Summary: To provide a framework for the assessment, screening and vaccination of all workers and students to minimise the risk of transmission of diseases.

Document type: Policy Directive

Document number: PD2022_030

Publication date: 28 July 2022

Author branch: Communicable Diseases

Branch contact: (02) 9391 9195

Replaces: PD2022_029

Review date: 28 July 2027

Policy manual: Not applicable

File number: H22/57652

Status: Active

Functional group: Personnel/Workforce - Employment Screening, Industrial and Employee Relations, Occupational Health and Safety

Population Health - Communicable Diseases, Health Promotion, Infection Control


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

Audience: All Staff of NSW Health

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
POLICY STATEMENT

All NSW Health organisations must establish systems to ensure that all workers are appropriately assessed, screened and vaccinated to minimise the risk of transmission of vaccine-preventable diseases.

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

SUMMARY OF POLICY REQUIREMENTS

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

Each NSW Health agency must ensure that resources and appropriately trained assessors are provided to conduct assessments of compliance. All workers are required to receive two doses of a Therapeutic Goods Administration approved or recognised COVID-19 vaccine to commence employment/engagement or continue to work within a NSW Health service.

In addition, all Category A Workers are required to receive three doses of a Therapeutic Goods Administration approved or recognised COVID-19 vaccine AND one dose of the current southern hemisphere influenza vaccine registered for use by the Therapeutic Goods Administration to be considered compliant.

Category A Workers who are non-compliant with, or refuse, a COVID-19 third dose (booster) and/or influenza vaccination requirements must comply with all other risk reduction strategies as directed while working in a Category A position and/or be redeployed to a Category B position at the discretion of the Local Health District.

A worker will be considered compliant if they have a medical contraindication to all available Therapeutic Goods Administration approved or recognised COVID-19 vaccines and provide medical contraindication evidence.

Compliance must include the provision of the Tuberculosis (TB) Assessment Tool for assessment by the NSW Health agency. Compliance with the policy is at the individual’s own cost (except for chest x-ray and/or TB clinical review where required).

Workers who have been granted temporary compliance for hepatitis B or tuberculosis must complete the Undertaking/Declaration Form and comply with the requirements within 6 months for hepatitis B compliance, or, in the case of tuberculosis temporary compliance, attend chest x-ray surveillance and clinical reviews as required by the tuberculosis service/chest clinic until discharged.
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.

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

All job advertisements must advise potential applicants of the requirements of the 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 the policy prior to and at enrolment/commencement of the course.

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

**REVISION HISTORY**

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved By</th>
<th>Amendment Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD2022_030</td>
<td>Deputy Secretary, Population and Public Health</td>
<td>Administration format amendment.</td>
</tr>
<tr>
<td>July - 2022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| PD2022_029    | Deputy Secretary, Population and Public Health      | Category A high risk category removed, workers are either category A or B  
Revised definition of a ‘worker’  
Inclusion of Up-to-date’ and ‘Medical Contraindication Form’ in Key definitions  
Inclusion of COVID-19 vaccination requirements  
Revision of Influenza vaccination requirements  
Revision of TB assessment and TB screening requirements  
Amendment to Section 7 to exclude COVID-19 and Influenza vaccination.  
Minor amendments to monitoring and reporting performance indicators  
Appendices revised and includes summary of evidence required for each vaccine preventable disease |
| July-2022     |                                                     |                                                                                                                                              |
| PD2020_017    | 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 |
| May-2020      |                                                     |                                                                                                                                              |
| PD2020_016    | Deputy Secretary, Population and Public Health      | Mandatory influenza vaccination requirements for workers in Multi-Purpose Services and State Government residential aged care facilities  
Enhanced TB control measures introduced including more comprehensive TB assessment and tighter rules around the granting of temporary TB compliance  
Updated monitoring and performance indicators  
Inclusion of additional documents that can be used to demonstrate compliance |
<p>| May-2020      |                                                     |                                                                                                                                              |</p>
<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Issued Date</th>
<th>Author</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD2018_009</td>
<td>March 2018</td>
<td>Deputy Secretary, Population and Public Health</td>
<td>Category A High Risk included as a new category Mandatory influenza vaccination of workers employed in Category A High Risk positions Recommendations for termination of staff who refuse to comply Hepatitis B vaccination statutory declaration Monitoring and reporting performance indicators</td>
</tr>
<tr>
<td>PD2011_005</td>
<td>January 2011</td>
<td>Deputy Secretary, Population and Public Health</td>
<td>Initial Document</td>
</tr>
</tbody>
</table>
CONTENTS

1. BACKGROUND .................................................................................................................. 4
   1.1. About this document ................................................................................................... 4
   1.2. Key definitions ........................................................................................................... 4
   1.3. Legal and legislative framework ................................................................................ 8

2. RISK ASSESSMENT, SCREENING AND VACCINATION ............................................. 9
   2.1. Risk categorisation of workers .................................................................................... 9
       2.1.1. Category A positions .......................................................................................... 9
       2.1.2. Category B positions ........................................................................................ 9
   2.2. Assessment, screening and vaccination ....................................................................... 10
   2.3. Evidence of protection against infectious disease ....................................................... 11
   2.4. COVID-19 vaccination requirements ......................................................................... 12
       2.4.1. Category A Workers ........................................................................................... 12
       2.4.2. Category B Workers ........................................................................................ 13
   2.5. Tuberculosis assessment ............................................................................................ 13
   2.6. Tuberculosis screening .............................................................................................. 14
       2.6.1. Tuberculosis screening following migration screening for latent tuberculosis infection 15
       2.6.2. Tuberculosis clinical review ................................................................................. 15
   2.7. Temporary compliance .............................................................................................. 16
       2.7.1. Hepatitis B .......................................................................................................... 16
       2.7.2. Tuberculosis ...................................................................................................... 16
   2.8. Additional information for the assessment, screening and vaccination of Category A students 17

3. OTHER VACCINATION REQUIREMENTS, INCLUDING REQUIREMENTS IN OTHER HEALTH SETTINGs................................................................. 18
   3.1. Mandatory requirements to be vaccinated ............................................................... 18
   3.2. Influenza vaccination prior to entry into residential care facilities .......................... 19

4. OBLIGATIONS OF NSW HEALTH AGENCIES ............................................................ 19
   4.1. Local assessors .......................................................................................................... 19
   4.2. Notifying existing workers of vaccination requirements ............................................ 20
   4.3. Recruitment .............................................................................................................. 20
   4.4. Annual influenza vaccination program ....................................................................... 21
   4.5. COVID-19 vaccination special leave payment ............................................................ 21

