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| Vaccination requirements for healthcare workers 2023 |
| Policy guidance for healthcare settings |
| OFFICIAL |

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# 1. Introduction

#### 1.1 Background

As an occupational group, healthcare workers are at increased risk of vaccine-preventable disease if not vaccinated. Additionally, if not vaccinated, healthcare workers may pose an increased risk of disease transmission to patients and other workers, particularly those who are vulnerable because of age, pregnancy, immunosuppression or acute or chronic disease. Health and ambulance services are also at increased risk of disruption due to healthcare worker absences from illness caused by vaccine-preventable disease, where staff are not adequately protected.

Previously in Victoria, there were guidelines and performance targets for healthcare worker vaccination, however, there was no legislative instrument to enforce these guidelines. The introduction of vaccination requirements for healthcare workers brings Victoria in line with other states and territories that have successfully introduced similar vaccination requirements.

#### 1.2 Objectives

The objective of introducing vaccination requirements for healthcare workers is to:

* protect the health and safety of patients by reducing the risk of infection and transmission of vaccine-preventable diseases in prescribed health services
* reduce risks of infection, transmission, severe illness, hospitalisation and/or death resulting vaccine-preventable disease for healthcare workers working in these settings
* reduce workforce absence due to illness resulting from vaccine-preventable disease.

#### 1.3 Purpose

Current vaccination requirements for healthcare workers are specified in Secretary Directions for healthcare settings, and Ministerial Directions for Forensicare (influenza vaccine only). Current directions can be found at the [Vaccination of healthcare workers website](https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers) <https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers>.

The purpose of this document is to provide additional guidance to healthcare settings to meet vaccination requirements for healthcare workers. Healthcare settings may use this policy to develop service-specific immunisation policies and guidelines or update their existing worker immunisation policies. Healthcare settings are not required to adopt all elements of this policy. They must ensure that their policy, at a minimum, meets vaccination requirements outlined in all current Secretary or Ministerial Directions (as applicable).

This policy document outlines the:

* settings and healthcare workers that fall under the direction of this policy
* vaccine-preventable diseases included
* evidence required to demonstrate compliance
* roles and responsibilities of organisations and individuals in meeting the requirements of this policy.

#### 1.4 Legislative framework

Under the *Health Services Act 1988* and the *Ambulance Services Act 1986*, the Secretary of the Department of Health (the Secretary) can provide directions to public hospitals, denominational hospitals, health service establishments and ambulance services on the safety, appropriateness, and responsiveness of their services.

On 25 March 2020, the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Act 2020 came into effect. This Act inserted new sections into the *Health Services Act 1988* (ss. 42 and 105A) and the *Ambulance Services Act 1986* (s. 10(4)), enabling the Secretary to direct public hospitals, denominational hospitals, health service establishments and ambulance services to require vaccination against specified vaccine-preventable diseases for the purpose of protecting the health and safety of patients.

Section 342 of the *Mental Health Act 2014* allows the Minister for Mental Health to issue written directions to Forensicare that the Minister is satisfied are necessary. This includes issuing Ministerial Directions requiring healthcare workers employed or engaged by Forensicare to be vaccinated against specified vaccine-preventable diseases. The only vaccine required for Forensicare via Ministerial Directions is influenza, annually by 15 August.

# 2. Definitions

**These definitions should be read in conjunction with the definitions contained in the Secretary Directions for influenza and COVID-19 vaccination and the Ministerial Directions for Forensicare influenza vaccination.**

**Healthcare settings:**  Public hospitals, public health services, denominational hospitals, private hospitals and day procedure centres, ambulance and patient transport services, and residential aged care services operated by a public hospital, public health service or denominational hospital.

**Healthcare worker:** A person employed or engaged by a healthcare setting including all employees, contractors, visiting medical officers (VMOs) and locums performing clinical and non-clinical roles.

**Directions:** for the purpose of this document, Directions means both Secretary Directions and Ministerial Directions, as applicable in their relevant healthcare settings.

**Excepted person:** a person who holds acceptable certification that they are excepted from COVID-19 vaccination requirements.

**Employer:** A healthcare setting that employs or contracts healthcare workers.

**Employee:** A healthcare worker employed by a healthcare setting.

**Volunteer:** A healthcare worker volunteering in a healthcare setting.

**Contractor:** Healthcare workers who are not employed but are be engaged by a healthcare setting either through an agency or another arrangement.

**Current healthcare workers:** Healthcare workers currently employed or engaged in a healthcare setting.

**Prospective healthcare workers:** Healthcare workers about to be newly employed or engaged by a healthcare setting but not currently employed by that setting.

**Education provider:** Any institution delivering education that involves students to undertake placements in a healthcare setting. This includes, but is not limited to, universities and Vocational Education and Training (VET) providers.

