testing early if they develop symptoms indicative of COVID-19 and early antiviral treatment options. These workers must have an individual risk assessment performed, including their level of risk, work location and client group and individual risk management plan developed that identifies available risk mitigation strategies.

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 Hepatitis B Vaccine Non-Responders

A medical contraindication to vaccination is a medical condition or risk factor, as specified in the [Australian Immunisation Handbook](#), that makes receiving a specific vaccine potentially harmful, as assessed by a suitably qualified medical practitioner.

New recruits and workers with a medical contraindication to any vaccine may be employed/ attend placement in a NSW Health facility if the request for a medical exemption is approved by the NSW Health facility, but must be managed in accordance with [Section 7 Risk Management \(excluding the Influenza Vaccination Requirements\)](#).

New recruits and workers with a medical contraindication to any vaccine must:

- provide evidence of the medical contraindication (*Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) AND AIR immunisation history statement (IHS) with the recorded medical contraindication*) to the NSW Health agency for assessment.
- include in their evidence of protection documentation, a signed [Undertaking/Declaration Form](#).
- provide additional supporting documentation or attend an independent medical examination (IME) if further information is required by the NSW Health agency (see [Section 5.3 Further specialist advice](#)).
- comply with the protective risk measures that the NSW Health agency requires if a medical exemption to vaccination is granted (refer to [Appendix 4 Risk Management Framework](#)). A range of control measures may be considered, including redeployment to support the safety of the worker and others.
- be managed under a [NSW Health Individual Risk Management Plan](#) if they have a medical contraindication to diphtheria, tetanus and pertussis (dTpa), measles, mumps and rubella (MMR) or varicella vaccines.
- If the medical contraindication is temporary, the workers circumstances are to be reviewed at the end of the temporary medical contraindication period and, assuming no further medical contraindication exists, the worker is to comply with the vaccination requirements of this Policy Directive.

5.1. Contraindication to hepatitis B and hepatitis B vaccine non-responder

Category A new recruits/ workers who have completed an age appropriate schedule but who have not developed protective antibodies following completion of the schedule (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 [Australian](#)

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[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 or persistent hepatitis B non-responders (as specified in the *Australian Immunisation Handbook*) 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](#).

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

5.2. Contraindication to influenza vaccine

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 must:

- provide evidence of the medical contraindication (*Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)* **AND** AIR immunisation history statement (IHS) with the recorded medical contraindication) to the NSW Health agency for assessment.
- be provided with detailed information regarding the risk and consequences of exposure to influenza (refer to [Appendix 6 Risks and consequences of exposure](#))
- during the influenza season (as defined in [Section 1.2 Key definitions](#)), wear a surgical mask as a minimum and comply with all other infection prevention and

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control risk reduction strategies, as detailed in the NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* ([PD2023_025](#)) 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.

- if employed/ attending placement in a high-risk clinical area, wear a surgical mask as a minimum and comply with all other infection prevention and control risk reduction strategies, as detailed in the NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* ([PD2023_025](#)) and with any additional precautions detailed in 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.

This information is to be recorded in VaxLink (or ClinConnect for students and facilitators).

The manager of the worker is responsible for ensuring the worker is compliant with the required infection prevention and control risk reduction strategies during the influenza season.

5.3. Further specialist advice

Should the NSW Health agency require further specialist advice for workers engaged 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 \(excluding the Influenza Vaccination Requirements\)](#)].

New recruits (except those engaged 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 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 (as defined in [Section 1.2 Key definitions](#)) :

- be provided with detailed information regarding the risk and consequences of exposure to influenza (refer to [Appendix 6 Risks and consequences of exposure](#))
- wear a surgical mask as a minimum and comply with all other infection prevention and control risk reduction strategies, as detailed in the NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* ([PD2023_025](#)) 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.
- if employed/ attending placement in a high-risk clinical area, wear a surgical mask as a minimum and comply with all other infection prevention and control risk reduction strategies, as detailed in the NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* ([PD2023_025](#)) and with any additional precautions detailed in 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.

The [Influenza Vaccination Declination Form](#) should be used to record a worker's decision to decline the influenza vaccination, accept the risk of infection and comply with all other protective risk measures. These must be recorded in VaxLink or ClinConnect for students and facilitators.

The manager of the worker is responsible for ensuring the worker is compliant with the required infection prevention and control risk reduction strategies during the influenza season.

6.2. Management of non-participating workers (excluding the influenza vaccination requirements)

6.2.1. 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

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-
- 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 as described in [Section 7.2 Unprotected/ unscreened existing workers](#), unless they are considered appropriate to be managed under Chief Executive discretion (refer to [Section 8 Chief Executive Discretion in Managing Vaccine Refusal](#))
 - may terminate their employment/ engagement, if risk management or reassignment is not reasonably practicable as specified in [Section 9 Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers](#).

