Health Care Worker Vaccination and Screening Procedure

1. Guiding Principles

Infection protection for healthcare workers (HCWs) should be an integral part of the infection prevention and control (IPC) and occupational health and safety programs of every healthcare facility. This includes staff health screening, promoting immunisation, instituting extra protection for HCWs in specific circumstances (e.g. pregnant HCWs) and having processes for minimising and managing risk exposure. While the organisation has a duty of care to the HCWs, staff members also have a responsibility to protect themselves and to not put others at risk.

This procedure seeks to reduce employee transmission of vaccine preventable diseases (VPDs) consistent with the principles and requirements of Department of Health (DoH) WA Health Care Worker Immunisation Policy, WACHS Pre-Employment Health Assessment Policy, Australian Immunisation Handbook, DoH MP 0153/21 COVID-19 Mandatory Vaccination and Vaccination Program Policy, and the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

Pre-employment health assessments (PEHA) are facilitated by the N10 PEHA form which requests information about disease and vaccination history. Staff must provide (relative to their N10 PEHA risk category) proof of vaccinations, immunity to VPDs, methicillin resistant *Staphylococcus aureus* (MRSA) screening or have a valid exemption as relevant. Failure to provide documented evidence will result in delaying the PEHA process. No contract of employment is to be issued prior the completion of the N10 PEHA.

2. Procedure

2.1 Pre-employment screening for HCWs

The DoH HCW Immunisation Policy details the minimum acceptable evidence of immunity in health employees whose duties may increase their exposure to vaccine preventable diseases including through direct patient contact. DoH Mandatory Policy 0153/21 COVID-19 Mandatory Vaccination and Vaccination Program Policy mandates the requirement for all employees of WA health system entities to be vaccinated against COVID-19.

Part B of the completed N10 PEHA form is to be reviewed and signed by the site IPC Nurse using the Health Care Worker Immunisation Policy to guide decisions including the need for additional information, serology testing, screening, or additional vaccination. If the site does not have an IPC nurse the line manager is to undertake this duty.

While pre-employment is required, any existing staff are to be offered screening for immunity to VPDs and vaccination opportunities if not already completed.

2.2 Vaccination and screening status of contracted staff

Pre-employment screening and immunisation protocols apply to students and agency/locum staff whose duties may increase their exposure to VPDs including through direct patient contact. The employer is responsible for agency and locum staff. Students should be assessed by their education provider prior to being allowed on site.

WACHS-Kimberley contracts with HCW education providers, visiting medical officers, nursing, medical locums, and other relevant employment agencies are to stipulate that these entities are only to provide staff and students that have a documented screening and vaccination history consistent with information outlined in this document and related policies.

2.3 Methicillin-resistant *Staphylococcus aureus* (MRSA) screening

HCW MRSA screening requirements apply to all HCW who have clinical contact, i.e. they provide direct clinical care and have physical contact with patients. This includes honorary, permanent, part time or casual HCWs, students, trainees, volunteers, or those providing care under contracted services. All Health Care Facilities need to ensure that agencies, including universities that provide clinical contact HCWs, students or trainees comply with these screening requirements.

Screening samples to be taken from the nostrils, using the same swab for both nostrils; throat and any discharging wounds, ulcers, or skin lesions. Refer to MRSA Screening and Management of Healthcare Workers Guideline.

Who to screen

- **New HCWs** who have clinical contact, are required to have their risk status for MRSA assessed as part of a pre-commencement process. MRSA surveillance screening is required prior to commencement of work if the HCW has been hospitalised or worked in any HCF outside of WA in the previous 12 months including volunteer placement.
- MRSA screening swabs can be collected outside of WA, if the HCW has not worked since collection of the screening swabs. A copy of the microbiology report must be provided to the employer.
- **Current HCWs** who perform clinical duties in any HCF outside of WA, including volunteer placements, and are returning to work, are to have MRSA screening performed on their return. HCWs can continue clinical duties pending results.
- **Visiting HCWs** who wear surgical attire and are assisting or observing in an operative / procedural setting and are visiting for less than five days are exempt from screening requirements. Any visiting HCWs involved in clinical contact for a period greater than five days, require screening prior to placement.

2.4 Tuberculosis (TB) screening

Future staff members may be exposed to TB in the course of their work. Baseline assessment of TB status is useful in post-exposure assessment. All staff of health care facilities should be assessed for risk of TB pre-employment. If written documentation of a prior TB test e.g. Tuberculin skin test (TST)/Mantoux, or QuantiFERON-TB Gold

Plus Test (QIFN) is available, tests do not need to be repeated. There is no time limit on this.

