

## Risk Assessment –NSW Health Mandatory COVID-19 Vaccination

<b>Risk location:</b>	NSW Health Agencies
<b>Scope</b>	All of NSW Health workforce
<b>Date of Risk Assessment</b>	3 May 2022
<b>Risk Description:</b>	Community transmission of COVID-19 and influenza in NSW creates risks to NSW Health in ensuring continuity of effective service delivery and the safety of workers, patients and others arising through the operation of its services. The potential consequences of these risks include increased patient, worker and others mortality and morbidity and associated increased operating resource requirements (people/ products/services) increasing the burden on the NSW Health system.
<b>Purpose</b>	To assess the impact of worker vaccination status including no vaccination, primary two dose vaccination and maintaining ATAGI recommendations in addition to current controls to manage the ongoing COVID-19 and influenza risk to NSW Health workforce.
<b>NSW Health context:</b>	<p><b>Please refer to the separate risk assessment for influenza vaccination. Influenza vaccination is already recommended for all NSW Health staff and currently mandated for some high-risk clinical staff. Although the prevention strategies for transmission of respiratory viruses in the workplace are similar, the COVID-19 vaccination is a new vaccination impacting all NSW Health Staff.</b></p> <p><b>NSW Health Service is required to be in a state of constant preparedness to maintain service delivery in the context of community transmission of COVID-19 and influenza, and emerging SARS-CoV-2 variants</b></p> <p>COVID-19 is a highly contagious and potentially fatal condition caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The highly infectious nature of COVID-19 means it represents a serious and ongoing public health risk to the community of NSW (ref 1 and 6). Influenza is also a serious respiratory illness. People with co-infection with COVID-19 and influenza were more than twice as likely to die due to infection (odds ratio of 2.27, 95% CI: 1.23; 4.19) compared to SARS-CoV-2 infection alone (ref 2). The impact of co-circulation of influenza, SARS-CoV-2, and other winter respiratory viruses, particularly at high levels, is unclear but is anticipated to pose a significant risk to healthcare settings for transmission, workplace absenteeism and other impacts.</p>

With COVID-19 and influenza co-circulating, it is important we are optimally prepared and can respond to their fluctuating community prevalence and health system impact. We need a health system that is ready and can quickly mobilise resources to meet the changing health needs of the NSW community.

**Maintaining vaccination protection is an effective, safe, and reasonably practicable control to keep the workforce safe by optimising individual immunity**

Research supports that approved COVID-19 vaccines available in Australia are highly effective at preventing severe illness, hospitalisation, and death from the virus (ref 1). The Australian Technical Advisory Group on Immunisation (ATAGI) recommends booster doses of COVID-19 vaccine for all Australians aged 16 years and above, to mitigate against waning immunity to SARS-CoV-2 and the emergence of SARS-CoV-2 variants. Research evidence review by the National Centre for Immunisation Research and Surveillance (NCIRS) suggests a third dose of SARS-CoV-2 vaccine produces a multifold increase in antibodies against Omicron compared to two doses. They suggest a third (first booster) dose of COVID-19 is important for all people aged 16 years and above and provides high vaccine effectiveness in the first 1-2 months after vaccination against severe disease (up to 99%) and moderate (up to 68%) protection against infection with the Omicron variant, now dominant in Australia (ref 1).

After the third dose of a SARS-CoV-2 vaccine there is a peak in protection at around 1-2 months after which its effectiveness wanes (ref 1). The third dose has been shown to have ongoing effectiveness at 4-6 months against severe disease ( $\geq 90\%$  to 85%) and is 40-45% effective against symptomatic infections (ref 1).

On 12 November 2022, the Secretary issued a determination under s116A of the Health Services Act 1997 fixing as a condition of employment for existing and new NSW Health Service staff a requirement to have two doses of an approved COVID-19 vaccine by no later than 30 November 2021. The determination mirrors the requirement to have received two doses to perform work in NSW Health agencies under the Public Health (Covid-19 Vaccination of Health Care Workers) Order 2022 and its predecessor Public Health Orders). Vaccination is a risk control strategy that occurs in conjunction with additional strategies and controls to minimise and prevent the transmission of COVID-19. The minimum standard to prevent severe disease in an individual is two doses of an approved COVID-19 vaccine (constituting the primary course for most people).

For our workforce to be as safe as is reasonably practicable requires maintaining COVID-19 protection by staying up to date with vaccinations. Health care workers were prioritised early in the vaccination rollout, and many are now due for their booster dose. Immunity through vaccination does change over time. ATAGI guidelines and advice continues to be updated to ensure ongoing protection against COVID-19, including the variants, based on current research, community prevalence and COVID-19 variants.