6.2.2. New recruits and students

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

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

7. Risk Management (excluding the Influenza Vaccination Requirements)

All new recruits and workers who:

- have been granted temporary compliance as per [Section 2.6.2 Measles, Mumps and Rubella \(MMR\) or Varicella vaccination](#), or
- have an approved medical contraindication (for advice on hepatitis B non-responders and medical contraindications to hepatitis B vaccines refer to [Section 5 Medical Contraindications and Hepatitis B Vaccine Non-Responders](#)), or
- workers employed in existing positions who refuse or are non-compliant with the requirements under this Policy Directive [refer to [Section 6.2 Management of Non-Participating Workers \(excluding the influenza vaccination requirements\)](#)]

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

7.1. Temporary compliance and medical contraindications

Where temporary compliance has been granted according to [Section 2.6.2 Measles, Mumps and Rubella \(MMR\) or Varicella vaccination](#) or a medical exemption is granted due to a medical contraindication to diphtheria, tetanus and pertussis (dTpa), MMR or varicella vaccines, NSW Health agencies must:

- manage the worker or new recruit in accordance with local risk management process using the [NSW Health Individual Risk Management Plan](#), consistent with [Appendix 4 Risk Management Framework](#).
- provide information to the worker regarding the risk and consequences of exposure to the infectious disease(s) against which the worker is not protected (refer to [Appendix 6 Risks and consequences of exposure](#)),
- provide information to the worker regarding the risk management requirements in the event of exposure (refer to [Appendix 4 Risk Management Framework](#)).
- record that the new recruit or worker is on a risk management plan in VaxLink or ClinConnect (for students and facilitators).
- review workers with temporary medical contraindications at the end of the temporary contraindication period to determine appropriate management strategies.

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 10.1 Documentation and privacy considerations](#).

7.2. Unprotected/ unscreened existing workers

Risk management for workers who are unprotected for hepatitis B is dependent on their role and whether they perform exposure prone invasive procedures (such as not specifically related to the clinical area where they are employed or client group they have contact with).

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Re-assignment of these workers is not required provided they comply with the requirements of the [Section 5.1](#) *Contraindication to hepatitis B and hepatitis B vaccine non-responder*.

NSW Health agencies must take reasonably practicable steps to ensure existing workers employed in any position who are non-complaint and not protected against the specified infectious diseases in this Policy Directive (refer to [Table 1](#) *Vaccination/ TB assessment requirements by position risk category*), 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. Where reasonably practicable, such workers must be reassigned to an area of lower risk. Reassignment of these workers is to be undertaken within appropriate personnel/ industrial relations framework(s).

Where reassignment to a non-clinical area is not reasonably practicable and all other alternatives (refer to [Section 8](#) *Chief Executive Discretion in Managing Vaccine Refusal*) have been considered for existing workers who refuse to comply with the requirements of this Policy Directive, refer to [Section 6.2](#) *Management of non-participating workers (excluding the influenza vaccination requirements)* and [Section 9](#) *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.

8. Chief Executive Discretion in Managing Vaccine Refusal

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

The Chief Executive may exercise discretion in the following situations:

- 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.

Any variation to the requirements of this Policy Directive 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](#), to protect the employed worker and clients.

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](#).

9. 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 have been considered and the risk of transmission cannot be acceptably managed; or
- any legal requirements cannot be met.

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.

10. Records Management

All vaccinations (including annual influenza vaccinations) administered to workers employed in existing positions and volunteers must be recorded in VaxLink and reported to the Australian Immunisation Register.

Annual influenza vaccinations administered to students must be recorded in 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 Immunisation History Statement (IHS), NSW Health [Vaccination Record Card](#) and/ or other documentation such as serology results, evidence of a medical contraindication and individual risk management plans must 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.

10.1. Documentation and privacy considerations

NSW Health agencies have a responsibility to maintain appropriate documentation in VaxLink or ClinConnect (such as a summary of evidence sighted) that a worker has provided evidence of their compliance with occupational assessment, screening and vaccination against specified infectious diseases. NSW Health agencies must retain an accurate, secure, and 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.

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.

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[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.

11. 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 this 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](#)).

12. 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
5. Appendix 5: Non-Participation Form
6. Appendix 6: Risks and consequences of exposure

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12.1. Appendix 1: Evidence of protection

12.1.1. 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 <u>not</u> be accepted.
Evidence of medical contraindication	Medical contraindication, as specified in the Australian Immunisation Handbook , recorded on the <i>Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)</i> AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.
Notes	dTpa booster is required 10-yearly. DO NOT use ADT vaccine.

