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1. BACKGROUND

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

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

Assessment, screening and vaccination of workers are recognised, evidence–based control measures which reduce the risk of staff being infectious or acquiring an infection, and thereby reduces the risk of transmitting the disease to patients, visitors or other staff.

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.

Education providers are expected to ensure that all students undertaking clinical placements and student facilitators are informed of the requirements of the policy directive prior to and at enrolment / commencement of employment. Similarly, recruitment agencies are expected to ensure all workers are informed of the requirements of the policy directive.

1.2. Key definitions

Assessment	The evaluation of a person's prior exposure/level of protection against the specified infectious diseases covered by the policy directive by appropriately trained clinical personnel.
Australian Immunisation Register	The Australian Immunisation Register (AIR) is a national register that records vaccines given to all people in Australia.
Authorised nurse immuniser (ANI)	A registered nurse/midwife who has completed the specified specialist post-graduate training to provide immunisation services without direct medical authorisation.
ClinConnect	A web-based resource designed to manage clinical placements for health care students who will undertake clinical placements in NSW Health facilities.
Clinical observership	Clinical placements for international medical students (the placements are also known as 'electives') and for international medical graduates who are becoming familiar with medical practice in Australia and/or preparing for examinations in Australia.
Contact	Direct close interaction with patients/clients on an ongoing or short term basis.

Compliant	The status applied to those workers who demonstrate that they are protected against the specified infectious diseases and have had Tuberculosis (TB) exposure assessed, as required by this policy. It also includes workers who have completed the requirements of this policy 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 Record 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 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 employer of workers employed in NSW Health organisations or facilities.
Evidence of protection	Includes a record of vaccination, and/or serological confirmation of protection, and/or other evidence. All evidence of protection must be provided as specified in Appendix 1 (Evidence of protection).
Exposure prone procedure (EPP)	Clinical practices where there is a risk of injury to the worker resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Facilitator	A clinician who mentors and visits students during their clinical placements and who is employed by an Education Provider.
Facility	A defined service location such as a hospital, community health centre or other location where health care services are provided.
Influenza season	From 1 June to 30 September inclusive, unless another period is determined by the Chief Health Officer based on seasonal influenza epidemiology or the appearance of a novel influenza strain.
New recruit	A person who is applying for a position in a NSW Health agency on a permanent, temporary or casual basis. This also includes workers that have been employed in an existing position within a NSW Health agency and are applying for a new position within the same NSW Health agency. Visiting Practitioners on an existing contract are classified as new recruits when their contracts are renewed.
Non-compliant worker	A worker who has failed to provide evidence of protection or an accepted medical contraindication as required under Section 2 and Appendix 1.
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 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 nurse immuniser to record vaccination and serology results. Should a worker present a vaccination record in a foreign language, it may be translated using the vaccine translation website at https://translating.homeaffairs.gov.au/en, or using a local translation service.
Vaccine non-responder	A person who has been fully vaccinated against hepatitis B according to Appendix 1, 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.*
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) Category A students, researchers or 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 s17 of the *Work Health and Safety Act 2011*, 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 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, below
- Complete and submit to the health facility the *Undertaking/ Declaration Form* and *Tuberculosis (TB) Assessment Tool*
- Undertake 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 Health Care Workers and Students* is used, the new recruit or student must attend their local doctor or immunisation provider for assessment of their compliance with this policy.

The doctor/nurse immuniser is responsible for completing the Vaccination Record Card. The new recruit or student must not complete their own vaccination, serology or TB assessment records on the Vaccination Record Card. The doctor/nurse must sign and apply the practice stamp to the vaccination record card and vaccine batch numbers are to be recorded, where available.

Table 1: Vaccination requirements by position risk category

Infectious Disease	Category A	Category B
SARS-CoV-2 (COVID-19) 2 doses	Required	Required
SARS-CoV-2 (COVID-19) 3 doses	Required	Recommended
Measles	Required	Recommended
Mumps	Required	Recommended
Rubella	Required	Recommended
Hepatitis B	Required	Recommended
Varicella (Chickenpox)	Required	Recommended
Diphtheria	Required	Recommended

Infectious Disease	Category A	Category B
Tetanus	Required	Recommended
Pertussis (Whooping Cough)	Required	Recommended
Tuberculosis assessment	Required	Recommended
Influenza	Required	Recommended

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 includes:

- a written record of vaccination signed, dated and stamped by a medical practitioner/nurse immuniser on the NSW Health vaccination record card for workers and students
- serological confirmation of protection
- an Australian Immunisation Register 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).