Keeping a high proportion of the NSW Health workforce appropriately vaccinated in accordance with ATAGI advice will assist in preventing the spread of COVID-19 in NSW Health workplaces. When immunity decreases, the risk of worker COVID-19 acquisition increases. While COVID-19 vaccine impact is greatest against severe disease at the level of the individual the modest

protection against any infection for several months following boosting will also assist in reducing virus transmission across the community, and particularly in certain settings including the healthcare environment.

**NSW Health has a primary duty of care for the health and safety of our patients and visitors accessing our facilities who are often vulnerable to the risk of severe COVID-19 infection**

The cohort of people that use health services are at a higher risk of severe COVID infection, illness, and death due to their personal complex medical conditions or being immune compromised (ref 1). The nature of health care work locates unwell people together which increases the potential risk of microbes being present. Prevention of COVID-19 remains important in essential workforces, such as health and aged care workers who also may transmit infection to others in their care (ref 1). The Work Health and Safety Act (2011) s 19(2) outlines health agencies primary duty of care for the health and safety of others entering our premises (ref 9). Vaccination of the workforce is a practical control that can be implemented to assist in meeting this duty of care in combination with social distancing, personal protective equipment (PPE), hand hygiene and cleaning protocols (ref 9 and 10).

**NSW Health workforce providing clinical or supporting clinical services is at increased risk of exposure due to the work performed**

Due to the inherent requirements of the role of a worker in NSW Health in clinical areas there is an increased risk of exposure to COVID-19 due to the type of work performed. Workers are at risk of infection in the community but also in their day-to-day work, including from patients and co-workers with whom they come into close contact. Frontline workers are also at risk of infecting patients receiving care. Since the start of the pandemic, there has been outbreaks within health facilities that have resulted in patient deaths due to COVID-19. Vaccinations assist in keeping our workforce safe in the workplace and in the community.

Workers that normally do not have patient contact still may be in contact with front line workers in contact with patients with COVID-19. They may need to transit through these areas or on occasion be temporarily deployed in case of staff absence etc. These workers may be at higher risk than the general population if not wearing appropriate PPE. They may also come into contact with vulnerable people in these facilities e.g., older visitors or immunocompromised people in the cafeteria/administration areas of health facilities. We need to make sure these workers are also protected as far as reasonably practicable.

**NSW Health cannot modify essential services if the workforce is furloughed**

NSW Health essential services must continue to be provided and cannot close when staffed are furloughed. Unlike other government agencies that can stop or reduce the provision of services (e.g., closing school and classrooms) essential public hospital services must be provided. Vaccination can assist in preventing disease and therefore assist in preventing absenteeism to maintain workforce availability.

**NSW Health may need to redeploy workers quickly to maintain service delivery**

A health system providing essential services may require workers that can be deployed and relocated to maintain health service operations in emergencies.

**NSW Health staff move between worksites and have contact with other workers to perform their role**

In the course of work, the operation of health services depends on various components, including frontline clinical services, environmental services, food services, diagnostic services, procurement, payroll, and logistics. A number of these staff will have direct contact with patients and others, by virtue of their presence on a health care site, will interact with staff that have direct patient contact. A range of other health service staff may provide support services and may work away from health service sites (such as finance, administration, legal, IT and engineering) but these staff may still be required to attend healthcare facilities for meetings, site visits, inspections or otherwise in the performance of their duties. Within NSW Health, we employ workers that are immune compromised and have additional risk factors for serious illness. For all these reasons, we need to ensure that contact between workers is as safe as reasonably practicable and individuals have protection against severe disease.

**There is a lead time associated with further COVID-19 vaccination of the NSW Health workforce. This includes time required to administer and then allow the vaccine to be effective which may be required urgently with a new variant.**

NCIRS recommends having a high level of vaccine uptake in the population being a key to support a rapid and effective response to new SARS-CoV-2 variants. Delivering an additional vaccine dose to those with an established level of immunity (from vaccination and/or past infection) is the most reliable strategy to stimulate cross-protective (hybrid) immunity to combat new virus strains (ref 1).

From experience, the process of vaccinating the workforce has required significant resources and requires at least two months to implement. COVID-19 variants can quickly transmit through the population with exponential growth in weeks. It is important that the workforce is constantly prepared for mobilisation of frontline and non-frontline workers by being up to date with the ATAGI recommendations for vaccination. This will assist to minimise the risk of illness and transmission in the workplace and enable quick mobilisation of staff to maintain health service delivery.

**There is a legal obligation to ensure, so far as is reasonably practicable, for the safety of workers, based on the hierarchy of controls**

The *WHS Act (2011)* s 19 requires organisations to eliminate, and if not reasonably practicable to minimise, the risk of exposure to COVID-19 in the workplace. Workers under the *WHS Act (2011)* s28 have duties which includes taking reasonable care for their own and others' health and safety and complying with reasonable instruction (ref 9).