5. MEDICAL CONTRAINDICATIONS AND VACCINE NON-RESPONDERS ................ 21
5.1. Management of existing workers with a medical contraindication ........................................... 22
5.2. Contraindication to Diphtheria, Tetanus and Pertussis (dTpa), Measles, Mumps and Rubella (MMR) or Varicella-Zoster Virus (VZV) vaccination ................................................................. 22
5.3. Contraindication to hepatitis B vaccination .............................................................................. 22
5.4. Hepatitis B vaccine non-responders ......................................................................................... 23
5.5. Contraindication to COVID-19 vaccination ............................................................................. 23
5.5.1. Recent SARS-CoV-2 infection ............................................................................................ 24
5.6. Contraindication to influenza vaccine ...................................................................................... 25
5.7. Further specialist advice ......................................................................................................... 25
6. NON-PARTICIPATING WORKERS AND VACCINE REFUSERS ................................................. 26
6.1. Non-compliance with, or refusal of, COVID-19 vaccination requirements ......................... 26
6.1.1. COVID-19 vaccination two dose requirements .................................................................. 26
6.1.2. COVID-19 vaccination three dose requirements ............................................................... 26
6.2. Non-compliance with, or refusal of, influenza vaccination requirements ............................. 27
6.3. Management of non-participating workers (excluding the COVID-19 and Influenza vaccination requirements) ........................................................................................................ 28
6.3.1. Existing workers ............................................................................................................... 28
6.3.2. New recruits and students ................................................................................................. 28
7. RISK MANAGEMENT .................................................................................................................... 29
7.1. Routine recurrent tuberculosis screening .................................................................................. 29
7.2. Reassignment of unprotected/unscreened existing workers (excluding the COVID-19 and influenza vaccination requirements) .............................................................. 29
7.3. Chief Executive discretion (excluding the COVID-19 and influenza vaccination requirements) 30
7.3.1. Chief Executive discretion in managing medical contraindications ................................ 30
7.3.2. Chief Executive discretion in managing vaccine refusal .................................................. 31
8. TERMINATION OF EMPLOYMENT/ENGAGEMENT OF VACCINE NON-COMPLIANCE AND REFUSERS .............................................................................................................. 31
9. RECORDS MANAGEMENT ......................................................................................................... 31
9.1. Documentation and privacy considerations ............................................................................ 32
10. MONITORING AND REPORTING .............................................................................................. 33
11. APPENDIX LIST .......................................................................................................................... 34
11.1 Appendix 1: Evidence of Protection ...................................................................................... 34
11.1.1. Evidence for Diphtheria, Tetanus and Pertussis .............................................................. 34
11.1.2. Evidence for Hepatitis B .................................................................................................. 34
11.1.3. Evidence for Measles, Mumps and Rubella ................................................................. 34
11.1.4. Evidence for Varicella .................................................................................................... 35
11.1.5. Evidence for Influenza ................................................................. 35
11.1.6. Evidence for COVID-19 ............................................................... 35
11.1.7. Serological testing ................................................................. 37
11.1.8. SARS-CoV-2 .................................................................................. 38
11.1.9. Pertussis ...................................................................................... 38
11.2 Appendix 2: Age-appropriate hepatitis B vaccination schedule .... 39
11.1.1. Adult hepatitis B vaccination schedule .............................................. 39
11.1.2. Adolescent hepatitis B vaccination schedule .................................... 39
11.1.3. Childhood hepatitis B vaccination schedule .................................... 39
11.3 Appendix 3: TB Assessment Decision Support Tool ...................... 41
11.1 Appendix 4: Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements) ................................................. 42
11.4.1 Measles ...................................................................................... 42
11.4.2 Mumps ....................................................................................... 42
11.4.3 Rubella ....................................................................................... 42
11.4.4 Tuberculosis (where screening is indicated) ................................. 42
11.4.5 Varicella ..................................................................................... 42
11.4.6 Pertussis .................................................................................... 42
11.4.7 Hepatitis B .................................................................................. 43
11.5 Appendix 5: Non-Participation Form ................................................. 44
11.6 Appendix 6: Risks and Consequences of Exposure ...................... 46
11.7 Appendix 7: Annual Reporting Compliance .................................... 48
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 and students to reduce the risk of infection with or transmission of these diseases. It may be updated in line with changes in public health advice. In particular, the policy requires certain workers to have an 'up-to-date' COVID-19 vaccination status that is aligned with the guidance produced by the Australian Technical Advisory Group on Immunisation (ATAGI) as at the date of the publication of this policy directive. As ATAGI advice changes, NSW Health may update the policy directive from time to time for the purpose of ensuring that current vaccination requirements for workers remains aligned with ATAGI advice.

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**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Immunisation Register</td>
<td>The Australian Immunisation Register (AIR) is a national register that records vaccines given to all people in Australia.</td>
</tr>
<tr>
<td>Authorised nurse immuniser (ANI)</td>
<td>A registered nurse/midwife who has completed the specified specialist post-graduate training to provide immunisation services without direct medical authorisation.</td>
</tr>
<tr>
<td>ClinConnect</td>
<td>A web-based resource designed to manage clinical placements for health care students who will undertake clinical placements in NSW Health facilities.</td>
</tr>
</tbody>
</table>
Clinical observership | Clinical placements for international medical students (the placements are also known as ‘electives’) and for international medical graduates who are becoming familiar with medical practice in Australia and/or preparing for examinations in Australia.

Contact | Direct close interaction with patients/clients on an ongoing or short-term basis.

Compliant | The status applied to those workers who demonstrate that they are protected against the specified infectious diseases and have had tuberculosis (TB) exposure assessed, as required by this Policy Directive. It also includes workers who have completed the requirements of this Policy Directive but remain unprotected against hepatitis B and are therefore considered persistent hepatitis B non-responders.

Compliance must be recorded in either the VaxLink (workers and volunteers) or ClinConnect database (students and clinical facilitators). Refer to Section 9 Records Management. Non-compliant workers are classed as susceptible to infection, and/or pose a risk of transmitting one or more of the specified infectious diseases.

Temporary compliance is only applicable to TB, hepatitis B and COVID-19.

Country with a high incidence of TB | Countries with an annual TB incidence of 40 cases per 100,000 population per year or more.

Due date | The due date for a worker’s third dose of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine is the day that is 13 weeks after their second dose.

Education Provider | a) University; or

b) A tertiary education institution, or another institution or organisation, that provides vocational training; or

c) A specialist medical college or other health profession college.

Employer | A person or organisation that employs people and is authorised to exercise the functions of an employer of workers employed in NSW Health organisations or facilities.
<table>
<thead>
<tr>
<th>Evidence of protection</th>
<th>Includes a record of vaccination, and/or serological confirmation of protection, and/or other evidence. All evidence of protection must be provided as specified in Appendix 1 Evidence of protection.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure prone procedure (EPP)</td>
<td>Clinical practices where there is a risk of injury to the worker resulting in exposure of the patient’s open tissues to the blood of the worker. These procedures include those where the worker’s hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.</td>
</tr>
<tr>
<td>Facilitator</td>
<td>A clinician who mentors and visits students during their clinical placements and who is employed by an Education Provider.</td>
</tr>
<tr>
<td>Facility</td>
<td>A defined service location such as a hospital, community health centre or other location where health care services are provided.</td>
</tr>
<tr>
<td>Influenza season</td>
<td>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.</td>
</tr>
<tr>
<td>Medical Contraindication Form</td>
<td>The Australian Immunisation Register - immunisation medical exemption form (IM011), is the only approved form in NSW to provide evidence of a medical contraindication to all COVID-19 vaccines registered for use in Australia by the Therapeutic Goods Administration. Only eligible health professionals as set out in the Australian Immunisation Register Act 2015 (Commonwealth) and its amendments can complete this form.</td>
</tr>
<tr>
<td>New recruit</td>
<td>A person who is applying for a position in a NSW Health agency on a permanent, temporary or casual basis. This also includes workers that have been employed in an existing position within a NSW Health agency and are applying for a new position within the same NSW Health agency. Visiting Practitioners on an existing contract are classified as new recruits when their contracts are renewed.</td>
</tr>
<tr>
<td>Non-compliant worker</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Number of incumbents in positions

The total number of people who are assigned to positions within a location. In order to reflect StaffLink/VaxLink calculations, this will include individuals’ multiple times if they are employed in multiple assignments i.e., they will be counted for each position they are assigned against. One FTE may have multiple individuals assigned to it.

### Position

A role in which a worker is employed including 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.

### Student

All students who undertake placements within NSW Health facilities. It includes secondary school students undertaking TAFE-delivered vocational education and training (TVET) for schools.

### Specialist assessment

A clinical assessment and review of the person or their medical record by a specialist medical practitioner to substantiate a claim of medical contraindication to vaccination.

### Unprotected

The person is not compliant with the screening and vaccination requirements of this Policy Directive and is therefore classed as susceptible to infection, and/or poses a risk of transmitting one or more of the specified infectious diseases. This also includes workers who are medically contraindicated or hepatitis B non-responders. Refer to Appendix 1 Evidence of Protection.

### Up-to-date

Guidance in relation to vaccination status produced by the Australian Technical Advisory Group on Immunisation (ATAGI) as updated from time to time as advice changes, for the number and timing of appropriate COVID-19 vaccine doses recommended for and received by an individual, according to their age and other factors. Refer to Section 2.4 COVID-19 Vaccination requirements for further information.

### Vaccination Record

Includes an Immunisation History Statement from the Australian Immunisation Register (AIR), a childhood blue book or a letter from a doctor (on practice letterhead).
### Vaccination record card
A card ordered from the Better Health Centre ([Vaccination Record Card for Health Care Workers and Students](#)) to be given to a doctor or immunisation provider to record vaccination and serology results.