12.1.2. Evidence for Hepatitis B

Position risk category	Category A workers
Vaccination Evidence	Documented history of age-appropriate hepatitis B vaccination course in accordance with the <i>Australian Immunisation Handbook</i> .
Serology Evidence	AND Anti-HBs \geq 10mIU/mL.
Other Acceptable Evidence	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+.
Evidence of medical contraindication	Medical contraindication, as specified in the Australian Immunisation Handbook , recorded on the <i>Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)</i> AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.
Notes	<p>An incomplete accelerated hepatitis B vaccination schedule must not be accepted.</p> <p>A completed Hepatitis B Vaccination Declaration is 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.</p> <p>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.</p> <p>Positive HBcAb and/ or HBsAg result indicate compliance with this Policy Directive.</p> <p>A further specialist assessment is required for HBsAg+ workers who perform exposure prone procedures.</p>

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12.1.3. Evidence for Measles, Mumps and Rubella

Position risk category	Category A workers
Vaccination Evidence	2 doses of measles, mumps and rubella (MMR) vaccine at least 4 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.
Evidence of medical contraindication	Medical contraindication, as specified in the Australian Immunisation Handbook , recorded on the <i>Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)</i> AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.
Notes	<p>Do not compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed, for example, the report may include additional clinical advice, such as consideration of a booster vaccination for low levels of rubella IgG detected.</p> <p>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.</p> <p>Serology is not required following completion of a documented two dose MMR course.</p> <p>Those born before 1966 do not require serology.</p>

12.1.4. Evidence for Varicella

Position risk category	Category A workers
Vaccination Evidence	2 doses of varicella vaccine at least 4 weeks apart (or evidence of one 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.
Evidence of medical contraindication	Medical contraindication, as specified in the Australian Immunisation Handbook , recorded on the <i>Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)</i> AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.
Notes	<p>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.</p> <p>Evidence of one dose of Zostavax in persons vaccinated aged 50 years and over is acceptable.</p>

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12.1.5. 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 <u>not</u> be accepted.
Evidence of medical contraindication	Medical contraindication, as specified in the Australian Immunisation Handbook , recorded on the <i>Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)</i> AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.
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.

12.1.6. Serological testing

Serological testing is *only* required as follows:

12.1.6.1. 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.

12.1.6.2. Measles, Mumps, Rubella

Where there is an uncertain history of completion of a 2-dose course of MMR vaccination for those born during or after 1966, the worker may have serology performed or complete a 2-dose course of vaccination.

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

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, no further doses are required for the purposes of employment. Such workers are considered to have presumptive evidence of immunity.

A documented age-appropriate MMR vaccination course supersedes the results of subsequent serologic testing. However, women of childbearing age with a complete MMR

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vaccination course and negative rubella immunity should be informed to attend their doctor for a discussion about individual risk and advice about additional doses.

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 2 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.

Serology 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 provide a clear result, it is recommended to assume a negative result.

Rubella serology results are provided as a numerical value. Numeric levels reported from different laboratories are not comparable. When interpreting serological testing results, it may be useful to discuss the results with the laboratory that performed the test, to ensure that decisions are based on all relevant clinical information.

12.1.6.3. 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) immunisation 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.

12.1.6.4. Pertussis

Serology **MUST NOT** be performed to assess pertussis immunity.

12.2. 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:

12.2.1. Adult Hepatitis B vaccination schedule

A full adult (≥ 20 years of age) course of hepatitis B vaccine (adult formulation) consists of 3 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 [Australian Immunisation Handbook](#).

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

12.2.2. 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 2 doses of adult hepatitis B vaccine administered 4 to 6 months apart and is acceptable evidence of an age-appropriate vaccination history.