Screening tests for TB are indicated in the following staff working in a clinical setting:

- Persons assessed as low risk of prior TB exposure (see Appendix 4, Group 1 in Algorithm) but predicted probability for future exposure to TB is high or medium
- All persons assessed at high risk of prior TB exposure (see Appendix 4, Group 2 in the Algorithm) regardless of future occupational exposure
- Refer to section 5.3 Health Care Workers, Guidelines for Tuberculosis Control in Western Australia (2019).

Individuals who are likely to have minimal or no contact with patients (low probability), and do not have any history indicating likely TB exposure, are not required to have any test.

Staff with a positive TST, or a positive or indeterminate QIFN, require a chest x-ray (CXR) and medical evaluation by a medical practitioner experienced in TB management. Referral in the absence of clinical symptoms of tuberculosis will not delay employment.

2.5 Vaccine preventable disease requirements

Vaccination and screening requirements for HCWs can be determined using the risk classification system noted in Appendix 1 that provides clear categories of risk to assess the risk of exposure to VPDs. Minimum acceptable evidence of immunity is outlined in Appendix 2. Work activities, rather than position title, must be considered on an individual basis when determining risk categorisation.

Per the DoH HCW Immunisation Policy, HCWs who work with remote Indigenous communities in Western Australia should receive vaccines that are recommended in Appendix 1 for all HCWs plus hepatitis A vaccine (HAV).

The Australian Immunisation Handbook states people who regularly provide care for Aboriginal and Torres Strait Islander children in Western Australia are recommended to receive hepatitis A vaccine. Given the remote location and numbers of Indigenous communities within the Kimberley region, HAV is recommended for all Kimberley clinicians with patient contact. Additionally, HAV is recommended for all HCWs engaged in plumbing duties.

2.6 HCWs performing exposure prone procedures (EPPs)

HCWs who perform EPPs must take reasonable steps to know their blood borne virus (BBV) status and should be tested for BBVs at least once every three years.

Testing for BBV should include testing for human immunodeficiency virus (HIV) and hepatitis C virus (HCV). They should also be tested for hepatitis B virus (HBV) unless immunity to HBV, through vaccination or resolved infection, has been demonstrated. Refer to The Australian National Guidelines for the Management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses.

2.7 Immunisation and screening provision

Kimberley HCWs requiring vaccination or screening as part of their pre-employment health check can obtain these from registered doctors, registered nurses under medical direction, or by registered nurses or midwives trained in immunisation as outlined in the Chief Executive Officer of Health Structured Administration and Supply Arrangements.

If the HCW incurs costs associated with vaccination, screening, or serology as recommended by IPC, they may claim reimbursement through completion of a Reimbursement of Expenses/Subsidy Payments Form (AP2) available the intranet. The HCW to be reimbursed out of pocket expenses after Medicare rebate including cost of Standard General Practitioner (GP) consult; cost of vaccine; cost of vaccine administration; cost of serology or screening.

Existing HCWs should consult with IPC to identify immunity gaps prior to the GP visit. HCWs will only be reimbursed for expenses relevant to their risk category or work activities as recommended by IPC.

- HCW to complete AP2 form with attached receipts and submit to line manager
- Line manager to forward evidence of vaccination or screening results to infection control or designated database manager for data entry.

Where WACHS are the sole provider of GP services in a town/community then this service will be facilitated for staff at the local WACHS GP facility.

Annual influenza vaccination program

The Kimberley Public Health Unit coordinates an annual flu vaccination program for staff. The annual flu vaccination administration program is a collaborative effort by IPC and Public Health. Influenza vaccination is not mandatory but is strongly encouraged for staff with direct patient contact. The WA Health MP 0132/20 Staff Member Influenza Vaccination Program Policy requires all WA health system staff to complete the staff member vaccination registration form by 30 June each year. The registration form requires WA health system staff to either consent or decline influenza vaccination, or state they have already received the influenza vaccination elsewhere in that calendar year.

Employee refusal of vaccination

IPC nurses are to advise HCWs of potential consequences if they refuse to comply with reasonable requests for immunisation. If the site does not have an IPC nurse, the line manager is to undertake this duty. Advice and refusal to be documented in the staff immunity database by the IPC team member. The HCW is required to complete a Vaccination Refusal Form (Appendix 3). Vaccine refusal, contraindication to vaccination and vaccine non-response may be managed by ensuring appropriate work placements, work adjustments and work restrictions.

Work place risk assessment must be undertaken for any staff who refuse a recommended vaccination / cannot provide evidence of immunity as relevant, e.g.