Where possible the hierarchy of controls needs to be applied when minimising the risk of COVID-19 in the workplace (ref 1,3 and 5). The hierarchy of controls provides that where it is not reasonably practicable to eliminate risks of health and safety, risks must be minimised through risk control measures as follows (WHS Regulation 2017, clause 36):

- (1) by doing one of more of the following:
  - (a) substituting the hazard with something else
  - (b) isolating the hazard
  - (c) implementing engineering controls
- (2) if the risk remains after (1), implementing administrative controls so far as is reasonably practicable
- (3) if the risk remains after (2), minimise risk so far as is reasonably practicable by use of PPE

It is not possible to eliminate the risk of exposure to COVID-19 in the workplace. Applying the hierarchy of controls, along with current measures such as social distancing, good ventilation, hand hygiene and cleaning protocols, vaccination provides a higher-level engineering and administrative control (vaccination and associated policy/ processes to requiring vaccination) to manage the risk of COVID-19. Lower-level administrative controls such as PPE alone are less effective at preventing transmission. The CEC provides research-based guidance for infection and prevention control (IPAC) to ensure that recommended controls that include PPE are considered an administrative control based on their application in the workplace.

**To work, NSW Health Staff are already required to be vaccinated against infectious disease based on their role.**

[Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases \(nsw.gov.au\)](https://nsw.gov.au/occupational-assessment-screening-and-vaccination-against-specified-infectious-diseases) outlines the categorisation guidelines for staff that work in NSW Health and are used to determine vaccination requirements for workers based on their level of exposure. There is already a requirement for staff working in NSW Health to be vaccinated against other infectious diseases which is ongoing through their employment. The categories for determining staff vaccination requirements are:

#### **Category A staff**

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

1. Direct physical contact with:
  - a) patients/clients
  - b) deceased persons, body parts
  - c) blood, body substances, infectious material or surfaces or equipment that might contain these (e.g., soiled linen, surgical equipment, syringes).

OR

2. Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:
  - a) 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/outpatient department.



b) 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 who frequently throughout their working week are required to attend clinical areas, e.g., persons employed in food services who deliver meals and maintenance workers.

**Category B staff** no direct physical contact with patients/ clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these and no greater risk of acquisition and/or transmission of a specified infectious disease than for the general community. Normal work area is not in a clinical area although they may infrequently attend a clinical area for a short period. Incidental contact with patients is no different to a visitor in the facility (e.g., in the elevator/cafeteria).

### **Risk assessment comparing the impact of vaccination status allows better decision making**

When determining hazards, the likelihood for transmission is impacted by the workplace - location, work performed, workplace design and worker mobility. The outcome (consequence of severity of illness) for workers is based on age, chronic health conditions and vaccination status including time since previous vaccination dose and ATAGI recommendations for maintaining protection. Following a vaccination, a worker's level of immunity will decrease over time which increases the likelihood of acquiring COVID-19. This may also impact on the severity of their illness and health.

This risk assessment is required to assist in determining whether its reasonably practicable to maintain protection by complying with the ATAGI recommendations on initial and booster doses. Appendix 1 outlines the NSW Health Risk Matrix used to determine likelihood and consequence based on adding vaccination options to current strategies such as no vaccination, vaccination (2 doses) and being consistent with ATAGI guidance (currently at least 3 doses for those 16 years and over). The risk assessment risk rating likelihood for two and three (or more) doses may change over time with changes to immunity status (individual and community). To monitor possible changes data will be checked to ensure the risk assessment remains relevant.

Current infection prevention and control risk mitigation strategies for the health care workforce is based on guidance from the CEC and may change based on the variant and prevalence of COVID-19. These controls are implemented independent of vaccination status. The CEC infection prevention and control (IPAC) risk protocols are patient focused and based on clinical requirements and include:

- Isolation or cohorting patients with COVID-19 as reasonably practicable
- Standard precautions including hand hygiene and cough etiquette
- Cleaning protocols for reusable medical equipment and surrounding environment
- Ventilation including air changes and air flow
- PPE requirements based on the work performed and risk of transmission (mask either surgical or P2/N95, gown, gloves, eye protection)

	<ul style="list-style-type: none"> <li>Health care workers follow a risk assessment process and mitigating IPAC strategies to determine when and how it is safe to return to the workplace following illness</li> </ul> <p>In addition to these provisions additional controls implemented include (ref 11):</p> <ul style="list-style-type: none"> <li>Improving air quality when reasonably practicable</li> <li>Increased cleaning and maintenance</li> <li>Physical distancing in the workplace as appropriate for the task</li> </ul>
<b>Consultation</b>	Office of Chief Health Officer, CEC, Workplace Relations, ACI, SHEOC, <b>Directors of Workforce, Unions</b>
<b>Report created by</b>	Catherine Mackay, MoH Principal WHS advisor