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 vaccine translation website at https://translating.homeaffairs.gov.au/en, 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 TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals) to work and be employed in NSW Health.

A worker will be considered compliant if they have a medical contraindication to all available TGA approved or recognised COVID-19 vaccines and provide medical contraindication evidence as defined in section 5.5; where this evidence is accepted by their NSW Health agency.

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 the Australian Technical Advisory Group on Immunisation (ATAGI):

(1) Three doses of a Therapeutic Goods Administration (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 6 weeks from 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 two 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 provided they have:

- provided documentary evidence that they have received (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 requirements for dose three (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)*; unless there are extenuating circumstances to be considered by the NSW Health agency.

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 doses) is highly recommended.

2.5. Tuberculosis (TB) 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 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*).

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 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* will have an individualised management plan developed in collaboration with the local TB service (Chest Clinic) to facilitate commencement of employment/clinical placement.
- workers that answer 'yes' to any question in Part C of the *Tuberculosis (TB) Assessment Tool* are required to undergo TB screening (note Section 2.5.1 re acceptance of migration screening).

2.6. TB screening

TB screening is to identify evidence of latent (or active) TB infection. Testing for latent TB infection is 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:
    - been advised they were in contact with a person known to have infectious TB disease and who 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 since their last TB assessment.
- is an existing worker who has no documented evidence of prior TB screening and if they were born in or have travelled for a cumulative time of 3 months or longer in a country or countries with a high incidence of TB.

A TB screening test will be valid if it meets the following criteria:

- Performed prior to, or at least four weeks after, a live parental vaccine
- TST administered and read by an Australian state or territory TB clinic, or collaborating service endorse by the District or Network TB Service.
- IGRA test where:
    - Results are reported in English
    - TB antigen and mitogen results are reported
    - Test was undertaken less than three months prior to arrival in Australia (if performed overseas).

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 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. TB screening following migration screening for latent TB 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 IGRA should be referred to TB Service (Chest Clinic) for clinical review (unless they provide a Summary of NSW TB Services Clinical Assessment). Repeated TB screening is required where migration screening was:

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

2.6.2 TB Clinical Review

Workers employed in existing positions, new recruits, volunteers and Category A students who have evidence of TB infection (a positive TB screening test), are to be referred to the local TB Service 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. A summary of NSW Tuberculosis Services Clinical Assessment will be provided to document compliance or temporary compliance.

TB compliance may be revoked in the event of diagnosis of active pulmonary TB or failure to undertake recommended contact screening following a TB exposure.

2.7. Temporary compliance

Temporary compliance may be granted to complete the course of hepatitis B vaccination, or to meet the TB assessment and screening 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 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 six months will be terminated (as per section 8 *Termination of Employment)*; 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. TB

New recruits, medical graduates attending a 'clinical observership', Category A students, or existing workers that have been exposed to TB, may be granted temporary compliance and commence/continue employment provided they:

- Have completed the requirements for TB assessment and screening (if required), and require a TB clinical review, and:
  - have had a chest X-ray reporting no evidence of active TB disease; and
  - have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB Service (Chest Clinic) is considered acceptable evidence of booking, or
- Have had a TB clinical review and are recommended for ongoing management generally to be treated for active TB disease once non-infectious, or 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 Directive and it is expected that they are made aware by their education provider of the requirements of this policy directive prior to enrolment in their university, TAFE or other education 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.

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 should 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 Directive. In certain circumstances they may not be able to complete the hepatitis B requirements of this Policy Directive prior to their placements, but should 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 *PD2019_026 Management of healthcare workers with a blood borne virus and those doing exposure prone procedures* 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. VACCINATION REQUIREMENTS IN OTHER HEALTH SETTINGS

3.1. Mandatory requirements to be vaccinated

All workers should be advised that there may be other requirements to be vaccinated against influenza and/or COVID-19 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*). They must comply with all other vaccination obligations.

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*) for a person to receive an up-to-date vaccine against influenza prior to entry to a residential care facility, workers employed in a NSW Health residential care facility[1] must be vaccinated with the current southern hemisphere influenza vaccine, provided that the vaccine is available to the worker.

The requirement also applies to 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.