**Student:** A person enrolled in a course offered by an education provider that is required to undertake placements in a healthcare setting.

**Medical practitioner**: means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student).

**Temporary medical exemption** means an exemption to COVID-19 vaccination made by a medical practitioner in accordance with ATAGI Guidance, <https://www.health.gov.au/resources/publications/atagi-expanded-guidance-on-temporary-medical-exemptions-for-covid-19-vaccines> as updated from time to time.

**Medical contraindication to COVID-19 vaccination** means a contraindication to a COVID-19 vaccine in accordance with ATAGI Clinical Guidance on COVID-19 vaccine contraindications: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/contraindications-and-precautions> as updated from time to time.

**Medical contraindication** **to influenza vaccination** means a contraindication to an influenza vaccine as defined by the Immunisation Handbook <https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/influenza-flu>

# 3. Scope

#### 3.1 Settings

Vaccination requirements for healthcare workers apply to all healthcare workers in:

* public health services
* public hospitals
* denominational hospitals
* private hospitals and day procedure centres
* ambulance services
* patient transport services that are engaged by a health service or Ambulance Victoria
* residential aged care services operated by a public hospital, public health service or denominational hospital
* Forensicare (via Ministerial Directions, influenza only)

Other healthcare settings, that may not be directly subject to Directions requiring healthcare workers to meet vaccination requirements, may be required to be compliant with this policy as part of their funding agreement (such as, but not limited to, *Service Agreements, bi- or tri-partite agreements or other contractual arrangements).*

#### 3.2 Healthcare workers

Vaccination requirements specified in Directions apply to all healthcare workers in the above settings including:

* current employees
* prospective employees
* contractors (including locums, agency workers, and some non-clinical workers); and
* visiting medical officers (VMOs)\*

\*VMOs who lease premises from a healthcare setting, but are not employed or engaged by that setting are not directly subject to Directions. Healthcare settings may reasonably require certain vaccinations for VMOs in this circumstance, at their discretion.

#### 3.3 Volunteers and students

Volunteers and students are not subject to Directions; however, a healthcare setting can reasonably require that volunteers and students meet certain vaccination requirements under this policy prior to commencing roles or placements within the setting.

Consistent with the department’s role as system manager, the department supports and encourages vaccination of volunteers and students.

#### 3.4 Risk categorisation of healthcare workers

Healthcare workers can be categorised as Category A, B or C depending on their work activities. Healthcare workers have different vaccination requirements depending on which category their role aligns with.

Further detail about risk categorisation is outlined in [*Section 5*](#_5._Risk_categorisation), [Table 1.](#_Table_1._Risk)

Further detail outlining the roles and responsibilities for healthcare workers in meeting the requirements of the policy is in [Appendix 1](#_Appendix_1).

# 4. Implementation

### **4.1 Influenza vaccine**

#### 4.1.1 Context

Annual vaccination is the most important measure to prevent influenza and its complications as per Australian Technical Advisory Group on Immunisation’s (ATAGI’s) clinical advice on seasonal influenza and the World Health Organisation (WHO). The Australian Immunisation Handbook lists influenza as the most common vaccine-preventable disease in Australia, and recognises that while it can be a mild disease, it can also cause very serious illness in otherwise healthy people.

The WHO recommends annual vaccination for high-risk groups including health care workers. Their recommendation is that people receive an influenza vaccine just before the influenza season begins for the most effective coverage, but that vaccination at any time during the influenza season will still help to prevent infection.

#### 4.1.2 Vaccination requirement

The influenza Directions state that:

* current and newly commencing **Category A and Category B** healthcare workers **must be vaccinated** for seasonal influenza annually by 15 August.
* current and newly commencing **Category C** healthcare workers are **strongly encouraged to be vaccinated** against seasonal influenza annually by 15 August.

Health services must undertake an assessment of workers’ roles to determine their risk category and corresponding vaccination requirements.

#### 4.1.3 Evidence of influenza vaccination

The preferred evidence of vaccination for Category A and B healthcare workers is an immunisation history statement (IHS) from the Australian Immunisation Register (AIR). Prospective and current healthcare workers who do not have a record of vaccination on the AIR should seek to establish a record and are advised to have their influenza and previous vaccination history recorded on the AIR.

Mandatory reporting of vaccinations to the AIR commenced in February 2021 for influenza. There are some health services with system challenges that mean that they are unable to report to the AIR. Where a healthcare worker is vaccinated in a setting that does not directly link to the AIR, such as a staff vaccination program within a health service, documented evidence provided by the health service provider would also be suitable.