HCWs who refuse pertussis boosters are not to be rostered to work in maternity units, paediatric wards, or emergency departments which treat infants.

Any HCWs symptomatic of an illness should not be at work. Prophylactic treatment and work exclusions may apply to unvaccinated HCWs who have been in contact with vaccine preventable diseases. Advice from the Kimberley Public Health Unit is to be sought in relation to management of this situation. Refer to WACHS Infection Prevention and Control for Communicable Diseases- Patient Management and HCW Exclusion Periods.

3. Definitions

Blood-borne viruses (BBV)	HBV, HCV, and HIV are diseases caused by BBV.
Exposure prone procedures (EPPs)	EPPs are invasive procedures where there is potential for direct contact between the skin, usually finger or thumb of the healthcare worker, and sharp objects or surgical instruments—such as needles, sharp body parts (e.g. fractured bones), spicules of bone or teeth—in body cavities or in poorly visualised or confined body sites, including the mouth of the patient.
Healthcare Worker (HCW)	Refers to doctors, nurses, allied health professionals, students on clinical practice, laboratory staff and mortuary attendants, clerical staff, volunteers, support staff such as cleaners, orderlies, and other staff (including subclass 457 temporary visa holders) who may have contact with patients or with a patient's blood or body substances as a result of their workplace activities.
Vaccine Preventable Disease	An infectious disease for which an effective preventative vaccine exists.

4. Roles and Responsibilities

Employers should take all reasonable steps to ensure that HCWs are protected against vaccine preventable diseases.

Health care workers are to:

- take reasonable steps to be aware of their own past infectious disease and vaccination status
- maintain their own personal records of all screening tests and vaccinations
- provide vaccination and screening records when requested by the employer.

5. Compliance

It is a requirement of the WA Health Code of Conduct that employees "comply with all applicable WA Health system policy frameworks."

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

Kimberley sites will designate an appropriate health care worker to maintain a secure, confidential database for detailing the immune status of health care workers. Copies of the HCWs immunity summary will be made available to the HCW on request.

7. Evaluation

This procedure is to be evaluated through annual review by the Kimberley Infection Prevention and Control group which is to consider site and regional staff vaccination data, response to any identified outbreaks, and impact of education programs.

8. Standards

National Safety and Quality Health Service Standards – Standards 3.01, 3.15, 3.16

9. Legislation

Work Health and Safety Act 2020
Health Service Act 2016
Medicines and Poisons Regulations 2016

10. References

- Australian Government Department of Health, Communicable Diseases Network Australia. The Australian National Guidelines for the Management of healthcare workers living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses (2018)
- Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra (2018)

- Fiona Stanley Fremantle Hospitals Group, Employee Immunisation and Health (FSH-HW-POL-0030)
- Government of Western Australia, North Metropolitan Health Service, Guidelines for Tuberculosis Control in Western Australia (September 2019).
- National Health and Medical Research Council (NHMRC), Australian Commission on Safety and Quality in Healthcare. Australian Guidelines for the Prevention and Control of Infection in Healthcare. Canberra: NHMRC (2019).
- Royal Perth Bentley Group, Healthcare Worker Immunisation and Health Policy.
- WACHS Wheatbelt Staff Immunisation Procedure
- WA Department of Health, Vaccine Administration Code (2016).

11. Related Forms

Government of Western Australia, Health Support Services. N10 Pre-employment Health Assessment
Government of Western Australia, Health Support Services. AP2 Reimbursement of Expenses/Subsidy Payments

12. Related Policy Documents

WACHS Infection Prevention and Control Policy
WACHS Infection Prevention and Control - Patient Management and Healthcare Worker Exclusion Periods Policy
WACHS Pre-Employment Health Assessment Policy

13. Related WA Health System Policies

COVID-19 Mandatory Vaccination and Vaccination Program Policy
Health Care Worker Immunisation Policy - MP 0153/21
MRSA Screening and Management of Healthcare Worker Guideline
Staff Member Influenza Vaccination Program Policy - MP 0132/20

14. Policy Framework

Public Health

15. Appendices

Appendix 1: Determining risk categorisation for screening and immunisation
Appendix 2: VPD recommended proof of immunity
Appendix 3: HCW Vaccine Refusal Form
Appendix 4: Algorithm for pre-employment TB screening tests

This document can be made available in alternative formats on request for a person with a disability

Contact:	Clinical Nurse Specialist Infection Control		
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Appendix 1: Determining risk categorisation for VPD screening and immunisation