If the worker has a recognised medical contraindication as per *The Australian Immunisation Handbook* or the Australian Technical Advisory Group on Immunisation (ATAGI) the vaccine will not be considered “available to the worker”. In such a case, the worker must provide a medical certificate and wear a surgical (or higher grade) mask while providing patient care in the facility.

If a worker is required to attend a residential care facility in an emergency, it will be reasonable for the worker to attend the facility even if the worker has not been vaccinated.

Workers employed in a NSW Health residential care facility, or those who routinely work in such facilities, who refuse to be vaccinated 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 (RMF) under CE Discretionary Power*) do not apply in relation to legal requirements for vaccination.

[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

Workers are to be managed in accordance with section 6 *(Non-Participating Workers and Vaccine Refusers)* and section 8 (*Termination of Employment of Vaccine Refusers)* of this Policy Directive.

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 Directive in the interpretation of immunological test results, vaccination schedules, TB assessment and/or TB screening.

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

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

A 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 dTpa booster must be vaccinated before the due date of this booster, 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 *(Management of non-participating workers and vaccine refusers).*

4.3. Recruitment

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

Non-compliant workers employed in existing positions who are applying for a new position 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 Directive. Recruitment agencies must ensure that all workers who are referred to work in a NSW Health agency are informed of the requirements of this Policy Directive and must not work in a NSW Health agency when their temporary compliance expires and/or are no longer up-to-date with vaccination requirements of the 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 seasonal influenza vaccine within 6 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. Category A students must obtain the influenza vaccination at their own cost.

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

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 letter from their doctor).

The only acceptable evidence for temporary or permanent medical contraindication to all the available TGA approved or recognised COVID-19 vaccines, is the *Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)*. Workers will be required to

provide a copy of their IM011 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 Information 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 below), 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 ensure the safety of the worker and others.

The NSW Health agencies must ensure that detailed information is provided 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 who have a medical contraindication and cannot demonstrate dTpa, MMR or VZV vaccination or proof of immunity, must not be employed in a Category A position.

5.3. Contraindication to hepatitis B vaccination

Workers 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 a signed declaration as specified in part 4 of *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 primary vaccination* 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 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 HBV, and
- will comply with the hepatitis B risk management requirements in Appendix 4 (*Risk Management Framework (RMF) under CE Discretionary Power).*

Persistent hepatitis B non-responders (as specified in the online edition of *The Australian Immunisation Handbook*) are to be considered compliant with the policy and do not require a CE exemption but must be managed in accordance with Appendix 4 (*Risk Management Framework (RMF) under CE Discretionary Power)*. The information must be recorded in VaxLink.

5.5. Contraindication to COVID-19 vaccination

A medical contraindication to vaccination is a medical condition or risk factor in a worker that makes receiving a specific vaccine potentially harmful. All Category A workers who are unable to receive three doses of a TGA approved or recognised COVID-19 vaccine due to a temporary or permanent medical contraindication to all the available TGA approved or recognised COVID-19 vaccines, are required to provide evidence of their circumstances in the form of an *Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)* for review and approval. All Category B workers who are unable to receive two doses of a TGA approved or recognised COVID-19 vaccine due to a temporary or permanent medical contraindication to all the available TGA approved or recognised COVID-19 vaccines, are required to provide evidence of their circumstances in the form of an *Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)* 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, an IM011 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, or by four months (six months for medical contraindication forms signed prior to 24 January 2022) after the evidence of temporary contraindication was provided by a medical practitioner, whichever occurs sooner. A NSW Health service agency may require the worker to make arrangements for an independent medical examination (IME) if further information is required or to seek further guidance on managing the medical contraindication. 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 or recognised 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 LHD 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.*

A P2/N95 respirator may be required in accordance with the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013) for transmission-based precautions and COVID-19 Infection Prevention and Control Manual.

5.5.1. Recent SARS-CoV-2 infection

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

- *(AIR) immunisation medical exemption form (IM011); where reviewed and accepted by the NSW Health agency*

If a worker seeks to defer COVID-19 vaccination after the three months temporary compliance period following their infection such that they would not be compliant with this policy directive, a medical contraindication certificate in the form of the *(AIR) immunisation medical exemption form (IM011)* must be provided. Temporary exemption due to recent SARS-CoV-2 infection will only be granted for up to four months following the infection. In the event of a subsequent infection, further temporary compliance will be granted if the worker provides evidence in the form of:

- *(AIR) immunisation medical exemption form (IM011); 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 workers to make arrangements for an independent medical examination (IME) to ensure the appropriateness of the exemption.