#### 4.1.4 Exemptions

Healthcare workers are exempt from the requirement to be vaccinated if they have a medical contraindication, and may be exempt from compliance with the influenza vaccination requirement in a small number of other exceptional circumstances, outlined [*Section 9.5*](#_9.5_Exceptional_circumstances).

### **4.2 COVID-19 vaccine**

#### 4.2.1 Context

Healthcare settings are currently significantly impacted by COVID-19 and warrant optimisation of all available and proportionate measures to limit transmission and impacts of COVID-19 infection to continue providing essential services to the Victorian community.

COVID-19 vaccines remain an effective intervention that reduces the risk of severe disease, hospitalisation and death against the currently dominant variants and subvariants of COVID-19, and the vaccines also provide some protection against symptomatic disease and onward transmission of the disease.

Healthcare workers interact with and/or provide care for people at increased risk of harm and death from COVID-19 due to individual factors such as their demographic, medical conditions and other comorbidities. Additionally, some people with whom healthcare workers are interacting with are especially vulnerable because their health status precludes them from being vaccinated against COVID-19 or diminishes the benefit conferred by vaccination, further compounding these individuals’ risk of serious impacts from COVID-19. The highest levels of protective measures, such as vaccination of all healthcare workers working on site, are therefore required to protect individual workers, vulnerable people with whom they interact and/or provide care for, and the overall health system.

#### 4.2.2 Vaccination requirement

Interim COVID-19 vaccination Directions **require Category A, B and C** workers (current and newly commencing) to be **fully vaccinated** for COVID-19 if they are **under 18 years of age**, or **fully vaccinated (boosted)** for COVID-19 if they are **18 years of age or older**.

A person is **fully vaccinated** if the person has received:

* one dose of a one- dose COVID-19 vaccine; or
* two doses of a two- dose COVID-19 vaccine, including two different types of two- dose COVID-19 vaccines.

A person is **fully vaccinated** **(boosted)** if the person has received a booster dose. A person has received a **booster dose** if they have received:

* a second dose of a COVID-19 vaccine after receiving one dose of a one -dose COVID-19 vaccine; or
* a third dose of a COVID-19 vaccine after receiving two doses of a two- dose COVID-19 vaccine including different types of two dose COVID-19 vaccines.

#### 4.2.3 Evidence of COVID-19 vaccination

Evidence of vaccination may be displayed via:

* a worker’s current digital or printed COVID-19 certificate issued by Services Australia and displayed through the Express Plus Medicare App, or equivalent smartphone wallet or the myGov website; or
* a worker’s current digital or printed Immunisation History Statement (IHS) from the Australian Immunisation Register (AIR)
* in relation to an excepted person, acceptable certification that they are an excepted person.

Note: from 1 November 2022 the Service Victoria App will no longer provide the functionality to display an individual’s COVID-19 digital certificate so cannot be used as an option to display evidence of COVID-19 vaccination.

#### 4.2.4 Exceptions

Healthcare workers are considered excepted persons and do not need to comply with the requirement to be vaccinated if they have a medical contraindication, have a temporary medical exemption or are participating in an approved COVID-19 vaccination trial. They may also be exempt from compliance with the COVID-19 vaccination requirement in a small number of other exceptional circumstances, outlined [*Section 9.5.*](#_9.5_Exceptional_circumstances)

**Acceptable certification** for an excepted person is:

* their current printed or digital COVID-19 certificate issued by Services Australia and displayed through the Express Plus Medicare App, or equivalent smartphone wallet or the myGov website, that states that the person is unable to receive a dose, or a further dose, of any COVID-19 vaccine that is available in Australia.
* their current printed or digital IHS displayed through the Express Plus Medicare App, that states that the person is unable to receive a dose of a COVID vaccine that is available in Australia (whether that person has already received one or two doses of a COVID vaccine).

A small number of exceptions to the COVID-19 vaccination requirement apply and are detailed in [*Section 7.3*](#_7.3_Exceptions_to)*.*

Healthcare workers may also be assessed as exempt from compliance with the COVID-19 vaccination requirement in a small number of other exceptional circumstances, outlined [*Section 9.5*](#_9.5_Exceptional_circumstances)*.*

# 5. Risk categorisation

Risk categorisation of healthcare workers should be undertaken as part of health services assessment to determine vaccination requirements in accordance with [Table 1](#_Table_1._Risk). Categorisation is based on the work activities, rather than job title, for each person to ensure that they, and the patients they care for, are appropriately protected.

Where a healthcare worker changes job positions or commences new duties, their risk category should be reassessed.

Risk categorisation can be considered at a facility, ward, department or individual level.

# 6. Demonstrating compliance

It is the responsibility of healthcare settings to ensure that workers demonstrate compliance with vaccination requirements. Healthcare settings must sight evidence of and record compliance with vaccination requirements in all current Directions.