Category	Risk	Examples	Recommended Vaccines
A	**Direct contact with blood or body substances** This category includes all persons who have physical contact with, or potential exposure to, blood or body substances.	Medical practitioners & Dentists; nurses; allied health staff; laboratory staff; maintenance engineers who service equipment; sterilising service staff; cleaners, and staff responsible for the decontamination and disposal of contaminated materials.	• Hepatitis B: 3x doses followed by serological confirmation of immunity • Influenza yearly • Pertussis (dTpa): within last 10 years (and completed primary course DTPa for tetanus component) • Measles, mumps, rubella (MMR): 2x doses • Varicella: 2x doses • COVID-19 per DoH requirements
		Category A staff with patient contact and plumbers / sewage workers	In addition to all vaccines listed above: • Hepatitis A: 2x doses
B	**Indirect contact with blood and body substances** Rarely have direct contact with blood or body substances. These employees may be exposed to infections spread by the airborne or droplet routes but are unlikely to be at occupational risk from blood borne diseases.	Catering staff and ward clerks.	• Influenza yearly • Pertussis (dTpa): within last 10 years • Measles, mumps rubella (MMR): 2x doses • Varicella: 2x doses • COVID-19 per DOH requirements
Minimal	**Minimal patient contact** Occupational groups that have no greater exposure to infectious diseases than do the public. The exact nature of job should be considered when deciding immunisation requirements and all staff should be encouraged to be fully vaccinated.	Administrative/Office clerical staff, gardening staff and kitchen staff.	• Influenza yearly • COVID-19 per DoH requirements
Laboratory staff	**Laboratory staff** May have additional vaccination requirements if they are working with, or may be exposed to, specific viral or bacterial organisms, e.g. anthrax, Q fever, meningococcal C, poliomyelitis, Japanese encephalitis, typhoid, yellow fever	Laboratory staff	• Laboratory staff should also receive the vaccines noted in category A • COVID-19 per DoH requirements

Appendix 2: VPD recommended proof of immunity

Disease	Minimum acceptable evidence of immunity
Hepatitis A	• Documented evidence of completed age appropriate course of hepatitis A vaccine (confirmation of immunity post-vaccination is not required) *or* • Presence of hepatitis antibody (IgG) on serology.
Hepatitis B	• Documented evidence of a completed, age appropriate course of hepatitis B vaccine, ***including documented evidence of post-vaccination hepatitis B surface antibody*** (anti-HBs) (> or = to 10mlU/mL) on serology *or* • Presence of anti-HBs on serology • For those who have completed a course of hepatitis B vaccine but have no documented evidence of conversion or demonstrated levels <10 mIU/mL of anti-HBs should be followed up in accordance with the recommendations in the Australian Immunisation Handbook.
Influenza	• Documented evidence of influenza vaccination during the current flu season.
Measles, Mumps, Rubella	• Documented evidence of 2 measles, mumps, and rubella vaccinations at least 1 month apart *or* • Born before 1966 (measles only) *or* • Presence of measles, mumps, and rubella antibody (IgG) on serology.
Pertussis	• One documented dose of adult diphtheria, tetanus, and pertussis (dTpa) vaccine in the last 10 years.
Varicella	• Documented evidence of 2 varicella vaccinations at least 1 month apart, *or* • Presence of varicella antibody (IgG) on serology.

Appendix 3: HCW Vaccine Refusal Form

Staff member name:		
DOB	Telephone	Sex
Address		

Following a review of my N10 pre-employment health assessment, I understand under the DoH WA Health Care Worker Immunisation Policy, it is recommended I receive the indicated vaccines which I have subsequently refused.

	Vaccination declined	**Disease specific information/ fact sheet received** (HCW to initial) Healthy WA, Health conditions A-Z
Hepatitis B	☐	
Hepatitis A	☐	
Measles, Mumps, Rubella	☐	
Varicella (chicken pox)	☐	
Diphtheria, Tetanus, Acellular Pertussis (dTpa)	☐	

Acknowledgement of declined vaccination

- ☐ I have been given the opportunity to attend to vaccination against the indicated disease. I have read the disease specific information provided and acknowledge the diseases(s) vaccination prevents.
- ☐ I understand the consequences of refusing vaccination, e.g. contracting the illness, and exposing others in the workplace who may be vulnerable. However, at this time I decline to be vaccinated.
- ☐ I understand in the event of an outbreak or exposure I may be requested to take prophylactic treatment, if available, or remain off work for the infectivity period of the preventable disease.

Declaration

- ☐ I have read and fully understand the information on this declination form.
- ☐ I am aware that I may change my mind at any time and attend to vaccination as recommended by the HCW Immunisation Policy, the Australian Immunisation Handbook, and National Safety and Quality Health Service Standards.