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. 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 (as defined in Key Definitions), 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.

A P2/N95 respirator may be required in accordance with the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013) for transmission-based precautions and COVID-19 Infection Prevention and Control Manual.

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

All workers who are:

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

Cannot continue to work within a NSW Health service.

Category A workers who are non-compliant with COVID-19 up to date vaccination requirements, as set out in section 2.4.1, must comply with all other risk reduction strategies as directed while working in a Category A position, or be re-deployed to a Category B position at the discretion of the LHD. 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) at all times while in the facility as detailed in the *Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual.*

A P2/N95 respirator may be required in accordance with the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013) for transmission-based precautions and COVID-19 Infection Prevention and Control Manual.

Workers who do not comply with the above requirements and who do not have an approved medical contraindication to COVID-19 vaccination have no capacity to perform work. Following consideration of individual circumstances, termination may be appropriate.

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

- do not consent to the assessment, screening, and vaccination requirements of this Policy Directive
- are aware of the potential risks to themselves and/or others as outlined in Appendix 6 (*Risks and Consequences of Exposure*), and
- are aware that their employer:

- 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,
- terminate their employment, if risk management or reassignment is not feasible as specified in section 8 *Termination of Employment*.

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

Workers and students in Category A positions who refuse annual influenza vaccination, other than those with a recognised medical contraindication to influenza vaccine, must, during the influenza season, comply with all other risk reduction strategies and guidance while working in a Category A position, or be deployed to a non-clinical area (at the discretion of the LHD). 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) 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.

A P2/N95 respirator may be required in accordance with the NSW Health Policy Directive *Infection Prevention and Control Policy* (PD2017_013) for transmission-based precautions and Clinical Excellence Commission Infection Prevention and Control clinical Handbook.

Existing workers who are non-compliant with influenza vaccination requirements and who do not comply with the requirements outlined above, and who do not have an approved medical contraindication to influenza vaccination, cannot continue to undertake work or placements with a NSW Health service.

As workers who do not comply with the requirements and who do not have an approved medical contraindication to influenza vaccination will have no capacity to perform work, following consideration of individual circumstances, termination will be appropriate.

Existing Category A workers (excluding workers covered by section 3) that do not comply with the requirements of this Policy Directive must complete and submit Appendix 5 (*Non-Participation Form)* stating that they:

- do not consent to the assessment, screening, and vaccination requirements of this Policy Directive
- are aware of the potential risks to themselves and/or others as outlined in Appendix 6 (*Risks and Consequences of Exposure*), and
- are aware that their employer:
  - 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,
  - terminate their employment, if risk management or reassignment is not feasible as specified in section 8 *Termination of Employment*.

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) that do not comply with the requirements of this Policy Directive must complete and submit Appendix 5 (*Non-Participation Form)* stating that they:

- do not consent to the assessment, screening, and vaccination requirements of this Policy Directive
- are aware of the potential risks to themselves and/or others as outlined in Appendix 6 (*Risks and Consequences of Exposure*), and
- are aware that their employer:
    - 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 CE discretion
    - will consider managing them under CE discretion as unprotected or unscreened, as described in section 7.2 *Reassignment of unprotected/unscreened existing workers,* or
    - terminate their employment, if risk management or reassignment is not feasible as specified in section 8 *Termination of Employment*.

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 clinical placements in a NSW Health facility.

7. RISK MANAGEMENT

All workers who refuse or are non-compliant with the requirements under this policy should have a risk assessment of their position, including the level of risk, work location and client group. Where there is a perceived risk to service delivery in the health service, recurrent TB screening may be required, or unprotected workers employed in any position (Refer to *Table 1)* may be managed under Chief Executive (CE) discretionary power as detailed below.

7.1. Routine recurrent TB screening

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

Recurrent screening and/or chest x-ray and clinical review (usually annually) should 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.

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 that develop a positive TST or positive IGRA. Where a worker has previously had a positive TB screening test, an annual chest X-ray to exclude active TB 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 (Refer to *Table 1*) who are not fully protected against the specified infectious diseases in this Policy (or are a persistent non-responder to hepatitis B vaccination), or who have not been screened for TB (where indicated), do not work in their designated risk category areas (as specified in *Table 1*) 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.[2] 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).