Current and prospective healthcare workers (including VMOs, locums and contractors) are expected to demonstrate compliance with vaccination requirements.

The evidence of vaccination that healthcare workers can provide to demonstrate compliance are outlined in [Table 2](#_Table_2._Evidence). Where a healthcare worker has a medical contraindication to vaccination, they must provide documented evidence of this to the healthcare setting (see [*Section 7*](#_7._Medical_contraindications)).

Healthcare settings are not required to access the AIR to view evidence of healthcare worker vaccination status and anecdotal evidence is not acceptable to establish immune status.

Further roles and responsibilities of organisations and individuals in complying with this policy are outlined in [Appendix 1](#_Appendix_1_1).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk category** | **Risk category descriptor** | **Summary of risk category** | **Vaccines required for this group** | **Vaccines recommended but not required** |
| **A** | Healthcare workers at risk of acquisition and/or transmission of blood borne viruses and infections spread via respiratory or enteric routes. | Healthcare workers with direct physical contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain these.    For example, workers with prolonged face-to-face contact with patients or clients or where their normal work is in a clinical area. | Influenza (annually by 15 August)  COVID-19 (fully vaccinated/fully vaccinated (boosted) (as applicable) requirement) | Hepatitis A/ meningococcal in some cases, and routine adult scheduled vaccines |
| **B** | Healthcare workers at risk of acquisition and/or transmission of infections spread via respiratory or enteric routes. | Healthcare workers who rarely have direct physical contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain these. |
| **C** | Healthcare workers at risk of acquisition and/or transmission of infections spread via respiratory routes. | Healthcare workers with no direct physical contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain these. | COVID-19 (fully vaccinated/fully vaccinated (boosted) (as applicable) requirement) | Routine adult vaccination schedule vaccines, including annual influenza |

## Table 1. Risk categorisation and recommended vaccine schedule

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required evidence of immunity for current healthcare workers** | | | | **Minimum requirement prior to engagement (for prospective healthcare workers)** |
| **Diseases** | **Vaccination evidence** | **Serology evidence** | **Other acceptable evidence** |
| Influenza | Category A and B workers must show an:  Immunisation history statement (IHS) from the Australian Immunisation Register (AIR) showing one dose of current seasonal influenza vaccine administered by 15 August annually.  **OR**  Evidence showing one dose of current seasonal influenza vaccine administered by 15 August annually, provided by the health service that has administered the vaccine. | N/A | N/A | Before commencing employment, Category A and B workers must show an:   * AIR IHS showing one dose of current seasonal influenza vaccine administered by 15 August annually   **OR**   * where a health service provides an immunisation service that does not upload to AIR, evidence provided by the health service showing administration of the current seasonal influenza vaccine.   If commencing employment between January and April annually, evidence of influenza vaccine will need to be provided within 4 months of commencement. No current year influenza vaccine stock is available until April each year.  If commencing employment between 16 August and 31 December, evidence of vaccination will need to be provided upon commencement. |
| COVID-19 | Category A, B and C workers must show either:   * a current printed or digital COVID-19 certificate issued by Services Australia and displayed through the Express Plus Medicare App, or equivalent smartphone wallet or the myGov website * a current printed or digital IHS from the AIR showing evidence of COVID-19 vaccination | N/A | N/A | Before commencing employment, prospective Category A, B and C employees must show   * a current printed or digital COVID-19 certificate issued by Services Australia and displayed through the Express Plus Medicare App, or equivalent smartphone wallet or the myGov website; or * a current IHS from the AIR showing evidence of COVID-19 vaccination |

## Table 2. Evidence required to demonstrate vaccination for healthcare workers

# 7. Medical contraindications to any vaccination, and exceptions to COVID-19 vaccination

#### 7.1 Healthcare workers and medical contraindication

Healthcare workers that are unable to comply due to a medical contraindication to any vaccination **will not** have their employment terminated **nor be discriminated against** when seeking new employment.

**Current and prospective healthcare workers** who are unable to be vaccinated due to temporary or permanent medical contraindications to vaccination must provide documented evidence of this to their employer.

**Information about contraindications to influenza vaccination** can be found on the [*Australian Immunisation Handbook* website](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/influenza-flu) <https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/influenza-flu>.