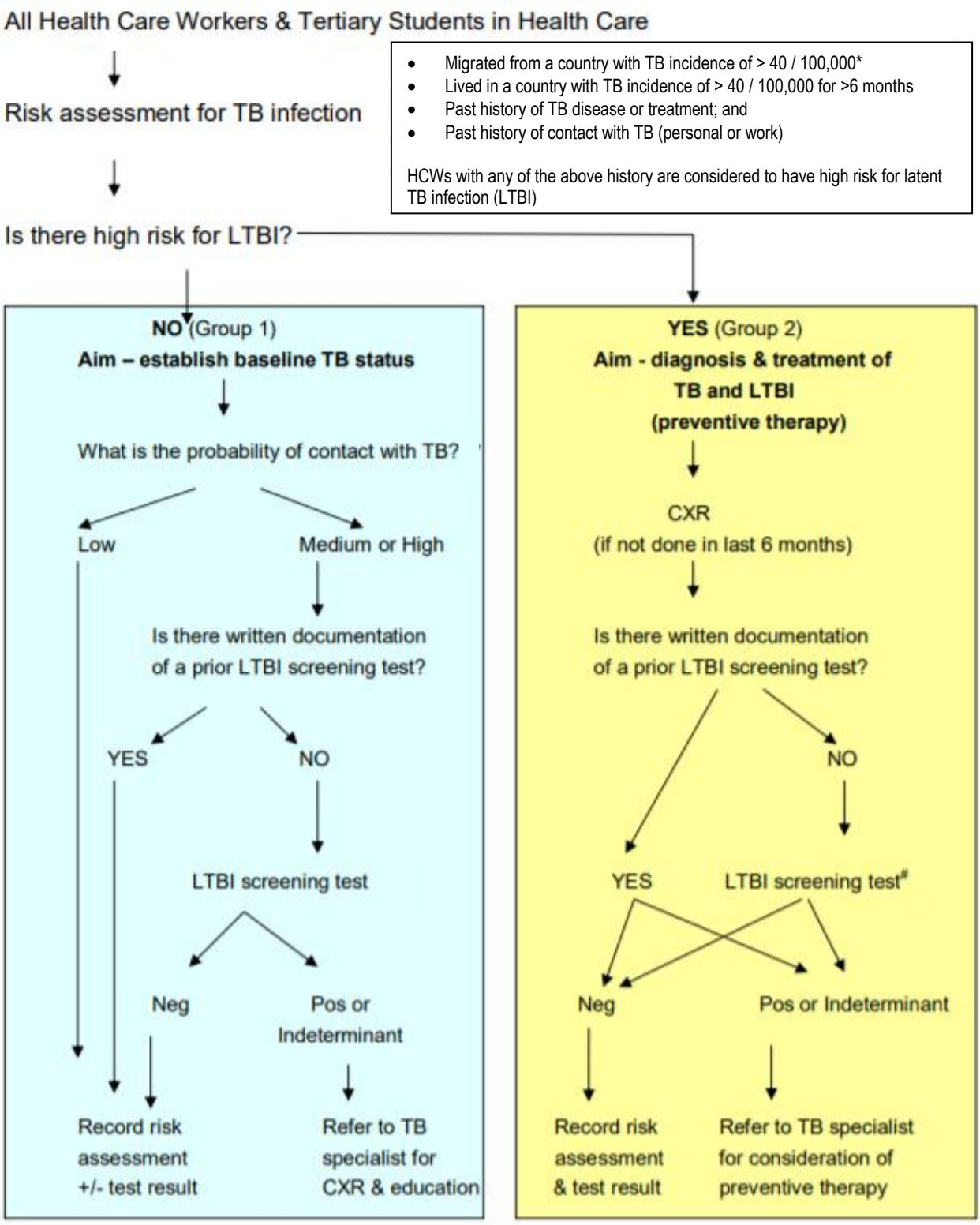
HCW Name _____ Date _____/_____/_____
(print clearly)

Signature _____

Send completed form to:

- ☐ Manager for Employee File
- ☐ Local hospital site IPC nurse or database manager
- ☐ Regional Occupational Health and Safety Coordinator
- ☐ Kimberley Human Resources

Appendix 4: Algorithm for Pre-employment TB Screening Tests



Reference: Government of Western Australia, North Metropolitan Health Service, Guidelines for Tuberculosis Control in Western Australia (September 2019)

* Refer to World Health Organisation TB country, regional and global profiles to determine TB incidence.