### Vaccine non-responder
A person who has been fully vaccinated against hepatitis B according to Appendix 1 *Evidence for Protection*. Evidence for hepatitis B but who has evidence of inadequate immunity.

### VaxLink
A state-wide database within StaffLink that enables NSW Health agencies to record vaccination and pathology information and compliancy status for all workers.

### Visiting Practitioner
A medical practitioner or dentist who is appointed by a public health organisation consistent with Chapter 8 of the *Health Services Act 1997* (NSW).

### Worker
A worker means each of the following:

- **a)** Persons who are employed in NSW Health whether on a permanent, casual or temporary basis including Officers; and
- **b)** Contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health; and
- **c)** Students on placement, researchers and persons undertaking or delivering training or education in a NSW Health facility or on behalf of NSW Health; and
- **d)** Volunteers working in a NSW Health Facility

For the purpose of this definition, “NSW Health” means public health organisations, 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.

### 1.3. Legal and legislative framework

- *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 (e.g., soiled linen, surgical equipment, syringes); OR

- Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means, including:
  - workers with frequent/prolonged face-to-face contact with patients or clients e.g., interviewing or counselling individual clients or small groups; performing reception duties in an emergency or outpatients department;
  - where the normal 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, e.g., workers employed in food services who deliver meals and maintenance workers.

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

2.1.2. **Category B positions**

Positions are categorised as Category B where the workers role:

- Does not require the worker to care for the client groups or work in the clinical areas listed in Category A.

- Does not involve direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.

- Has a normal work location that is not in a clinical area, e.g., workers employed in administrative positions not working in a ward environment, e.g., food services personnel in kitchens.
• Only attends clinical areas infrequently and for short periods of time e.g., visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.

• Has incidental contact with patients no different to other visitors to a facility, e.g., in elevators, cafeteria, etc.

2.2. Assessment, screening and vaccination

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

This requires the worker to:

• Provide evidence of their protection against the infectious diseases listed in Table 1 Vaccination requirements by position risk category, below

• Complete and submit to the health facility the Undertaking/Declaration Form and Tuberculosis (TB) Assessment Tool

• Undertake tuberculosis (TB) screening and clinical review, where required

• Submit required evidence of protection and any updated documentation to the health service for further assessment, as requested.

If a Vaccination Record Card for Category A Workers and Students is 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. The new recruit or student must not complete their own vaccination, serology or TB assessment records on the Vaccination Record Card. The doctor/nurse or pharmacist vaccinator (for authorised vaccines only) must sign and apply the practice/pharmacy stamp to the Vaccination Record Card and vaccine batch numbers or vaccine brand names are to be recorded, where available.
Table 1: Vaccination/TB assessment requirements by position risk category

<table>
<thead>
<tr>
<th>Infectious Disease</th>
<th>Category A</th>
<th>Category B</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2 (COVID-19) 2 doses</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>SARS-CoV-2 (COVID-19) 3 doses</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Measles</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Mumps</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Rubella</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Influenza</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Tuberculosis assessment</td>
<td>Required</td>
<td>Recommended</td>
</tr>
</tbody>
</table>

New and existing laboratory and post-mortem personnel may also have additional vaccination requirements as determined by the scope of their laboratory practice (laboratories must have documented local protocols in place to assess the risks and provide appropriate vaccination programs to at-risk personnel, as additional vaccines may be required as specified in the current online edition of The Australian Immunisation Handbook).

Resources must be provided by NSW Health agencies to support and facilitate the assessment, screening and vaccination of existing workers, with priority given to Category A Workers.

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

New recruits (except those employed in an existing position who are successfully appointed to a new position within a NSW Health agency and volunteers), and students must undertake any necessary serological tests, vaccinations and 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.

2.3. Evidence of protection against infectious disease

Acceptable evidence of protection may include but not limited to:
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 and Students

- Serological confirmation of protection
- An Australian Immunisation Register (AIR) History Statement.

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

Evidence of COVID-19 vaccination is only accepted in the form of an AIR immunisation history statement or AIR COVID-19 digital certificate (evidence of COVID-19 vaccination). For COVID-19 vaccines administered overseas, these can be recorded on the AIR by a recognised vaccination provider if the vaccine is approved for use or recognised in Australia and it was received on or after 1 March 2020.

The assessor must be satisfied that the evidence is from a legitimate source. Should a worker present a vaccination record in a foreign language, it may be translated using the free translating service website provided by the Department of Home Affairs, or using a local translation service.

2.4. COVID-19 vaccination requirements

All workers are required to provide evidence of having received two doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with the Australian Technical Advisory Group on Immunisation (ATAGI) minimum intervals) to work or be employed in NSW Health.

A worker will be considered compliant if they have a medical contraindication to all available TGA approved COVID-19 vaccines and provide medical contraindication evidence as defined in Section 5.5 Contraindication to COVID-19 vaccination.

2.4.1. Category A Workers

All Category A Workers are required to provide evidence of an ‘up-to-date’ COVID-19 vaccination status, aligned with the guidance produced by ATAGI as at the date of the publication of this Policy:

(1) Three doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals) *; or

(2)

(a) Two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals), and

the third dose:

(i) Within eight (8) weeks from the date of issue of this Policy if it is more than thirteen (13) weeks since they received their second dose; or

(ii) Within six (6) weeks from the due date for the worker’s third dose of a TGA approved or recognised COVID-19 vaccine,
whichever is later.

*A worker or student aged less than 16 years of age must have received the recommended doses in accordance with ATAGI advice.*

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 (two (2) doses) of a TGA approved or recognised COVID-19 vaccine; and
- Completed all other vaccination requirements; and
- Submitted a written undertaking to complete the COVID-19 vaccination requirements for dose three (refer to the Undertaking/Declaration Form) within six (6) weeks of the dose due date.

See Section 6.1 Non-compliance with, or refusal of COVID-19 vaccination requirements for information on the management of non-compliance with COVID-19 vaccination requirements.

### 2.4.2. Category B Workers

All Category B Workers are required to provide evidence of two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals). A third dose three months after completion of the primary course (generally two (2) doses) is highly recommended.

See Section 6.1 Non-compliance with, or refusal of COVID-19 vaccination requirements for information on the management of non-compliance with COVID-19 vaccination requirements.

### 2.5. Tuberculosis assessment

All new recruits, volunteers and Category A Students must undergo a TB assessment, by completing and submitting the *Tuberculosis (TB) Assessment Tool*. All workers, volunteers and students 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 three months or longer in a country or countries with a high incidence of TB
- Commenced employment at a new health agency (excluding rotational positions).

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

---

*NSW Health*

*Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases*

*PD2022_030 Issued: July 2022 Page 13 of 48*
TB compliance will be granted by an appropriately trained assessor where the TB assessment indicates that TB screening is not required, i.e., answers ‘no’ to all questions in parts A, B and C of the Tuberculosis (TB) Assessment Tool.

- Workers that answer ‘yes’ to any questions in Part A of the Tuberculosis (TB) Assessment Tool need to be referred immediately to the local TB service/chest clinic for a TB clinical review to rule out active TB disease.

- Workers who answer ‘yes’ to any question in Part B of the Tuberculosis (TB) Assessment Tool need to be referred to the local TB service/chest clinic to determine whether advice and/or clinical review are required to meet TB compliance.

- Workers that answer ‘yes’ to any question in Part C of the Tuberculosis (TB) Assessment Tool are required to undergo TB screening (Refer to Section 2.6.1 TB screening following migration screening for latent TB infection re acceptance of migration screening results).

2.6   Tuberculosis screening

TB screening is to identify evidence of latent (or active) TB infection. Accepted tests for latent TB infection are an interferon gamma release assay (IGRA), or tuberculin skin test (TST, also known as Mantoux test). 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 three months or longer in a country or countries with a high incidence of TB

- Is an existing worker or Category A Student, who may have been previously assessed as compliant for TB, but who has subsequently:
  - been advised they were in contact with a person known to have infectious TB disease and who did not complete contact screening or
  - travelled for a cumulative time of three months or longer in a country or countries with a high incidence of TB since their last TB assessment.