**Information about contraindications to COVID-19 vaccination** can be found [here](https://dhhsvicgovau.sharepoint.com/sites/RHPEMImmunisationUnit-DHHS-GRP/Shared%20Documents/Immunisation%20Projects%20and%20Policy/Mandatory%20vaccination%20of%20Healthcare%20worker%20legislation/COVID%20mandate/Policy%20Guidance%20Document/Interim%20Policy%20Guidance%20Document/%20here) <<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance/contraindications-and-precautions>>

## Table 3. Evidence required to demonstrate medical contraindication

|  |  |
| --- | --- |
| **Vaccine** | **Evidence of contraindication** |
| Influenza | * documentation from a medical practitioner that the person cannot receive the seasonal influenza vaccine due to a medical contraindication, as defined by the *Australian Immunisation Handbook.* |
| COVID-19 | * their current printed or digital COVID-19 certificate issued by Services Australia and displayed through the Express Plus Medicare App, or equivalent smartphone wallet or the myGov website, that states that the person is unable to receive a dose, or a further dose, of any COVID-19 vaccine that is available in Australia; or * their current printed or digital Immunisation History Statement displayed through the Express Plus Medicare App, that states that the person is unable to receive a dose of a COVID vaccine that is available in Australia (whether that person has already received one or two doses of a COVID vaccine) |

For all healthcare workers who have a medical contraindication, healthcare settings must sight evidence of the contraindication and record compliance with the policy. Once evidence has been sighted, it must be deleted or destroyed following the usual process for confidential information. If it is retained, it must be stored in compliance with relevant privacy and data protection legislation. Where a worker has a medical contraindication to vaccination, the health service should also assess their role and duties to ensure the health and safety of patients, the worker and others is maintained ([*Section 9*](#_9._Managing_risk)).

#### 7.2 Students and volunteers with medical contraindications

**Students and volunteers** are not directly subject to Directions; however, a health service may reasonably require that they meet vaccination requirements under this policy prior to commencing roles or placements within the setting.

Where a student or volunteer is unable to be vaccinated due to a medical contraindication or temporary exemption, it is recommended that an assessment is completed and risk mitigation strategies are enacted to ensure their safety, and the safety of any vulnerable people they may encounter or care for while on placement or volunteering.

#### 7.3 Exceptions to COVID-19 vaccination

A small number of exceptions to the requirement to be fully vaccinated/fully vaccinated (boosted) (as applicable) for COVID-19 apply to the following groups:

* excepted persons who are unable to receive a dose, or a further dose, of any COVID-19 vaccine that is available in Australia due to either a medical contraindication or an acute medical illness (including where the person has been diagnosed with COVID-19 in the previous 3 months, and holds a temporary medical exemption).
* a worker who is not yet eligible for a booster dose as they became fully vaccinated in the previous 3 months and 14 days.
* fully vaccinated international arrivals who arrived in Australia in the previous 4 weeks, who can provide evidence of their booking receive a booster dose within 4 weeks of arrival to their employer.1
* a worker who ceased to be an excepted person in the previous 14 days.
* a worker who is participating in an approved COVID-19 vaccine clinical trial.2
* workers on leave who are not attending onsite work, such as those on maternity leave or long service leave.
* at the discretion of the employer, workers who can perform their role from home, where an agreement has been made between the worker and employer that it is acceptable for them to do so

1The department is supportive of healthcare services requiring additional infection control measures for workers who commence during their grace period while they are not yet up to date, at the healthcare service’s discretion.

2Clinical trials underway in Australia can be found at <https://www.ncirs.org.au/covid-19/covid-19-vaccine-development-landscape> (updated fortnightly).

# Vaccine refusal

Vaccinations required via Directions do not allow for objections to vaccination by healthcare workers for non-medical reasons. [Table 4](#_Table_4._Potential) below outlines potential consequences of vaccine refusal per worker group per vaccine