12.2.3. Childhood Hepatitis B vaccination schedule

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

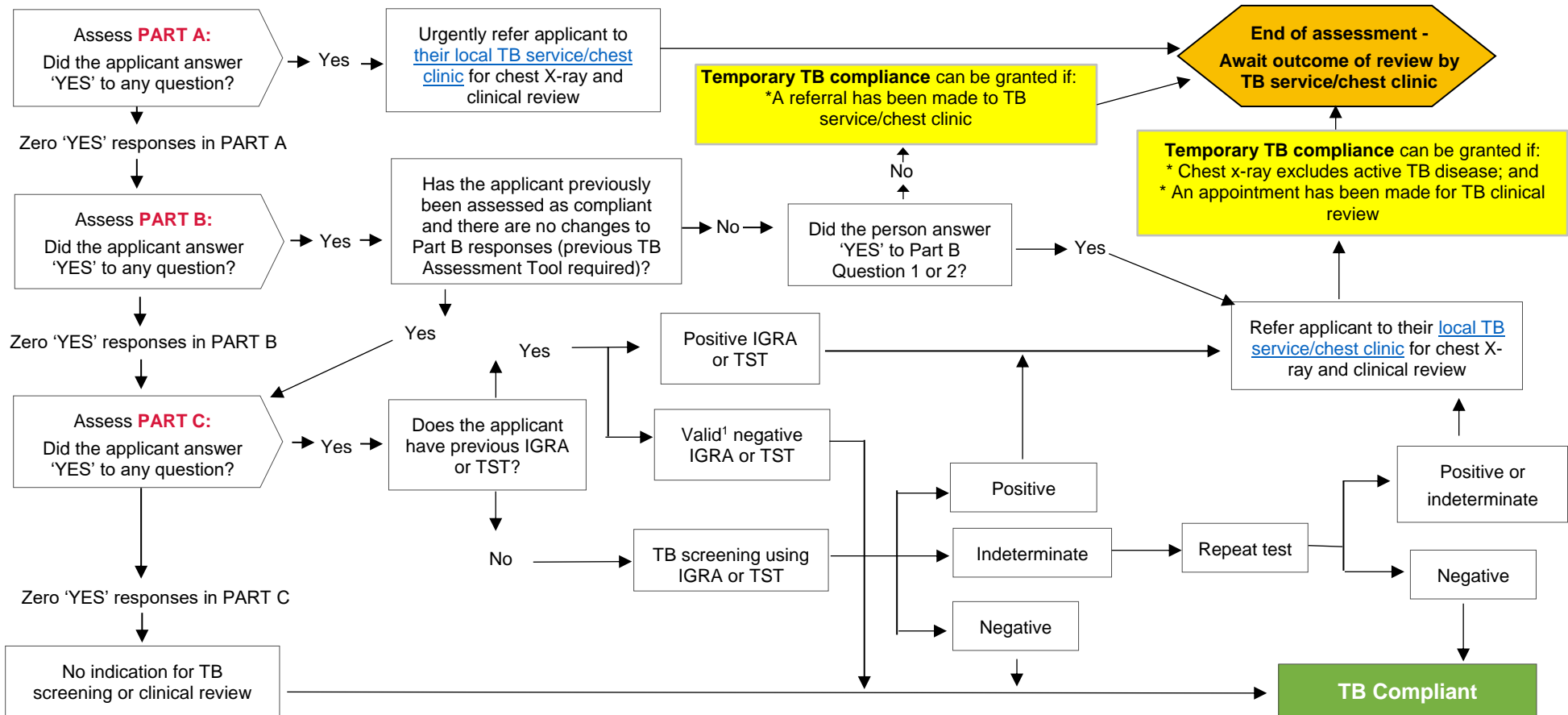
- a minimum interval of 1 month between the 1st and 2nd dose; and
- a minimum interval of 2 months between the 2nd and 3rd dose; and

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- 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 [Australian Immunisation Handbook](#) for assessment of completion of a primary course of hepatitis B vaccine given in infancy.

12.3. 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.

12.4. Appendix 4: Risk Management Framework

All unprotected workers must have an individual risk assessment performed, including their level of risk, work location and client group. This risk management framework must be used to identify the available risk mitigation strategies to manage the unprotected worker.

For detailed information on the management of unprotected workers exposed to infectious diseases, refer to 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 in Healthcare Settings* ([PD2023_025](#)).

12.4.1. 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, for pregnant or immunocompromised unprotected workers, normal human immunoglobulin (NHIG) within 144 hours (6 days) of exposure.

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

12.4.2. 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.

12.4.3. 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.

Unprotected pregnant women or women planning pregnancy must be advised to avoid contact with people experiencing possible symptoms of rubella due to the risks associated with rubella infection in pregnancy.

Following contact with a confirmed rubella case, unprotected pregnant women must be offered normal human immunoglobulin (NHIG) within 5 days of exposure in line with advice in the [Australian Immunisation Handbook](#) and in consultation with the treating obstetrician or general practitioner.

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12.4.4. Tuberculosis (where screening is indicated)

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

12.4.5. Varicella

Following contact with a varicella or shingles case, an unprotected worker must be offered the varicella vaccine as soon as possible and within 5 days of exposure.

Pregnant or immunocompromised unprotected workers must be offered zoster immunoglobulin (ZIG) within 96 hours (4 days) in consultation with the local public health unit. Normal human immunoglobulin (NHIG) may be used if ZIG is unavailable.