The NSW Health agency must ensure that the worker:

- understands the requirements of this Policy Directive and the risks to patients, self and others arising from 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 he/she 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.

Where reassignment to a non-clinical area is not feasible, refer to Section 7.3 *Chief Executive Discretion* and Appendix 4 (*Risk Management Framework (RMF) under CE Discretionary Power*).

Where reassignment is not feasible and all other alternatives have been exhausted for existing workers who refuse to comply with the requirements of this Policy Directive, refer to

[2] Appropriate areas of non-high risk may depend on the disease(s) against which the worker is not protected. Refer to Appendix 1.

section 6 (*Non-participating workers and vaccine refusers)* and section 8 *(Termination of Employment of vaccine refusers).*

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

The Chief Executive (CE) has the discretionary power to vary the requirements of this Policy Directive, on a case-by-case basis such as a genuine and serious risk to service delivery that could result from the reassignment of an unprotected/unscreened worker or 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 CE and within an individual risk management plan, consistent with Appendix 4 (*Risk Management Framework (RMF) under CE Discretionary Power*), to protect the employed worker and clients.

Workers working under CE 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. 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. CE discretion in managing medical contraindications

The CE is to manage a worker with medical contraindications under a risk management plan consistent with Appendix 4 (*Risk Management Framework (RMF) under CE Discretionary Power*).

7.3.2. CE discretion in managing vaccine refusal

The following situations are limited to workers who 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 OF VACCINE NON-COMPLIANCE AND REFUSERS (EXCLUDING COVID-19 AND INFLUENZA)

Where all other alternatives for redeployment have been exhausted and the risk of transmission cannot be acceptably managed, or any legal requirements cannot be met the NSW Health agency reserves the right to terminate workers employed in any existing risk category positions (Refer to *Table 1*), or workers covered by Section 3 of this policy who refuse to comply with the policy's assessment, screening and vaccination requirements.

Existing workers with a medical contraindication to vaccination are not to be terminated on the basis of their accepted medical contraindication. They are to be risk managed as specified in Appendix 4 (*Risk Management Framework (RMF) under CE discretionary Power*).

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 AIR[3].

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 AIR 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 AIR and/or VaxLink should have this request recorded in VaxLink.

Vaccination records (for example the *NSW Health Vaccination Record Card for Health Care Workers and Students*) and/or other documentation such as serology results can be uploaded as attachments into VaxLink (once this function is available).

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

[3] An application form to register as a vaccination provider and report vaccinations to the AIR 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

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 to record 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 the policy or acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this policy directive.

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

During the course of assessment of a student, education providers may collect information (including documents) on a student's compliance with the requirements of the policy, 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 Ministry of 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 agency (number of incumbents in positions – see 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 the policy

- For those workers who are non-compliant with any requirements, the percentage of Category A workers with a PPE requirement and/or re-deployed 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 PPE requirement and/or re-deployed 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 CE 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 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 Directive, 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

Vaccination Evidence	One adult dose of dTpa vaccine within the last 10 years
Serology Evidence	N/A. Serology will not be accepted
Other Acceptable Evidence	Nil
Notes	dTpa booster is required 10-yearly. DO NOT use ADT vaccine.

11.1.2 Evidence for Hepatitis B

Vaccination Evidence	History of age-appropriate hepatitis B vaccination course in accordance with the Australian Immunisation Handbook
Serology Evidence	**AND** Anti-HBs ≥ 10mIU/mL
Other Acceptable Evidence	**OR** Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+
Notes	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 (MMR)

Vaccination Evidence	Two doses of MMR vaccine at least one month apart
Serology Evidence	**OR** Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report)
Other Acceptable Evidence	**OR** Birth date before 1966
Notes	Do not compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed, i.e., the report may include additional clinical advice, e.g.,

	consideration of a booster vaccination for low levels of rubella IgG detected. DO NOT use 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

Vaccination Evidence	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).
Serology Evidence	**OR** Positive IgG for varicella
Other Acceptable Evidence	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox
Notes	DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years). Evidence of one dose of Zostavax in persons vaccinated aged 50 years and over is acceptable.