## Table 4. Potential consequences of non-compliance/vaccine refusal

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine** | **Prospective healthcare workers** | **Current healthcare workers** | **Contractors or VMOs** | **Students and volunteers** |
| **Influenza** | New Category A or B workers are expected to be compliant with the influenza vaccination policy prior to commencing at the relevant setting and may not be employed or engaged by the healthcare setting if they refuse to be vaccinated for influenza. | Current Category A or B workers who refuse the influenza vaccine can continue to be employed or engaged by a health service after an assessment has been completed by the health setting to ensure that the health and safety of the worker and others is maintained if they are not vaccinated.  Termination of employment may be considered if the risk of contracting or transmitting influenza infection cannot be appropriately managed via other means. (See [*Section 9.3*](#_9.3_Managing_risk)). | Prospective contractors and VMOs may not be employed or engaged if they refuse to be vaccinated for influenza.  Current contractors or VMOs can be managed as “current healthcare workers” (see [*Section 9.3*](#_9.3_Managing_risk)). | Students and volunteers are not directly subject to the Secretary Directions; however, a health service may reasonably require that they meet influenza vaccination requirements under this policy prior to commencing roles or placements within the settings.  This may affect their ability to volunteer or undertake placements within the setting, at the health service’s discretion. |
| **COVID-19** | New Category A, B and C workers are expected to be compliant with the COVID-19 vaccination policy prior to commencing their role in the relevant setting.  If they refuse to meet the fully vaccinated or fully vaccinated (boosted) requirement (dependent on their age) they may not beemployed or engaged by healthcare setting. | Current Category A, B or C workers who refuse to meet the fully vaccinated or fully vaccinated (boosted) requirement (depending on their age) may not be able to perform their usual role, and should discuss their options with their employer. | Prospective contractors/VMOs may not be able to be employed or engaged by the health care service if they are not compliant with vaccination requirements.  Current contractors or VMOs can be managed as “current healthcare workers” (see [*Section 9.3*](#_9.3_Managing_risk)).  Contractors and VMOs who refuse to comply with vaccination requirements should discuss their options with the health service managing their contract directly. | Students and volunteers are not directly subject to the Secretary Directions; however, a health service may reasonably require that they meet COVID-19 vaccination requirements under this policy prior to commencing roles or placements within the settings.  This may affect their ability to volunteer or undertake placements within the setting, at the health service’s discretion. |

# 9. Managing risk

#### 9.1 Medical contraindication, temporary medical exemption (to COVID-19 vaccine) and participation in an approved COVID-19 vaccine clinical trial

Where a healthcare worker does not meet vaccination requirements due to a medical contraindication to a vaccine, or in the case of COVID-19 because they have a temporary medical exemption or are participating in an approved COVID-19 vaccine trial, healthcare settings should undertake an assessment to determine if it is safe for them to continue or start in a role, and the basis on which it is safe for them to do so.

The assessment should consider the implications of not being vaccinated on the health and safety of the worker, patients and other workers and people they interact with as part of their role. It should consider the healthcare worker’s role and duties, their area of work and the patient population/s with whom they will be in contact.

Assessments may be considered at a facility, ward, department or individual level.

Risk mitigation strategies should then be agreed upon and implemented after the assessment, to minimise the risk of acquisition/transmission of vaccine preventable disease to patients, the worker and other people they interact with.

#### 9.2 High risk work areas

Certain diseases carry significantly increased risk to some patient populations. Additionally, some work areas are likely to present a higher risk of certain disease presentation, posing a higher risk to unvaccinated or partially vaccinated workers. As a result, some high-risk work areas need additional consideration when considering the role of an unvaccinated or partially vaccinated healthcare worker.

## Table 5. High risk work areas

|  |  |
| --- | --- |
| **Disease** | **High risk work areas** |
| Influenza and COVID-19 | * antenatal, perinatal and post-natal areas including labour wards and recovery rooms * neonatal intensive care units and special care units * paediatric intensive care units * transplant and oncology wards * haemodialysis units * respiratory wards * emergency departments * intensive care units * aged care wards and residential aged care settings. |

Having considered the risks to unvaccinated or partially vaccinated healthcare workers and the patients they care for, options for risk management may include redeployment of the healthcare worker from areas of higher risk to alternative areas of the health service with lower risk (including working from home/remotely), alternative duties, additional infection control measures, or other work restrictions as the health service deems appropriate.

Risk management strategies may be considered at a facility, ward, department or individual level.

If there is difficulty in determining an acceptable outcome following a risk assessment for a current employee, it is recommended that the healthcare setting take appropriate measures such as convening an internal expert group to recommend a course of action. An expert group may include an infection control or occupational health and safety specialist, an infectious diseases specialist, and any relevant health setting executive staff. All steps in determining an outcome should occur in consultation with the healthcare worker and their representative, if any, and relevant health and safety representatives. All steps should be appropriately documented.

Employees should be afforded fair process in all proceedings related to terms and conditions of their employment, and it is the responsibility of health services to comply with all applicable internal policies, workplace agreements and employment law.

Healthcare workers that are unable to comply due to a medical contraindication to any vaccine, temporary medical exemption (COVID-19 vaccine only) or participation in an approved COVID-19 vaccine trial (COVID-19 vaccine only) **will not** have their employment terminated, **nor be discriminated against** when seeking new employment.

#### 9.3 Managing risk related to vaccine refusal

Secretary and Ministerial Directions do not allow for refusal of vaccines for non-medical reasons. Where a worker refuses to comply with specified vaccine requirements for their role, risk management strategies must be engaged.

A health service must determine if it is safe for the worker to perform their role if they are not adequately protected by vaccination, and if so, the basis on which it is safe for them to do so.

Employees who may be vaccine hesitant or choose not to be vaccinated where it is required should be encouraged to speak to trusted medical professionals about vaccination and encouraged to access reputable and reliable information about vaccination and vaccines, Education about vaccine safety and the rigorous approval process for vaccines to be used in Australia may also be helpful.