- is an existing worker who has no documented evidence of prior TB screening and they were born in or have travelled for a cumulative period of three months or longer in a country or countries with a high incidence of TB.

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

- The person has no known TB exposure and has stayed/travelled for a cumulative period of less than three months in a country or countries with a high incidence of TB since the test was undertaken

- The test was performed prior to, or at least four weeks after, a live parenteral vaccine
• A TST that was administered and read by an Australian state or territory TB clinic, or collaborating service endorsed by the Local Health District or Specialty Health Network TB service/chest clinic; or

• An IGRA test was performed and the results are reported in English.

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

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

### 2.6.1. Tuberculosis screening following migration screening for latent tuberculosis infection

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

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

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

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

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

### 2.6.2. Tuberculosis clinical review

Workers employed in existing positions, new recruits, volunteers and Category A Students who have symptoms of TB disease and/or evidence of TB infection (a positive TB screening test), are to be referred to the local TB service/chest clinic for TB clinical review to exclude TB disease and/or for consideration of TB preventive treatment.

TB clinical review is required if the person:

- answered yes to any question within part A of the *Tuberculosis (TB) Assessment Tool*, or;

- has undertaken TB Screening and has a positive test for latent TB infection.

TB clinical review is to be undertaken only within designated TB services/chest clinics by clinicians experienced in the management of TB. TB services/chest clinics will provide a summary of TB clinical review to document compliance or temporary compliance back to the referrer and/or the Worker, or VaxLink may be updated directly.
TB compliance may be revoked in the event of diagnosis of active pulmonary TB where the worker does not follow treatment recommendations, fails to undertake recommended contact screening following a TB exposure, or fails to comply with surveillance requirements. TB temporary compliance or compliance will be reinstated once the worker completes the required screening or follow-up, or in the case of active TB disease where the person is on treatment and is deemed non-infectious.

2.7. Temporary compliance

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

2.7.1. Hepatitis B

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

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

New recruits (except those employed in an existing position who are successfully appointed to a new position within the NSW Health agency) and Category A Students who have been granted temporary compliance must pay for the costs of screening and vaccinations that are required to complete their compliance after they have commenced employment/clinical placement.

2.7.2. Tuberculosis

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

- Have completed the requirements for TB assessment and screening (if required), and if they require a TB clinical review, they:
o have had a chest X-ray reporting no evidence of active TB disease; and
o have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB service/chest clinic is considered acceptable evidence of booking, or

- Have had a TB clinical review and are recommended for ongoing management which may include:
  o Treatment of active TB once deemed non-infectious
  o 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.

2.8. Additional information for the assessment, screening and vaccination of Category A students

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

Category A Students whose temporary compliance expires during their placements must show evidence of meeting the full compliance requirements of this Policy before their temporary compliance expires. If the Category A Student cannot be assessed as fully compliant upon temporary compliance expiry, then the Category A Student is to be removed from the placement.

Secondary school students, including those undertaking TAFE-delivered vocational education and training (TVET) for schools, must be compliant with the requirements of this Policy. Students who are under 18 years of age must have their documentation co-signed by their parents/guardians.

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

Annual influenza vaccine is mandatory for all Category A Students (at their own cost) if attending a placement between 1 June and 30 September each year or as specified by the Chief Health Officer. Category A Students must receive the current southern hemisphere influenza vaccine registered for use by the TGA.
Category A Students who transfer from overseas or interstate to a NSW education provider beyond their first year of study are to be assessed (as compliant or temporarily compliant) in the first year that they are a student in NSW. The decision to allow Category A 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 Category A Students attending a clinical placement must demonstrate compliance with this Policy. In certain circumstances they may not be able to complete the hepatitis B requirements of this Policy prior to their placements but must at least obtain temporary compliance prior to commencing placement.

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

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

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

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

3.1. Mandatory requirements to be vaccinated

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

All workers must also comply with all vaccination obligations required by this Policy Directive.
3.2. Influenza vaccination prior to entry into residential care facilities

Where there is a legal requirement (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 the current southern hemisphere influenza vaccine registered for use by the Therapeutic Goods Administration, provided that the vaccine is available to the worker.

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

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

Provisions for Chief Executive discretion as specified in Section 7.3 *Chief Executive Discretion* and in Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and 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 6 *Non-Participating Workers and Vaccine Refusers* and Section 8 *Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers*.

4. OBLIGATIONS OF NSW HEALTH AGENCIES

4.1. Local assessors

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

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

Enrolled nurses and registered nurses who have been assessed as having the required experience and knowledge in immunisation may perform assessments and refer difficult/uncertain results/assessments to an Authorised Nurse Immuniser (ANI) or doctor for advice.

¹ A residential care facility means a facility at which the following services are provided to a person in relation to whom a residential care subsidy or flexible care subsidy is payable under the *Aged Care Act 1997* of the Commonwealth
(a) accommodation,
(b) personal care or nursing care
Enrolled nurses must work under the supervision (direct or indirect) of a registered nurse or Authorised Nurse Immuniser who has agreed to supervise the enrolled nurse. The level of supervision will depend on the enrolled nurse’s level of competence to perform the required tasks and as determined by the employer.

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

### 4.2. Notifying existing workers of vaccination requirements

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

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

Existing workers 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 risk-managed as per Section 7 Risk Management as required.

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 and position descriptions must include the designated risk category of the position.

Non-compliant workers employed in existing positions who are applying for a new position must be reassessed by the recruiting NSW Health agency prior to appointment. The cost of any additional vaccinations for these non-compliant workers must be met by the NSW Health agency.

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. 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 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.
4.4. **Annual influenza vaccination program**

Annual influenza vaccination is provided free for all workers. While strongly recommended for all workers, under this Policy it is mandatory for workers in Category A positions.

All Category A workers are required to have received one dose of the current southern hemisphere influenza vaccine registered for use by the Therapeutic Goods Administration, within eight weeks of the date of issue of this Policy Directive, and by 1 June annually thereafter. Each NSW Health agency/facility must ensure that the vaccination program is widely publicised and available for workers on a rotating roster and the vaccines are administered during work hours, for example, during a range of shifts of a day and a week.

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

4.5. **COVID-19 vaccination special leave payment**

Workers who receive a dose when not on duty are eligible for a special leave payment of two hours per COVID-19 vaccination.

5. **MEDICAL CONTRAINDICATIONS AND VACCINE NON-RESPONDERS**

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

Workers who are unable to be vaccinated due to a temporary or permanent medical condition are required to provide evidence of their circumstances (determined by the NSW Health agency assessors) and their compliance (for example, a medical certificate or Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) from their doctor).

For COVID-19 vaccines, the only acceptable evidence for temporary or permanent medical contraindication to all the available Therapeutic Goods Administration (TGA) approved COVID-19 vaccines, is the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) (Medical Contraindication Form). Workers will be required to provide a copy of their Medical Contraindication Form form to their NSW Health agency for review and approval in support of any application for a temporary or permanent medical contraindication.

All information and documentation concerning the medical contraindication(s) is to be treated confidentially and managed in line with the Health Privacy Principles.
5.1. Management of existing workers with a medical contraindication

Existing workers 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 risk-managed as per Section 7 Risk Management as required.

Workers with temporary medical contraindications must be reviewed at the end of the temporary contraindication period, or earlier under certain circumstances for COVID-19 vaccination (see Section 5.5 Contraindication to COVID-19 vaccination), to determine appropriate management strategies.

Where a temporary or permanent medical contraindication is approved; the worker must provide a declaration as detailed in the Undertaking/Declaration Form, as appropriate, stating that they understand and accept this information and agree to comply with the protective risk measures that the NSW Health agency requires. A range of control measures may be considered, including redeployment to support the safety of the worker and others.

The NSW Health agencies provide detailed information to workers regarding the risk of infection from the infectious disease(s) against which the worker is not protected, the consequences of infection, and the management requirements in the event of exposure. This information must be recorded in VaxLink.