## Risk Assessment with Current Controls and COVID-19 Vaccination Options- No Vaccine/2 Dose/ and ATAGI Guidelines

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>1. WORKPLACE-Prevalence of COVID-19 effects the risk of exposure for workers</b>				
<b>Likelihood of Person with COVID-19 being in the Workplace</b> <p>Due to the inherent requirements of work performed there is a higher likelihood of COVID-19 being in the workplace as patients with COVID-19 attend health services for treatment. People that have COVID-19 access health services and are treated in facilities for their disease</p>	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose) and CEC protocol guidance</li> <li>Entry screening for visitors</li> <li>Visitor policy encouraging vaccination</li> </ul>	P	K	D
<b>Risk of Community Transmission impacting the potential number of people with COVID-19 in the workplace</b> <p>Location, local epidemiology, number of community cases and community vaccination coverage will impact risk for transmission in a workplace. National, state and territory public health advice including Public Health Orders assist in determining the risk including the decision making by Risk Escalation Review Panel (RERP) to implement Response and Escalation Framework (COVID-19) (ref 5)</p>	<ul style="list-style-type: none"> <li>Based on the COVID-19 response and escalation risk framework matrix model (red, amber, and green), risk mitigation strategies are modified and implemented</li> <li>COVID-19 Mandatory vaccination (2 dose) and CEC IPAC risk management protocols</li> <li><a href="#">Resources for COVID-19</a> are available in a variety of languages to manage safety including social distancing and vaccination requirements.</li> </ul>	S	P	J



Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<p><b>Increased risk of transmission within facilities as health services are provided to patients with influenza and COVID-19.</b></p> <p>The location, type of work, environmental design and layout will impact prevalence and transmission in the workplace. Patients that are immune compromised and at risk of severe outcomes if they acquire influenza/COVID-19 are also located in health facilities. Healthcare workers care for all patients which may increase in the risk of transmission due to the work performed.</p>	<ul style="list-style-type: none"> <li>• Implementation of facility/service risk management plans including recommendations from Clinical Excellence Commission and Australian Commission of Safety and Quality in Health Care.</li> <li>• CEC IPAC risk management protocols (previously outlined) with staff training</li> <li>• Facilities may cohort patients with influenza and COVID-19 (patient placement)</li> <li>• Limiting access for the number of workers in locations with known influenza</li> <li>• Good ventilation</li> <li>• Cleaning protocols and schedules based on risk of transmission</li> <li>• Application of standard precautions including hand hygiene and PPE</li> </ul>	Q	P	E

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>2. WORKPLACE – The workplace needs to maintain service delivery to ensure the health of the community</b>				
<b>Inability to maintain Service Delivery</b> In a pandemic or other significant event, service delivery must be maintained, and workers need to be able to be mobilised based on service requirements and community needs.	<ul style="list-style-type: none"> <li>Business Continuity Planning for mobility of workforce</li> <li>Induction for workers to a new work area for workers (PD2019_013 Work Health &amp; Safety- Better Practice Procedures)</li> <li>Worker training to enable provision of new services</li> <li>NSW Health awards have mobility clauses to enable workers to be moved in an emergency</li> </ul>	M	K	E
<b>Workers requiring isolation due to COVID-19 exposure impacting service delivery (Business Continuity)</b>  The geographic size and location of health facility, number of staff and options for replacement will impact on Business Continuity in the event of a worker infections. Workers as a close or household contact self-isolate as required.	<ul style="list-style-type: none"> <li>Business Continuity Planning</li> <li>Risk assessment for close and household contacts occur with guidance on when it is safe to return to the workplace.</li> </ul>	M	K	E

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>Meeting Community Expectations by implementing all reasonable controls to minimise COVID-19 transmission in the workplace</b> Community expects that NSW Health provides all appropriate controls to ensure that patients/consumers do not acquire COVID-19 as part of routine health care and comply with ATAGI vaccination recommendations.	<ul style="list-style-type: none"> <li>All available strategies to minimise the risk of COVID-19 transmission are implemented which includes current COVID-19 risk management processes AND vaccinations for workers (2 doses)</li> <li>Communication strategy for media outlets</li> </ul>	U	P	J
<b>3. WORKPLACE – The workplace design may increase the risk of transmission</b>				
<b>Ventilation needs to be appropriate to work performed</b> Improving ventilation may minimise the risk of transmission	<ul style="list-style-type: none"> <li>If possible, patients with COVID-19 receive health care in an area that minimises transmission (isolation, negative pressure, or well-ventilated areas to improve air flow or air change frequency)</li> <li>COVID-19 Mandatory vaccination (2 dose) and CEC infection prevention and control protocols for COVID-19</li> </ul>	P	P	J

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>Shared Workspaces/ Workstations</b> Due to the inherent design of the workplaces and work performed, workspaces will be shared.	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>CEC infection prevention and control guidelines including social distancing, good ventilation, hand hygiene, cleaning, and PPE requirements</li> <li>Advice from CEC to minimise numbers in shared work locations</li> </ul>	Q	P	K
<b>Shared Eating/ Other Facilities Areas</b> Due to the inherent design of the workplaces and work performed, facilities will be shared. Workers may share eating areas in breaks, use shared bathrooms and entrances and not have prerequisite PPE to prevent transmission in these areas.	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>CEC infection prevention and control guidelines including social distancing, good ventilation, hand hygiene, cleaning, and PPE requirements</li> <li>Advice from CEC to minimise numbers in tea rooms</li> <li>Encouraging staff breaks in outdoor locations if practicable</li> </ul>	Q	P	J