Where workers have concerns related to the relatively new mRNA vaccine technology used in some COVID-19 vaccines, education regarding protein subunit vaccines, that use older/well-established technology, may also be appropriate and potentially facilitate vaccination.

## Table 6. Risk management options for non-compliance/vaccine refusal

|  |  |
| --- | --- |
| **Vaccine** | **Risk management options** |
| Influenza | Redeployment, alternative duties, use of personal protective equipment or other strategies as outlined in [*Section 9.1*](#_9.1_Medical_contraindication,) above, or other strategies deemed suitable by the health care setting.  In some cases, it may be necessary to consider termination of employment (see further detail below) if a suitable agreement is not able to be reached. |
| COVID-19 | Workers may be subject to an assessment by their employer to determine if options such as working from home, obtaining access to accrued annual leave, using any long service leave entitlements, or accessing unpaid leave for a specified or indefinite period are possible (at the employer’s discretion).  An employee should be offered opportunity to discuss their questions about vaccination, access vaccine-related education and clearly understand that if they refuse vaccination they may not be able to attend work in their usual capacity. In some cases, consideration may be given to termination of employment (see further detail below) if a worker is unable to safely perform their role, and a suitable agreement is not able to be reached. |

#### 9.4 Consideration of termination of employment

Employers should ensure that employees are afforded procedural fairness in relation to any decision regarding their employment, including redeployment, introduction of special conditions of employment and/or in any discussions related to termination of any health care worker’s employment.

Health services are responsible for ensuring they adhere to relevant internal policies, workplace agreements and employment law when considering potential action and outcomes related to the terms of a health care worker’s employment. This section contains recommendations only, and health services should obtain independent advice on proposed action where a worker refuses vaccination.

In some circumstances, at the discretion of the health service, and in compliance with relevant policies, agreements and employment law, an employee who refuses vaccination may be at risk of having their employment terminated.

When health settings choose to take this course of action, advice should be provided by an internal expert group. It is recommended that ultimate decision-making should be the responsibility of the Chief Executive Officer or appropriate delegate, or as outlined in the health service’s individual vaccination and disciplinary policy. Independent legal advice may be considered as part of this process.

Termination of employment should only be considered when a healthcare worker also refuses offers of redeployment or where the option of redeployment is not feasible, where all other risk management alternatives have been exhausted, and/or the risk cannot be acceptably managed. Before any decision is made by the health service to terminate, the healthcare worker (and their representative if any) should be notified of the potential for this to occur.

Health settings must ensure the healthcare worker has been offered all feasible alternative employment options, including education to address vaccine hesitancy and the option to be vaccinated prior to consideration of termination. The healthcare setting must ensure that the healthcare worker fully understands the requirements of the vaccination policy and the potential consequences arising from their refusal to comply. The healthcare worker must have opportunities to clarify issues and reconsider their decision to refuse vaccination at all steps of the health service’s decision-making process. All steps in determining an outcome should be appropriately documented.

#### 9.5 Exceptional circumstances

In exceptional circumstances, redeployment of, or refusal to appoint certain healthcare workers, specifically skilled non-compliant workers may result in serious risk to service delivery and ultimately patient care. In other exceptional circumstances workers may be required to attend work due to an emergency or other critical unforeseen circumstance.

The following exceptional circumstances apply, as outlined below in [Table 7](#_Table_7_–).

## Table 7 – exceptional circumstances that may allow for non-compliance to vaccination requirements

|  |  |
| --- | --- |
| **Vaccine** | **Exceptional circumstances** |
| Influenza | * The healthcare worker is highly specialised, a sole practitioner (for example in some rural/remote areas), or there is a current workforce shortage in the person’s clinical area. * Failure to retain or appoint the healthcare worker would pose a genuine and serious risk to service delivery. * It would be difficult to replace the healthcare worker, and/or it would result in a significant period without the service. |
| COVID-19 | * The worker is required to perform work or duties at a facility that is or are necessary to provide for urgent specialist clinical or medical care due to an emergency or a critical unforeseen circumstance. * The worker is required to fill a vacancy to provide urgent care, to maintain quality of care and/or to continue essential operations due to an emergency or a critical unforeseen circumstance. * The worker is required to respond to an emergency. * The worker is required to perform urgent and essential work, including critical training, to protect the health and safety of workers or members of the public, or to protect the healthcare service’s assets and infrastructure.   If an exceptional circumstance applies, the employer should undertake an assessment of the circumstances, and take all reasonable steps to ensure that the worker:   * remains upon the premises only for the period necessary to respond to the exceptional circumstance. * complies with other risk mitigation strategies (such as the use of PPE) the healthcare setting deems necessary.   These exceptions are intended for **temporary use only**, to assist a healthcare setting to manage urgent or unforeseen circumstances. This means a circumstance that the operator of a healthcare setting could not reasonably have foreseen nor planned for, which results in a critical need for staff. |

Health services should establish a process for assessing and approving exemptions in exceptional circumstances, and any conditions that apply to workers in these circumstances. When any of these exceptional circumstances arise, they should be assessed by an internal expert group, in conjunction with the organisation’s Chief Executive Officer or appropriate delegate, to determine appropriate action.