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

New recruits applying for a Category A position and Category A Students who have a medical contraindication and cannot demonstrate diphtheria, tetanus and pertussis (dTpa), Measles, Mumps and Rubella (MMR) or Varicella-Zoster Virus (VZV) vaccination or proof of immunity, must not be employed in a Category A position or attend a clinical placement. Refer to Section 5.7 Further specialist advice if further specialist advice is required.

5.3. Contraindication to hepatitis B vaccination

New recruits with a medical contraindication to hepatitis B vaccine may be employed in Category A positions, however they must:

- Be provided with information regarding the risk and the consequences of hepatitis B infection
- Be provided with information regarding management in the event of blood and body substance exposure
- Provide evidence of the medical contraindication (e.g. letter from a doctor) and a signed declaration as specified in part 3e and 3f of the Undertaking/Declaration Form
- 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.

5.4. **Hepatitis B vaccine non-responders**

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.

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

Persistent hepatitis B non-responders must include in their evidence of protection documentation (Part 3b and 3f of the *Undertaking/Declaration Form*) that they:

- Are unprotected from the hepatitis B virus
- Will minimise exposure to blood and body substances
- 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), and
- Will comply with the hepatitis B risk management requirements in Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements)*.

Persistent hepatitis B non-responders (as specified in the online edition of *The Australian Immunisation Handbook*) are to be considered compliant with this Policy and do not require a Chief Executive exemption but must be managed in accordance with Appendix 4 *Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements)*. The information must be recorded in VaxLink.

5.5. **Contraindication to COVID-19 vaccination**

All Category A and B workers who are unable to receive two doses of a TGA approved or recognised COVID-19 vaccine due to a medical contraindication to all the available TGA approved COVID-19 vaccines, are required to provide evidence of their circumstances in the form of the *Medical Contraindication Form* for review and approval.

Any NSW Medical Contraindication Form signed and dated and accepted by the applicable NSW Health agency prior to 25 February 2022 will remain valid evidence for the period for which it was granted; upon its expiration, vaccination in-line with the requirements of this Policy will be required or in the alternative, the submission of a new *Medical Contraindication Form* for review and approval.
If a worker has a medical contraindication to one brand of a TGA approved COVID-19 vaccine, they may be offered an alternate brand, if suitable. Refer to Australian Technical Advisory Group on Immunisation (ATAGI) Clinical guidance on use of COVID-19 vaccine in Australia.

If the NSW Health service requires a further medical assessment for new recruits, they must undergo the required medical assessment (at their own cost).

If the NSW Health service requires further specialist advice for workers employed in existing positions, they are to be referred to a specialist at the cost of the engaging NSW Health agency to confirm compliance.

Workers with temporary medical contraindications due to COVID-19 infection must be reviewed by the date specified on the Medical Contraindication Form.

A NSW Health service agency may require the worker to attend an independent medical examination (IME) if further information is required or to seek further guidance on managing the medical contraindication (see Section 5.7 Further Specialist Advice).

Where a worker has had more than one occasion of COVID-19 infection; a positive PCR test is required as evidence to support any subsequent temporary exemption period.

The NSW Health service must ensure that detailed information is provided to workers regarding the risk of infection from SARS-CoV-2 if they are not vaccinated, the consequences of infection, and management in the event of exposure. This information is to be recorded in VaxLink. Those who are unable to receive all the available TGA approved COVID-19 vaccines due to a medical contraindication are to be locally risk assessed on an individual basis.

Risk reduction strategies include:

- Redeployment to a Category B position (at the discretion of the Local Health District NSW Health agency). Redeployment to a position that does not require the worker to be ‘up to date’ with mandatory COVID-19 vaccination is to be by exception only and may not be practicable in all circumstances.

- Use of appropriate personal protective equipment (PPE) at all times while in the clinical facility as detailed in the Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual.


### 5.5.1. Recent SARS-CoV-2 infection

Workers who have been infected with SARS-CoV-2 may delay receiving COVID-19 vaccination for up to four months following infection. Temporary compliance status for up to four months will be granted if the worker provides evidence in the form of:

- **Where the next COVID-19 vaccine dose is dose one or two:** the Medical Contraindication Form; where reviewed and accepted by the NSW Health agency.
Where the next COVID-19 vaccine dose is dose three: evidence of either a positive PCR test for COVID-19, or evidence of registration of a positive rapid antigen test (RAT) for COVID-19.

If a worker seeks to defer COVID-19 vaccination for more than four months following infection such that they would not be compliant with this Policy, a medical contraindication certificate in the form of the Medical Contraindication Form must be provided.

In the event of a subsequent infection, further temporary compliance will be granted if the worker provides evidence in the form of the Medical Contraindication Form; where reviewed and accepted by the NSW Health agency AND evidence of a positive PCR test for COVID-19 for the relevant period.

A NSW Health service agency may require a worker to attend an independent medical examination (IME) to ensure the appropriateness of the exemption (see Section 5.7 Further Specialist Advice).

5.6. Contraindication to influenza vaccine

Workers employed in Category A positions who are unable to receive the relevant influenza vaccine due to a medical contraindication must provide evidence from their doctor or treating specialist. Temporary medical contraindications must be reviewed by a medical practitioner annually with a new form submitted each year that demonstrates a medical contraindication persists. The NSW Health service must ensure that detailed information is provided to workers regarding the risk of infection from influenza if they are not vaccinated, the consequences of infection, and management in the event of exposure. This information is to be recorded in VaxLink.

During the influenza season, Category A Workers with a medical contraindication must comply with all other risk reduction strategies and guidance while working in a Category A position.

A range of control measures may be considered, including redeployment, to ensure the safety of the worker and others.

Risk reduction strategies include use of appropriate personal protective equipment (PPE) at all times while in the facility as detailed in the Infection Prevention and Control Policy (PD2017_013) and the Clinical Excellence Commission Infection Prevention and Control clinical Handbook.

Redeployment to a position that does not require mandatory influenza vaccination is to be by exception only and may not be practicable in all circumstances.


5.7. Further specialist advice

Should the NSW Health agency require further specialist advice for workers employed in existing positions, they are to be referred to a specialist at the cost to the NSW Health agency and risk managed as appropriate (refer to Section 7 Risk Management).
New recruits (except those employed in an existing position who are successfully appointed to a new position within the 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, or refusal of, COVID-19 vaccination requirements

6.1.1. COVID-19 vaccination two dose requirements

All Category A and B Workers who are:

- Non-compliant or have refused the COVID-19 vaccination two dose requirements and
- Do not have an approved medical contraindication to COVID-19 vaccination

cannot commence or continue work within a NSW Health service; see Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers.

6.1.2. COVID-19 vaccination three dose requirements

Category A Workers who are non-compliant with the COVID-19 three dose vaccination requirements, as set out in Section 2.4.1 Category A Workers, must:

- Comply with all other risk reduction strategies as directed while working in a Category A position; (and/or)
- At the discretion of the Local Health District, be re-deployed to a Category B position. Redeployment is to be by exception only and may not be practicable in all circumstances.

Risk reduction strategies include use of appropriate personal protective equipment (PPE) when instructed to do so and as detailed in the Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual.


Workers in Category A positions (excluding workers covered by Section 3 Other Vaccination Requirements, including Requirements in Other Health Settings) who are non-compliant with COVID-19 three dose vaccination requirements, as set out in Section 2.4.1 Category A Workers must also complete and submit Appendix 5 Non-Participation Form stating that they:

- Do not consent to the assessment, screening, and vaccination requirements of this Policy relating to COVID-19 dose three requirements,
- 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;
o Will offer them counselling regarding the risk of remaining unprotected against the specified infectious disease/s and disease transmission to and from clients; and/or

o May direct them to comply with specified risk reduction strategies and/or reassign them to an area of lower risk under a risk management plan

Category A Workers who do not comply with the above requirement to submit a Non-Participation Form and/or who do not have an approved medical contraindication to the COVID-19 three dose vaccination requirements, as set out in Section 2.4.1 Category A Workers, will be managed in accordance with the provisions of the NSW Health Policy Directive Managing Misconduct (PD2018_031) (see Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers for further information).