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>4. WORK PERFORMED- The type of work and requirements of the work increases risk of exposure</b>				
<b>Social distancing cannot be maintained when providing clinical care</b>  To provide patient diagnosis, treatment and care often requires people to be within 1.5 meters distance for greater than 15 minutes. This includes when transporting patients to and between health facilities.	<ul style="list-style-type: none"> <li>Determine if other options for medical care are possible that maintain social distancing (e.g., telehealth)</li> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Screening and surveillance upon entry to the workplace for workers and visitors</li> <li>Good ventilation, hand hygiene, cleaning and Standard Precautions based on IPAC risk protocols</li> <li>PPE (gloves/ gown/mask and eye protection) and additional PPE based on a risk management plan and cleaning of work areas based on protocols and risk of transmission</li> </ul>	Q	P	K
<b>Workplace Exposure to Blood and Bodily Fluids (BBF)</b>  Due to the work performed and activities occurring in the workplace there is a risk of exposure to BBF.	<ul style="list-style-type: none"> <li>Facility risk management processes and adherence to Australian Infection control guidelines (ref 2)</li> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Cough etiquette</li> <li>Competency training for tasks that require handling, storing, transporting, and disposing of BBF</li> </ul>	Q	P	K

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>Aerosols Generating Procedures (AGP)</b>  Some medical procedures cause aerosol generation of body fluid particles and if performed on patients with COVID-19 this increases the risk of transmission	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Patients with COVID-19 are identified prior to procedures if possible and if unknown, treated as though they are positive</li> <li>Aerosol generating procedures (AGPs) are identified and risk mitigation strategies are implemented including appropriate ventilation controls, additional PPE requirements (P2/N95 respirator) and additional cleaning protocols</li> </ul>	Q	P	K
<b>Due to their medical conditions or age some patients maybe aggressive and/or not comply with reasonable requests for workplace COVID-19 risk mitigation strategies</b>  Some patients may not be able to comply with reasonable instructions for masks, social distancing, hand hygiene etc. Some patients will remove PPE from healthcare workers when aggressive	<ul style="list-style-type: none"> <li>Patient risk management behavioural plan</li> <li>Facility aggression minimisation strategies</li> <li>Contact tracing and additional risk mitigation strategies if PPE is removed forcefully from staff</li> <li>COVID-19 Mandatory vaccination (2 dose) and CEC IPAC risk management protocols</li> </ul>	Q	P	K



Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<p><b>Work tasks and workplace design increases potential for exposure between workers</b></p> <p>To perform some duties, workers are required to move around a workplace, between workplaces and may be in vehicles (inadequate space) with other workers and/or patients. examples- PTS, ambulance, travelling to group meetings, pathology collection, cleaners, food service delivery, security</p>	<ul style="list-style-type: none"> <li>• Risk management plan to minimise worker mobility (ref 2, 4 and 6)</li> <li>• COVID-19 Mandatory vaccination (2 dose)</li> <li>• Use of Standard precautions and PPE based on risk of transmission as per infection control guidance (ref 5)</li> <li>• Cleaning protocols</li> <li>• Social distancing as appropriate</li> </ul>	Q	P	K
<p><b>Inability to maintaining physical distancing in the workplace all the times when not providing patient care</b></p> <p>Human behaviour is unpredictable, and we will not consistently maintain physical distancing in perceived low risk environments. This includes social interactions occurring in</p>	<ul style="list-style-type: none"> <li>• COVID-19 Mandatory vaccination (2 dose)</li> <li>• In office areas PPE will not be worn unless in a period of COVID escalation e.g., RERF changed (ref 6)</li> <li>• Messaging including emails, meetings etc to remind staff of the need for social distancing</li> <li>• Hand hygiene and increased cleaning of surfaces and equipment</li> </ul>	Q	P	K

meetings, tea rooms and when moving around a facility.				
Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>5. WORKER – Personal factors related to the worker that impact acquiring COVID-19 and the outcomes of disease process</b> These risk factors will vary based on individual health risk factors including age, chronic health conditions and vaccination status including number and time since previous vaccination				
<b>Personal Health Risk for Severe Disease</b>  Due to underlying medical conditions, some workers are more vulnerable to serious illness from COVID-19 and need to be identified and appropriate managed for their health and wellbeing	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Vulnerable workers are assessed as per the AHPPC Guidelines and following a risk assessment appropriate controls are implemented which may include alternative work duties (ATSI, &gt;60yrs with health chronic health issues, 70 years, immunocompromised)</li> </ul>	M	K	E- but can vary on individual health risk factors
<b>Ensuring workers health and safety when redeployed to different work areas</b>  NSW Health workers can be redeployed, seconded, undertake temporary project work, and attend meetings in a variety of environments; therefore, the personal risk of exposure can change based	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Requirements based on policy for vaccinations status due to work location and risk ( Cat A and Cat B)</li> <li>Induction and training for new work areas</li> <li>Worker screening, social distancing and standard precautions and PPE based on the work location and RERP risk matrix criteria</li> <li>NSW Health employment awards incorporate redeployment options</li> </ul>	Q	P	I- but can vary on individual health risk factors