11.1.5 Evidence for Influenza

Vaccination Evidence	One dose of current southern hemisphere seasonal influenza vaccine within 6 weeks from the date of issue of this Policy Directive and by 1 June annually thereafter.
Serology Evidence	N/A. Serology will not be accepted
Other Acceptable Evidence	Nil
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 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 Directive, compliant means: (1) the Category A worker has received three doses of a Therapeutic Goods Administration (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 6 weeks from 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 two 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'*; 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)*; 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 should delay receiving further COVID-19 vaccination for at least three months following infection. Temporary compliance status will be granted if the worker provides evidence in the form of: *(AIR) immunisation medical exemption form (IM011); 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: *(AIR) immunisation medical exemption form (IM011); 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 and 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 policy requirements 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 two doses of MMR vaccine at least four weeks apart and no further serology is required.

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

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

Varicella

Where there is a negative/uncertain history of completion of prior 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:

11.2.1 Adult hepatitis B vaccination schedule

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

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

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

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

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

An accelerated hepatitis B vaccination schedule must not be accepted.

11.2.2 Adolescent hepatitis B vaccination schedule

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

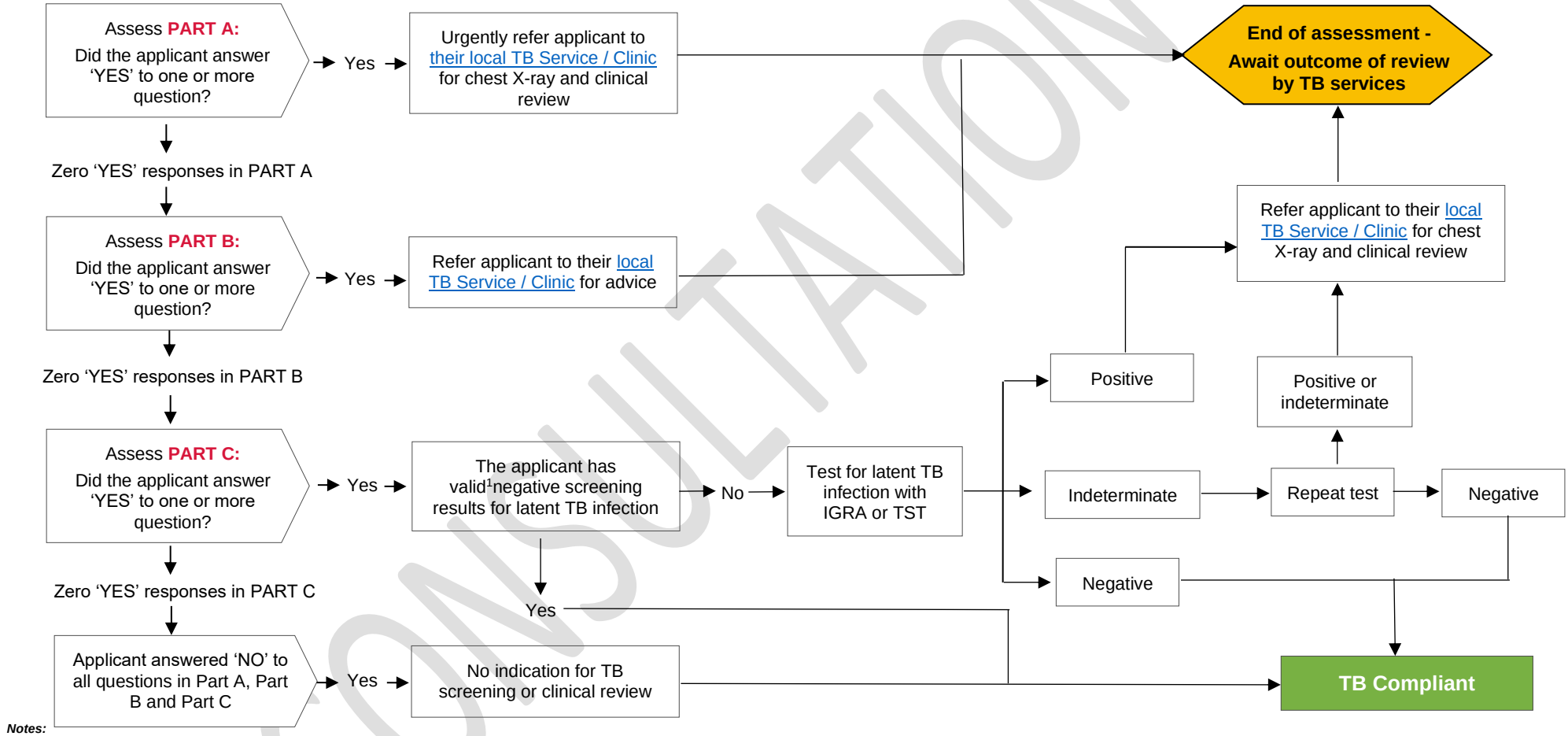
11.2.3 Childhood hepatitis B vaccination schedule