6.2. Non-compliance with, or refusal of, influenza vaccination requirements

Category A Workers who refuse annual influenza vaccination must:

- During an influenza season, comply with all other risk reduction strategies and guidance while working in a Category A position; (and/or)

- At the discretion of the Local Health District, be redeployed to a non-clinical area. Redeployment is to be by exception only and may not be practicable in all circumstances

Risk reduction strategies include use of appropriate personal protective equipment (PPE) when instructed to do so and as detailed in the Infection NSW Health Policy Directive Prevention and Control Policy (PD2017_013) and the Clinical Excellence Commission Infection Prevention and Control clinical Handbook.


Existing Category A workers (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 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 relating to annual influenza vaccination;

- 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; and/or
  - May reassign them to an area of lower risk under a risk management plan
Category A workers who do not comply with the above requirement to submit a Non-Participation Form and/or who do not have an approved medical contraindication to Influenza vaccination requirements will be managed in accordance with the provisions of the NSW Health Policy Directive Managing Misconduct (PD2018_031) (see Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers for further information).

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

6.3.1. Existing workers

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

- Do not consent to the assessment, screening, and vaccination requirements of this Policy
- Are aware of the potential risks to themselves and/or others as outlined in Appendix 6 Risks and Consequences of Exposure, and
- Are aware that NSW Health:
  - Will offer them counselling regarding the risk of remaining unprotected against the specified infectious disease/s and disease transmission to and from clients
  - May reassign them to an area of lower risk under a risk management plan, unless they are considered appropriate to be managed under Chief Executive discretion
  - Will consider managing them under Chief Executive discretion as unprotected or unscreened, as described in Section 7.2 Reassignment of unprotected/unscreened existing workers (excluding the COVID-19 and influenza vaccination requirements), and/or
  - May terminate their employment/engagement, if risk management or reassignment is not feasible as specified in Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers.

6.3.2. New recruits and students

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

- Be employed or commence duties,
- Attend placements in a NSW Health facility.
7. RISK MANAGEMENT

All workers who have an accepted medical contraindication or who refuse or are non-compliant with the requirements under this Policy should have a risk assessment performed, including their level of risk, work location and client group.

Where there is a perceived risk to service delivery, unprotected workers employed in any position (Refer to Table 1 Vaccination requirements by position risk category) may be managed under Chief Executive discretionary power as detailed below.

7.1. Routine recurrent tuberculosis screening

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

Recurrent screening and/or chest x-ray and clinical review (usually annually) must be considered for workers in certain settings where there may be increased risk of exposure to TB. Settings where there may be increased risk of exposure to TB include: mycobacterial laboratories, chest clinics, mortuaries, and bronchoscopy suites. Any decision to implement routine recurrent screening of workers within a specific setting should be based on a risk assessment by the health service with guidance from the local TB Advisory Committee and/or NSW Health agency TB service/chest clinic.

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

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

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

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

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

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

The NSW Health agency must ensure that the worker:

- Understands the requirements of this Policy and the risks to patients, self and others arising from his/her 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 his/her future work options, including short term and longer-term options, including termination.

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

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

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

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

7.3.1. Chief Executive discretion in managing medical contraindications

The Chief Executive is to manage a worker with medical contraindications under a risk management plan consistent with Appendix 4 Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements).
7.3.2. Chief Executive discretion in managing vaccine refusal

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

- The worker is highly specialised, a sole practitioner (e.g., in some rural/remote areas), or there is a current workforce shortage in the person’s clinical area; and/or
- Failure to retain or appoint the worker would pose a genuine and serious risk to service delivery; and/or
- It would be difficult to replace the worker, and/or would result in a significant period without the service.

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

The NSW Health agency may review the employment/engagement of a worker who refuses to comply with the policy’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 may be appropriate; and:

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

9. RECORDS MANAGEMENT

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

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.

---

2 An application form to register as a vaccination provider and report vaccinations to the Australian Immunisation Register is available from the Australian Government Department of Human Services website. Completed application forms must be forwarded for approval to the Manager, Immunisation Unit, Health Protection NSW, at MoH-VaccReports@health.nsw.gov.au.
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 NSW Health Vaccination Record Card for Category A Workers and Students) and/or other documentation such as serology results the Medical Contraindication Form can be uploaded as attachments into VaxLink.

If a complete compliance record is available in VaxLink, compliant workers need to provide an updated Tuberculosis (TB) Assessment Tool but do not require reassessment against other vaccination requirements, when they move between NSW Health agencies, unless required in accordance with this policy.

9.1. Documentation and privacy considerations

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

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

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

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

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

10. **MONITORING AND REPORTING**

Aggregate data must be reported by the Chief Executive to the Secretary, NSW Health by 31 July each year. The report should summarise worker vaccination status as of 30 June. The report is to include:

- Number of Category A Workers in existing positions in the NSW Health Local Health District/agency (number of incumbents in positions)
- Percentage of Category A Workers in existing positions who have been assessed against the requirements of this Policy
- Percentage of workers in existing Category A positions who are compliant with all requirements of this Policy
- For those workers who are non-compliant with any requirements, the percentage of Category A workers with a personal protective equipment requirement and/or redeployed due to non-compliance with the influenza vaccine requirements
- For those workers who are non-compliant with any requirements, the percentage of Category A Workers with a personal protective equipment requirement and/or redeployed due to non-compliance with the COVID-19 vaccine requirements
- For those workers who are non-compliant with any requirements, the number of workers in existing Category A positions being risk managed at the discretion of the Chief Executive under a risk management framework (excludes persistent non-responders to hepatitis B vaccination, COVID-19 and influenza vaccination requirements)
- Number of Category A Workers in existing positions in the NSW Health agencies who have received three or more doses of any Therapeutic Goods Administration (TGA) approved and available COVID-19 vaccine
- Number of Category B Workers in existing positions in the NSW Health agencies who have received two or more doses of any TGA approved and available COVID-19 vaccine
- Number of workers in existing positions in the NSW Health agencies who have demonstrated proof of medical contraindication to all TGA approved and available COVID-19 vaccines
- Number of workers who are non-compliant with the COVID-19 vaccination requirements under this Policy, by Category of worker (Category A and Category B).
# 11. APPENDIX LIST

## 11.1 Appendix 1: Evidence of Protection

### 11.1.1. Evidence for Diphtheria, Tetanus and Pertussis

<table>
<thead>
<tr>
<th>Vaccination Evidence</th>
<th>One adult dose of diphtheria, tetanus and pertussis (dTpa) vaccine within the last 10 years.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serology Evidence</td>
<td>N/A. Serology will not be accepted.</td>
</tr>
<tr>
<td>Other Acceptable Evidence</td>
<td>Nil.</td>
</tr>
<tr>
<td>Notes</td>
<td>dTpa booster is required 10-yearly. DO NOT use ADT vaccine.</td>
</tr>
</tbody>
</table>

### 11.1.2. Evidence for Hepatitis B

<table>
<thead>
<tr>
<th>Vaccination Evidence</th>
<th>History of age-appropriate hepatitis B vaccination course in accordance with the Australian Immunisation Handbook.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serology Evidence</td>
<td>AND Anti-HBs ≥ 10mIU/mL.</td>
</tr>
<tr>
<td>Other Acceptable Evidence</td>
<td>OR Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+.</td>
</tr>
</tbody>
</table>

**Notes**

A completed [Hepatitis B Vaccination Declaration](#) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained.

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

Positive HBCAb and/or HBsAg result indicate compliance with this policy. A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures.

### 11.1.3. Evidence for Measles, Mumps and Rubella

<table>
<thead>
<tr>
<th>Vaccination Evidence</th>
<th>Two doses of measles, mumps and rubella (MMR) vaccine at least one month apart.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serology Evidence</td>
<td>OR Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report).</td>
</tr>
<tr>
<td>Other Acceptable Evidence</td>
<td>OR Birth date before 1966.</td>
</tr>
</tbody>
</table>
### Notes

- Do not compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory’s report must be followed, i.e., the report may include additional clinical advice, e.g., consideration of a booster vaccination for low levels of rubella IgG detected.

- **DO NOT use** measles, mumps, rubella and varicella (MMRV) vaccine *(not licensed for use in persons ≥ 14 years).* If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.

- Serology is not required following completion of a documented two dose MMR course.

- Those born before 1966 do not require serology.