on the location of the work and their role.				
Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>Attending the Workplace while Ill</b>  Decrease the risk of workers transmitting COVID in the workplace requires strategies to limit entry into the workplace for workers with COVID disease or close exposure until safe to return.	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Workers monitor for symptoms and do not attend the workplace if unwell</li> <li>Screening processes for attending workplace including questionnaire for personal risk factors</li> <li>COVID swabbing and testing to determine the cause of the illness if workers are unwell</li> <li>Availability of Sick Leave</li> <li>Specific criteria and requirements based on NSW Public Health Unit Advice for determining safety when returning to the workplace following disease or close exposure</li> </ul>	Q	P	K- but can vary on individual health risk factors
<b>Non-Compliance when using Personal Protective Equipment (P2/N95 Fit Test) may impact acquisition of COVID-19</b>  To ensure a worker risk of COVID transmission is minimised during a range of aerolisation work activities a P2/N95 mask needs to be worn.	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Criteria for use based on CEC guidelines including IPAC and Respiratory Protection in Health Care Selection of masks types available to cater for face shape and size and protocols</li> <li>Fit testing of P2/N95 masks protocols</li> <li>Fit checking by worker when donning P2/N95 Mask including training</li> <li>HealthShare manage supply of P2/N95</li> </ul>	Q	P	K- but can vary on individual health risk factors

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<p><b>Non - Compliance with Standard Precautions and Personal Protective Equipment may impact acquisition and transmission of COVID-19</b></p> <p>Staff need to maintain compliance with Standard Precautions in the workplace including PPE requirements which involves donning (putting on) and doffing (removing) PPE in a specific sequence. This occurs many times during a shift. As PPE is a lower-level control and occasionally, human error occurs with this process.</p>	<ul style="list-style-type: none"> <li>COVID-19 Mandatory vaccination (2 dose)</li> <li>Standard Precautions may change depending on the alert level RERF</li> <li>Standard precautions apply for all workers and contractors including hand hygiene, social distancing and wearing appropriate PPE based on designated area and risk of transmission</li> <li>All staff are trained on PPE use and orientated to the work area.</li> <li>PPE requirements are matched using a risk matrix based on the inherent requirements of the job</li> </ul>	Q	P	K- but can vary on individual health risk factors

Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>6. VACCINES need to provide an additional safeguard for individual's health and well being</b>				
<b>Vaccine Safety and Availability</b> Vaccines need to be fit for purpose, safe and accessible to all workers to ensure they are effective. Vaccination protection does change over time.	<ul style="list-style-type: none"> <li>Only COVID-19 vaccines approved by Therapeutic Goods Administration (TGA) are approved for use in Australia to ensure safety and effectiveness. These should be used for all health worker vaccination programs.</li> <li>Workers have access to a variety of approved vaccines and can discuss specific personal medical needs with their treating medical practitioner</li> <li>Vaccination distribution for workers in health care has occurred based on the risk of exposure</li> <li>For an adverse reaction to the vaccination, they are provided immediate medical care, advice sheets and access to sick leave and can apply for Workers Compensation.</li> </ul>	L	L	Not Applicable
<b>Appropriate management of staff to reduce the risk due to medical restrictions for vaccinations</b>  Workers that have temporary or permanent medical conditions that prevent vaccination to ALL available vaccines need to have a process to ensure personal safety.	<ul style="list-style-type: none"> <li>There are different vaccines available and approved which allows options for workers with medical conditions</li> <li>ATAGI has specific processes and requirements for medical exemption</li> <li>For those with approved medical exemptions, risk assessments for the current work with options of redeployment if a suitable job is available</li> </ul>	Not applicable	Not applicable	E

	<ul style="list-style-type: none"> <li>Additional screening/counselling on an ongoing basis for both temporary and permanent exceptions</li> </ul>			
Hazards/Risk Factors	Current Risk Controls	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<b>Vaccine Hesitancy/Resistance</b>  Some workers may require additional information and reassurance to understand the risks and opportunities for vaccination.	<ul style="list-style-type: none"> <li>Determination and Public Health Order mandating vaccination and additional controls</li> <li>Workers are provided with research based, information in their workplace from NSW Health and local Agencies/LHD's</li> <li>Communication plans and messaging from NSW Health promotes the risks and opportunities for vaccination</li> <li>Workers have access to Employee Assistance Programs (EAP) to provide support as needed</li> <li>Workers are encouraged with letters/emails/ newsletter/ phone call/ Frequently Asked Questions sheets to contact their personal medical practitioner for individual advice for their personal circumstances and medical needs</li> <li>Process for resistance includes following HR advice and case by case assessment</li> <li>Additional information sheets for workplace safety and IPAC guidelines from the CEC for all additional controls</li> </ul>	U	P	Not applicable