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

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

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

11.3 Appendix 3: TB Assessment Decision Support Tool



Notes:

1. A 'valid' TB screening result must satisfy the following criteria:

- *Performed prior to, or at least four weeks after, a live parental 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, TB antigen and mitogen values are reported, and the test was undertaken <3 months prior to arrival in Australia (if performed overseas)*

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

Refer to the NSW Health Control Guidelines for more detailed information at http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/default.aspx. For guidance on the management of health workers with symptomatic illness, refer to the NSW Health Infection Prevention and Control Policy (**PD2017_013**)

11.4.1 Measles

An unprotected worker must be excluded from working in the clinical area (as specified in Section 2.1.1) for 14 days after he/she has 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 he/she, develops 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 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. In situations during an outbreak at a facility where asymptomatic unprotected workers have

been recommended and refused antibiotics, they must be excluded from all clinical duties for 14 days following exposure to a pertussis case.

11.5 Appendix 5: Non-Participation Form

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

NON-PARTICIPATION IN ASSESSMENT, SCREENING AND VACCINATION

1. I have read and understood the policy directive regarding assessment, screening and vaccination and the infectious diseases covered by the policy directive.
2. I decline to participate in: (tick box for specific disease(s)/vaccination as applicable)
   - ☐ Assessment and/or vaccination for diphtheria / tetanus / pertussis (dTpa)
   - ☐ Assessment and/or vaccination for hepatitis B
   - ☐ Assessment and/or vaccination for measles/ mumps/ rubella (MMR)
   - ☐ Assessment and/or vaccination for varicella (chicken pox)
   - ☐ Vaccination for influenza (Category A only - except for those workers where section 3 applies)
   - ☐ Dose three of a COVID-19 vaccine (Category A workers only)
   - ☐ Assessment and/or screening for tuberculosis
3. I am aware of the potential risks to myself and/or others that my non-participation in assessment, screening and/or vaccination may pose.
4. I am aware that non-participation will require my employer to either manage me as unprotected or unscreened, as described in *Section 7.2 Reassignment of unprotected/unscreened existing workers* or 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 of vaccine refusers.*

REFUSAL TO SUBMIT DOCUMENTATION / ATTEND APPOINTMENT

This worker has failed to attend an appointment for assessment, screening and vaccination despite multiple requests and will be referred to the CE for possible termination.

REFUSAL TO SIGN

In circumstances where the worker refuses to sign this form, it should be noted on the form and the worker should be advised that their employment will be terminated.

Name:

Phone or Email:

Date of Birth:

Health Service/Facility: **Clinical area/ward:**

Signature: **Date:** / /

OFFICE USE ONLY

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

Assessor's Name:

Assessor's Position:

Contact details: Phone: **Email:**

Health Agency/Facility:

Signature: **Date:** / /

11.6 Appendix 6: Risks and Consequences of Exposure

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

	respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx
Influenza (flu)	Viral infection caused by influenza A or B strains. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, 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: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx
Tuberculosis (TB)	A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months cumulatively in, a high TB incidence country. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx
SARS-CoV-2 (COVID-19)	SARS-CoV-2 is the virus that causes COVID-19. SARS-CoV-2 is a novel coronavirus from a large family of coronaviruses, some causing illness in people and others that circulate among animals. SARS-CoV 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: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx

11.7 Appendix 7: Annual Reporting Compliance

NSW Health Agency			
Contact Name			
Contact email		Contact Phone	
Data Source			

Number of Category A workers in existing positions in the NSW Health agency (number of incumbents in positions – see 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 the policy	

	Vaccinated	Mask	Redeployed
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			

Number of workers in existing Category A positions being risk managed at the discretion of the CE under a risk management framework (excludes persistent non-responders to hepatitis B vaccination)	
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	

	Category A	Category B
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 Directive		