



**Ngangganawili Aboriginal Community Controlled
Health and Medical Services Aboriginal Corporation**

ICN 1870

ABN 85 650 098 620

44 Scotia Street, Wiluna WA 6646
PO Box 40, Wiluna WA 6646
Telephone (08) 9981 8600
Fax: (08) 9981 8660
info@nahs.org.au
www.nahs.org.au

Staff Immunisation Policy

1. Policy & Rationale

Transmission of Vaccine Preventable Diseases (VPD) in health care settings has the potential to cause serious illness and avoidable deaths in staff, patients and other users of the health care system. Australia's peak medical advisory body, the National Health and Medical Research Council, through the Australian Immunisation Handbook, provides a national recommended standard for immunisation of health service employees, including Health Care Workers.

Immunisation is a successful and cost-effective intervention for prevention of disease. Health care environments can pose a risk and have the potential for workers and patients to be exposed to VPD such as diphtheria, pertussis, tetanus, influenza, measles, mumps, rubella, hepatitis B, and varicella and, if infected, can transmit these diseases between non-immune members of the community.

1.1. Definitions:

- **Health Care Workers (HCW)**: refers to doctors, nurses, Aboriginal Health Workers, allied health professionals, students on clinical practice, administration staff, support staff such as cleaners, orderlies and other staff who may have contact with patients or with a patient's blood or body substances as a result of their workplace activities.
- **Vaccine Preventable Disease (VPD)**: is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies from it, the death is considered a vaccine-preventable death.

2. Procedure

2.1 NAHS responsibility towards health care workers

NAHS will take all reasonable steps to ensure that HCWs are protected against vaccine-preventable diseases. Where HCWs may be at significant occupational risk of acquiring or transmitting a vaccine-preventable disease (e.g. direct patient care, conducting exposure-prone procedures), a comprehensive pre-employment immunisation screening program will be implemented and supported with an ongoing occupational vaccination program to ensure that VPD protection is maintained in line with the risks identified within the community. This will include the following strategies:

- be responsible for the implementation and maintenance of an effective education, screening and vaccination program as outlined in this document



- ensure that all employees are given adequate information, education and pre and post-serology information to make valid decisions about screening and vaccination. This includes the consequences of screening results and the importance of reporting adverse events following immunisation.
- make the screening and vaccination process available to existing staff as well as all new staff on commencing employment; and ensure there is a review process for each HCW within a month of employment.
- inform all locum clinical personnel of the requirements of this policy, and the need to provide evidence (immune status or vaccination record) of protection against specific diseases.
- periodically review the screening and vaccination status of existing staff
- ensure that universities and other training establishments and nursing, medical locum employment agencies only provide contract staff who have a documented screening and vaccination history consistent with this policy
- maintain security and confidentiality of information about the infectious disease and vaccination status of HCWs. Records (electronic or paper-based) must be kept secure in accordance with the confidentiality/privacy policy

2.2 NAHS Staff Responsibilities

- take reasonable steps to be aware of their own past infectious disease and vaccination status to minimise the risk of transmitting infectious diseases to patients or other staff
- comply with NAHS screening, education and vaccination program. Where this is refused, the staff member must document their understanding of possible risks involved (i.e. to themselves and towards the patients they care for) in non-participation in the vaccination program
- if non-immune, be aware of protective measures that should be utilised (e.g. personal protective equipment, safety needles) and understand their duty of care and obligation to their placement within the health care setting
- maintain their own personal records of all screening tests and vaccinations and provide screening and vaccination records when requested by the employer
- report any medical contraindications to vaccines, and any adverse events following immunisation to their vaccination provider



2.3 Pre-employment screening

- During the onboarding process each employee will be given a Staff Immunisation Form (Doc_543) for completion and submission to the NAHS Policy & Compliance Manager prior to commencing their Contract of Employment.
- The Policy & Compliance Manager will have each Doc_543 reviewed by the Medical Officer to guide decision making regarding reuests for further information, serological testing, or additional vaccination.
- Student HCWs & Locum staff will be required to provide similar evidence to NAHS prior to their placement.

2.4 Records Managment Procedure

- An Immunisation Register will be established and maintained by the Policy & Compliance Manager and include information on the immunisation status of all roles as required by this policy.
- The Immunisation Register will be reviewed to determine staff and/or patient risk if there is a known case of a VPD in the Wiluna community or where necessary on a broader scale such as a pandemic situation.
- The privacy and confidentiality of each staff record of immunisation the Immunisation Register will be maintained in accordance with the relevant NAHS Policy & the National Privacy Principles.

2.5 Refusal of vaccination or provision of evidence of immunity

- Refual to comply with reasonable requests for immunisation is to be recorded on the NAHS immunisation records and personnel files.
- Where a refusal is made a NAHS Medical Officer should advise the employee of the potential consequences if they refuse reasonable requests for immunisation. Such advice and refusal to comply should be documented.
- Vaccine refusal, contraindication to vaccination and vaccine non-response may be managed by ensuring appropriate work placements, work adjustments and work restrictions.
- Duties may be modified if a HCW has a confirmed infection e.g. a blood–borne virus that may directly affect the risk of transmission of infection during exposure-prone procedures.
- HCWs who refuse pertussis will not be able to work in any NAHS service where babies under 6 months of age attend for care as these babies are unable to be vaccinated for full protection.



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3. Compliance Requirements

- 3.1 Compliance with this policy will control the risk for transmission of vaccine-preventable diseases.
- 3.2 Lack of compliance with this policy will lead to uncontrolled clinical risks for NAHS, including risks of failing to meet occupational safety and health obligations and duty of care to employees, NAHS, patients and other visitors to the organisation.
- 3.3 Failure by clinical staff to comply with this policy document may constitute a breach of the NAHS Code of Conduct (Doc_009) and this policy applies to all clinical staff and accredited practitioners engaged to work at NAHS.
- 3.4 This policy will be revised by the Policy & Compliance Manager every 3 years or when any need arises for its review.

4. Evidence Base

- RACGP Standards (5th Edition). Criterion C3.5.B – Our practice team is encouraged to obtain immunisations recommended by the current edition of the Australian Immunisation Handbook based on their duties and immunisation status.
- Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018, immunisationhandbook.health.gov.au.
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) Downloaded from <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>
- *Occupational Safety and Health Act 1984 (WA)*
- The Australian Privacy Principles From Schedule 1 of the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Comm)

5. Related Documents

- Doc_543 Staff Immunisation Form
- Doc_004 Confidentiality and Privacy of Personal Information
- Doc_009 Code of Conduct