Hazards/Risk Factors	Current Risk Controls (Follow Hierarchy of Controls)	Risk Rating with current controls & ATAGI guidelines	Risk Rating with current controls & mandatory vaccination (2 doses)	Risk Rating with current controls without mandatory vaccination
<p><b>Inappropriate access to vaccine information through incorrect storage and uncontrolled access to vaccination records may impact workers vaccine hesitancy</b></p> <p>To ensure workers vaccination records are stored correctly and are accessible requires suitable electronic data storage platforms and processes.</p> <p>This system must be secure to maintain privacy of health information.</p>	<ul style="list-style-type: none"> <li>Vaccine completion for workers is recorded on Vax link a digital platform linked to Staff link which stores information on vaccines for NSW Health staff</li> <li>Process to add vaccination records in not automatically uploaded which requires workers to submit a certificate</li> <li>Delegated access control occurs through Human resources to Vax link and Staff link</li> <li>NSW Health Policies are available and implemented for security of information and privacy.</li> </ul>	R	R	Not applicable

## References

1. National Centre for Immunisation Research and Surveillance 28 April 2022 Summary of evidence on protection following COVID-19 vaccination: focus on third and fourth doses and the Omicron variant
2. Stowe J, Tessier E, Zhao H, et al. Interactions between SARS-CoV-2 and influenza, and the impact of coinfection on disease severity: a test-negative design. *International journal of epidemiology*. 2021;50(4):1124-1133.
3. Australian Commission Safety and Quality in Health Care (ACSQHC) Guidance COVID19: Infection prevention and control risk management, 2021 COVID-19 Resources | Australian Commission on Safety and Quality in Health Care
4. Australian Government, Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2019; Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) | NHMRC
5. Australian Government Department of Health, Minimising the risk of infectious respiratory disease transmission in the context of COVID-19; The hierarchy of Controls July 2021; Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: the hierarchy of controls | Australian Government Department of Health
6. Australian Government Infection Control Expert Group (ICEG) Guidance on the use of personal protective equipment (PPE) for healthcare workers in the context of COVID-19, June 2021; <https://www.health.gov.au/sites/default/files/documents/2021/06/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19.pdf>
7. Clinical Excellence Commission (CEC), Evidence Brief: Risk Matrix for Health Care Worker exposure to COVID-19 in the workplace, NSW Health September 2021
8. Clinical Excellence Commission (CEC), COVID-19 Infection and Prevention Control Manual, October 2021; COVID-19 Infection Prevention and Control Manual - Clinical Excellence Commission (nsw.gov.au)
9. Clinical Excellence Commission (CEC), Health Care Worker COVID-19 Exposure Risk Assessment Matrix for Vaccinated, Partially Vaccinated and Unvaccinated Staff, August and October 2021; [risk-matrix-hcw-unvaccinated.pdf](#) (nsw.gov.au) and [risk\\_matrix\\_for\\_hcw\\_exposure\\_final\\_12\\_83.pdf](#) (nsw.gov.au)
10. New South Wales Work Health and Safety Act 2011 no 10 Work Health and Safety Act 2011 (nsw.gov.au)
11. SafeWork Australia COVID-19 Information for Workplaces on Vaccination [https://covid19.swa.gov.au//covid-19-information-workplaces/industry-information/education-and-training/vaccination?tab=tab-toc-employer#heading--3--tab-toc-vaccination\\_and\\_my\\_whs\\_duties](https://covid19.swa.gov.au//covid-19-information-workplaces/industry-information/education-and-training/vaccination?tab=tab-toc-employer#heading--3--tab-toc-vaccination_and_my_whs_duties)