Those who refuse or are unable to be vaccinated must be excluded from clinical duties for 21 days after the last exposure to the infectious case.

12.4.6. Diphtheria

If an unprotected worker is exposed to diphtheria, contact management must be undertaken in consultation with the local public health unit.

12.4.7. Tetanus

For unprotected workers with a medical contraindication to tetanus-toxoid vaccines and a tetanus-prone wound due to occupational exposure, consider using tetanus immunoglobulin in consultation with an infectious diseases specialist or senior emergency department consultant.

12.4.8. 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.

12.4.9. Hepatitis B

Unprotected workers, must comply with the protective measures required by the health service and as defined by the NSW Health Policy Directive *Infection Prevention and Control in Healthcare Settings* ([PD2023_025](#)).

In the event of exposure, an unprotected worker must follow the requirements of NSW Health Policy Directive *HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed* ([PD2017_010](#)). They must be offered post-exposure prophylaxis for hepatitis B as recommended by the [Australian Immunisation Handbook](#) including hepatitis B immunoglobulin within 72 hours of parenteral or mucosal exposure to the hepatitis B virus (HBV).

Unprotected workers, must be informed and adhere to the testing requirements of the NSW Health Policy Directive *Management of health care workers with a blood borne virus and*

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those doing exposure prone procedures ([PD2019_026](#)), if undertaking exposure prone procedures.

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12.5. 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 this Policy Directive or acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this Policy Directive. This form is not applicable to students attending placements in NSW Health facilities.

NON-PARTICIPATION IN ASSESSMENT, SCREENING AND VACCINATION	
<p>1. I have read and understood the Policy Directive regarding assessment, screening and vaccination and the infectious diseases covered by the Policy Directive.</p> <p>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.</p>	
<p>3.</p> <p>a) I decline to participate in: (tick box for specific disease(s)/ vaccination as applicable)</p> <p><input type="checkbox"/> Assessment and/ or vaccination for diphtheria / tetanus / pertussis (dTpa)</p> <p><input type="checkbox"/> Assessment and/ or vaccination for hepatitis B</p> <p><input type="checkbox"/> Assessment and/ or vaccination for measles/ mumps/ rubella (MMR)</p> <p><input type="checkbox"/> Assessment and/ or vaccination for varicella (chicken pox)</p> <p><input type="checkbox"/> Assessment and/ or screening for tuberculosis</p> <p>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 <i>Unprotected/ unscreened existing workers</i> OR</p> <p>c) Terminate my employment if reassignment to a Category B or non-clinical position, as appropriate, is not feasible as specified in Section 9 <i>Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers</i>.</p>	
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):	
<input type="checkbox"/> failed to attend an appointment for assessment, screening and vaccination despite multiple requests OR	
<input type="checkbox"/> refused to sign this form	
See Section 9 <i>Termination of Employment/ Engagement of Vaccine Non-Compliance and Refusers</i> .	

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12.6. Appendix 6: Risks and consequences of exposure

Disease	Description
<p>Hepatitis B Virus (HBV)</p>	<p>Blood-borne viral disease. Infection can lead to chronic hepatitis B infection, cirrhosis and liver cancer.</p> <p>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.</p> <p>Specific at-risk groups include workers, sex partners of infected people, injecting drug users, haemodialysis patients.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx</p>
<p>Diphtheria</p>	<p>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.</p> <p>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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx</p>
<p>Tetanus</p>	<p>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.</p> <p>Neonatal tetanus can occur in babies of inadequately immunised mothers.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx</p>
<p>Pertussis (Whooping cough)</p>	<p>Highly infectious bacterial infection spread by respiratory droplets through coughing or sneezing.</p> <p>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.</p> <p>Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx</p>
<p>Measles</p>	<p>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.</p> <p>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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx</p>

**Occupational Assessment Screening and Vaccination
Against Specified Infectious Diseases**

<p>Mumps</p>	<p>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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx</p>
<p>Rubella</p>	<p>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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx</p>
<p>Varicella (chickenpox)</p>	<p>Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis.</p> <p>In pregnancy, can cause foetal malformations.</p> <p>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.</p> <p>Anyone not immune through vaccination or previous infection is at risk.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx</p>
<p>Influenza (flu)</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx</p>
<p>Tuberculosis (TB)</p>	<p>A bacterial infection that can attack any part of the body, but the lungs are the most common site.</p> <p>Spread via respiratory droplets when an infected person sneezes, coughs or speaks.</p> <p>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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx</p>
<p>SARS-CoV-2 (COVID-19)</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>For more information: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx</p>