---

### 11.1.4. Evidence for Varicella

<table>
<thead>
<tr>
<th><strong>Vaccination Evidence</strong></th>
<th>Two doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serology Evidence</strong></td>
<td>OR Positive IgG for varicella.</td>
</tr>
<tr>
<td><strong>Other Acceptable Evidence</strong></td>
<td>Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox.</td>
</tr>
</tbody>
</table>

**Notes**

- **DO NOT use** MMRV vaccine *(not licensed for use in persons ≥ 14 years).* If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.

- Evidence of one dose of Zostavax in persons vaccinated aged 50 years and over is acceptable.

---

### 11.1.5. Evidence for Influenza

<table>
<thead>
<tr>
<th><strong>Vaccination Evidence</strong></th>
<th>One dose of current southern hemisphere influenza vaccine registered for use by the Therapeutic Goods Administration (TGA), administered since 1 March 2022 or within eight weeks of the date of issue of this Policy Directive and by 1 June annually thereafter.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serology Evidence</strong></td>
<td>N/A. Serology will not be accepted.</td>
</tr>
<tr>
<td><strong>Other Acceptable Evidence</strong></td>
<td>Nil.</td>
</tr>
</tbody>
</table>

**Notes**

- Influenza vaccination is required annually for all workers in Category A positions and is strongly recommended for all workers in Category B positions.

---

### 11.1.6. Evidence for COVID-19

| **Vaccination Evidence** | All Category A and Category B Workers are required to provide an Australian Immunisation Register – Immunisation History Statement with:

  - Category A: three doses of a TGA approved or recognised COVID-19 vaccine.
  - Category B two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with Australian Technical Advisory Group on Immunisation (ATAGI) minimum intervals). A third dose three months after completion of the primary course (generally two doses) is strongly recommended. |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
For the purpose of this Policy, compliant means:

(1) the Category A Worker has received three doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals*), or

(2) the Category A Worker:
   (a) has received two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals), and
   (b) has received the third dose:
      (i) within eight weeks of the date of issue of this Policy Directive (if it is more than 13 weeks since they received their second dose), or
      (ii) within 6 weeks from the due date for the worker’s third dose of a TGA approved or recognised COVID-19 vaccine, whichever is later.

*A worker or student aged less than 16 years of age must have received the recommended doses in accordance with ATAGI advice.

A worker will also be considered compliant if they have a medical contraindication and provide medical contraindication evidence as defined below in Other Acceptable Evidence in this table; reviewed and accepted by the NSW Health agency. New recruits, medical graduates attending a ‘clinical observership’ and 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 provided they have:

- Provided evidence as defined above that they have received at least two doses of a TGA approved or recognised COVID-19 vaccine; and
- Completed all other vaccination requirements; and
- Submitted a written undertaking to complete the COVID-19 vaccination course (refer to the Undertaking/Declaration Form. Those who fail to provide the required evidence within six weeks of the dose due date will be terminated (as per Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers); unless there are extenuating circumstances to be considered by the NSW Health agency, and
- First year students/new recruits may only be granted temporary compliance once, and from the date of their initial assessment, unless there are extenuating circumstances (as determined by the assessor) that warrant a one-off further extension.

Serology Evidence

N/A. Serological testing to demonstrate immunity against SARS-CoV-2 in vaccinated individuals will not be accepted.
Other Acceptable Evidence

Workers who have been infected with SARS-CoV-2 may delay receiving further COVID-19 vaccination for up to four months following infection. Temporary compliance status will be granted if the worker provides evidence in the form of:

(AIR) immunisation medical exemption form (IM011) (Medical Contraindication Form), where reviewed and accepted by the NSW Health agency.

Workers who are unable to be compliant with COVID-19 vaccination due to a temporary or permanent medical contraindication to all of the TGA approved and available COVID-19 vaccines, are required to provide evidence of their circumstances in the form of:

the Medical Contraindication Form, where reviewed and accepted by the NSW Health agency.

Any NSW Medical Contraindication Form signed and dated prior to 25 February 2022 will remain valid evidence for the period for which it was granted.

### 11.1.7. Serological testing

Serological testing is only required as follows:

#### Hepatitis B

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

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

#### Measles, Mumps, Rubella

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

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

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

Workers presenting with serological result(s) post MMR vaccination, should be determined as either positive or negative. Borderline results should be discussed with the laboratory involved.

In general, if the laboratory isn’t confident of the result and they are unable to interpret this clearly, it would be best to assume that the result is negative. Where a worker presents with a vaccination record of complete vaccination against MMR and a serology result post-
vaccination indicating negative immunity to one or more of the diseases, they must receive one booster MMR vaccine and no further serology is required.

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

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

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

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

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

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

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

11.1.8. SARS-CoV-2
Serology MUST NOT be performed to detect SARS-CoV-2 immunity.

11.1.9. Pertussis
Serology MUST NOT be performed to detect pertussis immunity.
11.2 Appendix 2: Age-appropriate hepatitis B vaccination schedule

Evidence of a ‘history’ of hepatitis B vaccination may be a record of vaccination or a verbal history. Where a record of vaccination is not available and cannot be reasonably obtained, a verbal history of hepatitis B vaccination must be accompanied by a [Hepatitis B Vaccination Declaration](#) and the appropriately trained assessor must be satisfied that an ‘age appropriate’ complete vaccination history has been provided. The vaccination declaration should include details when the vaccination course was administered, the vaccination schedule and why a vaccination record cannot be provided. The assessor must use their clinical judgement to determine whether the hepatitis B vaccination history and serology demonstrate compliance and long-term protection.

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

### 11.1.1. Adult hepatitis B vaccination schedule

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

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

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

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

Note that while the minimum intervals are stated, longer intervals between vaccine doses are acceptable as stated in the online [Australian Immunisation Handbook](#).

An accelerated hepatitis B vaccination schedule must not be accepted.

### 11.1.2. Adolescent hepatitis B vaccination schedule

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

### 11.1.3. Childhood hepatitis B vaccination schedule

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

- a **minimum interval** of 1 month between the 1st and 2nd dose, and;
- a **minimum interval** of 2 months between the 2nd and 3rd dose, and
- a **minimum interval** of 4 months (or 16 weeks) between the 1st and 3rd dose
A 3-dose schedule provided at minimum intervals at either 0, 1, 4 months or 0, 2, 4 months is acceptable. For example, those who have received a 3-dose schedule of hepatitis B vaccine (often given overseas) at birth, 1–2 months of age and ≥6 months of age are considered fully vaccinated. Refer to the current edition of the online *Australian Immunisation Handbook* for assessment of completion of a primary course of hepatitis B vaccine given in infancy.
### 11.3 Appendix 3: TB Assessment Decision Support Tool

**Assess PART A:**
Did the applicant answer ‘YES’ to one or more question?

- Zero ‘YES’ responses in PART A

**Assess PART B:**
Did the applicant answer ‘YES’ to one or more question?

- Zero ‘YES’ responses in PART B

**Assess PART C:**
Did the applicant answer ‘YES’ to one or more question?

- Zero ‘YES’ responses in PART C

- Applicant answered ‘NO’ to all questions in Part A, Part B and Part C

**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
   - An IGRA test where the results are reported in English.

---

**Positive**

- Test for latent TB infection with IGRA or TST
  - No indication for TB screening or clinical review
  - No or indeterminate

**Indeterminate**

- Repeat test

**Negative**

- TB Compliant

---

**Temporary TB compliance** can be granted if:
- Chest X-ray excludes active TB disease; and
- An appointment has been made for TB clinical review
11.1 Appendix 4: Risk Management Framework under Chief Executive Discretionary Power (excluding the COVID-19 and influenza vaccination requirements)

For detailed information on the management of unprotected workers exposed to infectious diseases, refer to the NSW Health Control Guidelines for Public Health Units.


11.4.1 Measles

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

Public health unit advice must be sought if the unprotected worker has been in contact with a measles case. Following contact with a measles case, an unprotected worker must be offered the MMR vaccine within 72 hours of exposure or normal human immunoglobulin (NHIG) within 144 hours (6 days). Those who refuse/are unable to be vaccinated must be excluded from clinical duties for 18 days after the last exposure to the infectious case.