## Appendix 1 – NSW Health risk matrix

### NSW Health Risk Matrix

				CONSEQUENCE EXAMPLES				
				Catastrophic	Major	Moderate	Minor	Minimal
Risk rating	Action required	NSW HEALTH RISK CATEGORIES	Clinical Care & Patient Safety	Unexpected multiple patient deaths unrelated to the natural course of the illness.	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness.	Unexpected temporary reduction of patient's bodily function unrelated to the natural course of the illness which differs from the expected outcome.	Patient's care level has increased unrelated to the natural course of the illness.	First Aid provided to patient unrelated to the natural course of the illness.
Red = Extreme (A – E)	Escalate to CE or Head of Health Service and Director-General A detailed action plan must be implemented to reduce risk rating with at least monthly monitoring and reporting.		Health of the Population	An increase in the prevalence of known conditions contributing to chronic diseases across the state-wide population health KPI categories currently measured by NSW Health and or an increase of more than 10% in one or more category.	Failure to materially reduce the prevalence of known conditions contributing to chronic disease across the majority of the state-wide population health KPI categories measured by NSW Health and or an increase of more than 5% up to 10% in one or more category.	Failure to materially reduce the prevalence of more than one of the known conditions contributing to chronic disease from the state-wide population KPI categories measured by NSW Health and or an increase of more than 2% and up to 5% in one or more category.	Failure to reduce the prevalence of one of the known conditions contributing to chronic disease from the state-wide population health KPI categories measured by NSW Health and or an increase of up to 2% in one or more category.	A preventative Health program has not demonstrably met planned objectives but the prevalence of known condition is continuing to decrease in line with KPI targets.
			Workforce	Unplanned cessation of a critical state-wide program or service or multiple programs and services.	Unplanned cessation of a service or program availability within a Health Service with possible flow on to other locations.	Unplanned restrictions to services and programs in multiple locations or a whole hospital or community service.	Unplanned service delivery or program delays localised to department or community service.	Minimal effect on service delivery.
			Communication & Information	Loss or permanent damage of major utilities, records, IT data systems and communications resulting in prolonged suspension of service delivery.	Restriction or damage of or prolonged service disruption to some utilities, records, IT data systems & communication.	Temporary suspension of work due to damage to property, assets, records or access to IT or communication systems.	Localised damage to property, assets or records and restricted access to IT systems or communication.	Minimal effect on infrastructure, records, IT systems or communication and minimal or no disruption to service delivery or work.
Orange = High (F – K)	Escalate to Senior Management A detailed action plan must be implemented to reduce risk rating.		Facilities & Assets Management					
			Emergency & Disaster Response	State-wide system dysfunction resulting in total shutdown of service delivery.	Health Service is compromised as service providers are unable to provide effective support and other areas of NSW Health are known to be affected.	Disruption of a number of services within a location with possible flow on to other locations in the area.	Some disruption within a location but manageable by altering operational routine.	No interruption to services.
Yellow = Medium (L – T)	Specify Management Accountability and Responsibility Monitor trends and put in place improvement plans.		Finance & Legal	More than 5% over budget NOT recoverable within the current or following financial year. Unable to pay staff or finance critical services. Legal judgement, claim, non compliance with legislation resulting in indeterminate or prolonged suspension of service delivery. Fraud impacts on service delivery.	Up to 5% over budget or a material overrun NOT recoverable within the current financial year. Unable to pay creditors within DOH benchmark. Legal judgement, claim, non compliance with legislation resulting in medium term suspension of service delivery. A fraud impacts on service delivery.	Up to 5% over budget but recoverable within current financial year. Legal judgement, claim, non-compliance with legislation resulting in medium term but temporary suspension to services.	Up to 1% temporarily over budget and recoverable within current financial year. Legal judgement, claim, non-compliance with legislation resulting in short term disruption to services.	Less than 1% temporarily over budget. Temporary loss of or unplanned expenditure related to individual program or project but no net impact on budget. Legal judgement, claim or legislative change but no impact on service delivery.
				Safety & Security	Multiple deaths or life threatening injuries to non-patients.	Death or life threatening injury/ illness causing hospitalisation of non-patients.	Serious harm / injury or illness causing hospitalisation or multiple medical treatment cases for non-patients.	Minor harm or injury to a non-patient where treatment or First Aid is required.
Green = Low (U – Y)	Manage by routine procedures Monitor trends.		Leadership & Management	Failure to meet critical priority KPI's included in the service's performance agreement. Sustained adverse national publicity. Significant loss of public confidence, loss of reputation and/or media interest across NSW in services.	Failure to meet a significant number of priority KPI's included in the service's performance agreement. Sustained adverse publicity at a state-wide level leading to the requirement for external intervention. Systemic and sustained loss of public support/opinion across a service.	Failure to meet a number of priority KPI's included in the service's performance agreement. Increasing and broadening adverse publicity at a local level, loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service.	Failure to meet one or more of the KPI's (excluding priority KPI's) included in the service's performance agreement. Periodic loss of public support.	Occasional adverse local publicity.
			Community Expectations					
				CONSEQUENCE RATINGS				
Probability	Frequency			Catastrophic	Major	Moderate	Minor	Minimal
> 95% to 100%	Several times a week	LIKELIHOOD	Almost certain	A	D	J	P	S
> 70% to 95 %	Monthly or several times a year		Likely	B	E	K	Q	T
> 30% to 70%	Once every 1 -2 years		Possible	C	H	M	R	W
> 5% to 30%	Once every 2 – 5 years		Unlikely	F	I	N	U	X
< 5%	Greater than once every 5 years		Rare	G	L	O	V	Y