11.4.2 Mumps

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

11.4.3 Rubella

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

11.4.4 Tuberculosis (where screening is indicated)

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

11.4.5 Varicella

Following contact with a varicella/shingles case, an unprotected worker must be offered varicella vaccine as soon as possible and within 5 days of exposure or varicella-zoster immunoglobulin (VZIG) within 96 hours (4 days). Those who refuse/are unable to be vaccinated must be excluded from clinical duties for 21 days after the last exposure to the infectious case.

11.4.6 Pertussis

Following exposure to a pertussis case, an unprotected worker must be excluded from all clinical duties until they have completed a 5-day course of an appropriate antibiotic.
situations during an outbreak at a facility where asymptomatic unprotected workers have been recommended and refused antibiotics, they must be excluded from all clinical duties for 14 days following exposure to a pertussis case.

11.4.7 Hepatitis B

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

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

- be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure;
- provide a signed declaration Undertaking/Declaration Form, as appropriate, indicating:
  - receipt and understanding of the above information; and
  - be managed, in the event of exposure, in accordance with NSW Health Policy Directive HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed (PD2017_010) and the recommendations of the current edition of The Australian Immunisation Handbook regarding post-exposure prophylaxis for hepatitis B.

- Workers performing exposure prone procedures (EPPs) must comply with the requirements of NSW Health Policy Directive Management of health care workers with a blood borne virus and those doing exposure prone procedures (PD2019_026).
11.5 **Appendix 5: Non-Participation Form**

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

<table>
<thead>
<tr>
<th>NON-PARTICIPATION IN ASSESSMENT, SCREENING AND VACCINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have read and understood the policy directive regarding assessment, screening and vaccination and the infectious diseases covered by the policy directive.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>a) I decline to participate in: (tick box for specific disease(s)/vaccination as applicable)</td>
</tr>
<tr>
<td>☐ Assessment and/or vaccination for diphtheria / tetanus / pertussis (dTpa)</td>
</tr>
<tr>
<td>☐ Assessment and/or vaccination for hepatitis B</td>
</tr>
<tr>
<td>☐ Assessment and/or vaccination for measles/ mumps/ rubella (MMR)</td>
</tr>
<tr>
<td>☐ Assessment and/or vaccination for varicella (chicken pox)</td>
</tr>
<tr>
<td>☐ Assessment and/or screening for tuberculosis</td>
</tr>
<tr>
<td>b) I am aware that non-participation in the above vaccinations/ screenings will require my employer to either manage me as unprotected or unscreened, as described in Section 7.2 Reassignment of unprotected/unscreened existing workers (excluding the COVID-19 and influenza vaccination requirements) (or)</td>
</tr>
<tr>
<td>c) Terminate my employment if reassignment to a Category B or non-clinical position, as appropriate, is not feasible as specified in Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>a) I decline to participate in: (tick box for specific disease(s)/vaccination as applicable)</td>
</tr>
<tr>
<td>☐ Vaccination for influenza (Category A only - except for those workers where Section 3 Other Vaccination Requirements, including Requirements in Other Health Settings, applies)</td>
</tr>
<tr>
<td>☐ Dose three of a COVID-19 vaccine (Category A Workers only)</td>
</tr>
<tr>
<td>b) I am aware that non-participation in the above vaccinations will result in the application of Section 6.1 Non-compliance with, or refusal of, COVID-19 vaccination requirements and/or 6.2 Non-compliance with, or refusal of, influenza vaccination requirements with which I am required to comply OR be managed in accordance with the provisions of the NSW Health Policy Directive Managing Misconduct (PD2018_031) (see Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers for further information).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone or Email:</td>
<td></td>
</tr>
<tr>
<td>Health Service/Facility:</td>
<td>Clinical area/ward:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Date: / /</td>
</tr>
</tbody>
</table>
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.

Assessor's Name: ___________________________ Assessor's Position: ___________________________

Contact details: Phone: ___________________________ Email: ___________________________

Health Agency/Facility: ___________________________

Signature: ___________________________ Date: / /

Refusal to Submit Documentation / Attend Appointment

This worker has failed to attend an appointment for assessment, screening and vaccination despite multiple requests. See Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers.

☐ YES ☐ NO

Refusal to Sign

In circumstances where the worker refuses to sign this form. See Section 8 Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers

☐ YES ☐ NO
### 11.6 Appendix 6: Risks and Consequences of Exposure

<table>
<thead>
<tr>
<th>Disease</th>
<th>Description</th>
<th>For more information:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B Virus (HBV)</strong></td>
<td>Blood-borne viral disease. Infection can lead to chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needle-stick, or unprotected sex. Specific at-risk groups include workers, sex partners of infected people, injecting drug users, haemodialysis patients. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx</a></td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria</strong></td>
<td>Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx</a></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus</strong></td>
<td>Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx</a></td>
<td></td>
</tr>
<tr>
<td><strong>Pertussis (Whooping cough)</strong></td>
<td>Highly infectious bacterial infection spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx</a></td>
<td></td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Highly infectious viral disease spread by respiratory droplets. Infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven’t had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a first dose and children over 18 months of age who have not had a second dose. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx</a></td>
<td></td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td>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, e.g., swelling of testes or ovaries; encephalitis or meningitis may occur rarely. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx</a></td>
<td></td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td>Viral disease spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. Infection in pregnancy can cause birth defects or miscarriage. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx</a></td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx</a></td>
<td></td>
</tr>
<tr>
<td>Influenza (flu)</td>
<td>Viral infection caused by influenza A or B strains. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, e.g. handshake. Spreads most easily in confined and crowded spaces. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Young children are at high risk of infection unless vaccinated. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx</a></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months cumulatively in, a high TB incidence country. For more information: <a href="http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx">http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx</a></td>
<td></td>
</tr>
<tr>
<td>SARS-CoV-2 (COVID-19)</td>
<td>SARS-CoV-2 is the virus that causes COVID-19. SARS-CoV-2 is a novel coronavirus from a large family of coronaviruses, some causing illness in people and others that circulate among animals. SARS-CoV-2 can be transmitted through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces. Persons who live or work in a high risk setting e.g., health care facilities and residential care facilities, where there is evidence of a risk for rapid spread and ongoing chains of transmission, may also be at increased risk of exposure if an infectious case is introduced. For more information: <a href="https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx">https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx</a></td>
<td></td>
</tr>
</tbody>
</table>
# 11.7 Appendix 7: Annual Reporting Compliance

<table>
<thead>
<tr>
<th>NSW Health LHD/Agency</th>
<th>Contact Name</th>
<th>Contact email</th>
<th>Contact Phone</th>
<th>Data Source</th>
</tr>
</thead>
</table>

**Number** of Category A Workers in existing positions in the NSW Health agency (number of incumbents in positions – see Key definitions)

**Percentage** of Category A Workers in existing positions who have been assessed against the requirements of the policy

**Percentage** of workers in existing Category A positions who are compliant with all requirements of this Policy

<table>
<thead>
<tr>
<th>Vaccinated</th>
<th>Mask</th>
<th>Redeployed</th>
</tr>
</thead>
</table>

**Percentage** of Category A Workers vaccinated for influenza, wearing a mask or re-deployed

**Percentage** of Category A Workers vaccinated for COVID-19, wearing a mask or re-deployed

<table>
<thead>
<tr>
<th>Category A</th>
<th>Category B</th>
</tr>
</thead>
</table>

**Number** of workers in existing Category A positions being risk managed at the discretion of the Chief Executive under a risk management framework (excludes persistent non-responders to hepatitis B vaccination, COVID-19 and influenza vaccination requirements)

**Number** of Category A Workers in existing positions in the NSW Health agencies who have received three or more doses of any TGA approved and available COVID-19 vaccine

**Number** of Category B Workers in existing positions in the NSW Health agencies who have received two or more doses of any TGA approved and available COVID-19 vaccine

**Number** of workers in existing positions in the NSW Health agencies who demonstrated valid proof of medical contraindications to all TGA approved and available COVID-19 vaccines

**Number** of workers who are non-compliant with the COVID-19 vaccination requirements under this Policy