# 10. Recording and reporting

Healthcare settings are responsible for sighting evidence of, and recording compliance with, current employee vaccination requirements. Healthcare settings, or contracted vaccination providers, are also responsible for notifying the Australian Immunisation Register (AIR) of vaccinations administered.

Once evidence has been sighted, it must be deleted or destroyed following usual process for confidential information. If it is retained, it must be stored in compliance with relevant privacy and data protection legislation.

It is recommended that healthcare settings also categorise and record the risk status of healthcare workers as per the [Table 1. Risk categorisation and recommended vaccine schedule](#_Table_1._Risk).

Healthcare settings are not responsible for keeping records of students’ vaccination history. This is the responsibility of the education provider. Healthcare settings may request this information from the education provider if needed, for example, in the case of an exposure event.

Healthcare settings are required to report aggregated data outlining the vaccination rates of healthcare workers. Reporting requirements are outlined in the [Table 8](#_Table_8._Reporting) below.

## Table 8. Reporting requirements of vaccination coverage for healthcare services

|  |  |
| --- | --- |
| **Influenza** | **COVID-19** |
| * Acute and sub-acute hospitals, Public Residential Aged Care Services and Ambulance Victoria are required to report their influenza vaccination coverage rates as at 15 August each year to the VICNISS Coordinating Centre. * Prescribed health services may be required to submit point-in-time aggregate influenza vaccination data on request. | * Prescribed health services may be required to submit point-in-time aggregate COVID-19 vaccination data. |

Further information about reporting methodology is available through the [VICNISS Influenza Vaccination – Healthcare Worker (HCW) website](https://www.vicniss.org.au/healthcare-workers/modules/acute-modules/influenza-vaccination-healthcare-worker-hcw/) <https://www.vicniss.org.au/healthcare-workers/modules/acute-modules/influenza-vaccination-healthcare-worker-hcw/>

# Appendix 1

## Table 9 Responsibilities of organisations and individuals in relation to this policy

|  |  |
| --- | --- |
| **Organisation or individual** | **Responsibilities** |
| Department of Health (the department) | The department has a responsibility to:   * review and update the vaccination requirements policy for healthcare workers as required. * review and update this policy guidance document as required. * monitor healthcare worker compliance with the vaccination policy at the health service level. * provide advice, information and support to assist healthcare workers and settings to meet vaccination policy requirements. |
| Healthcare settings | Healthcare settings have a responsibility to:   * comply with all current Secretary/Ministerial Directions (as applicable) requiring vaccination of healthcare workers. * develop site-specific immunisation policies and guidelines as required that incorporate, at a minimum, the vaccination requirements outlined in current Secretary/Ministerial Directions. * sight evidence of and record compliance with vaccination requirements of healthcare workers employed or engaged by their service. * develop an assessment and management plan where a currently employed or engaged healthcare worker is unable to be vaccinated due to a contraindication or exemption to vaccination/s. * report data for healthcare worker vaccination against the specified diseases to the department or a body appointed by the department (such as VICNISS) upon request for the purposes of collecting data. * comply with the mandatory Australian Government requirement to notify vaccinations administered to the Australian Immunisation Register. * advise prospective healthcare workers of the vaccination requirements for their prospective role. |
| Current and prospective healthcare workers (including locums, VMOs and contractors) | Healthcare workers have a responsibility to:   * demonstrate compliance with the policy through documented evidence of vaccination or contraindication/exemption. * demonstrate compliance with the policy within a specified timeframe (where applicable).   Healthcare workers should liaise with their current or potential employer/contractor in the first instance with any queries regarding vaccination requirements that apply in their workplace. |
| Universities and other education providers | Universities and other education providers are responsible for liaising with healthcare services where their students undertake placements to understand their student vaccination requirements (if any). Vaccination requirements for students are at the healthcare setting’s discretion, as students are not subject to Directions. |
| Students | Students are not directly subject to Directions; however, a health service may reasonably require that they meet vaccination requirements prior to commencing roles or placements within the setting.  Students should liaise with their education provider directly regarding any vaccination requirements that may apply to them. |
| Volunteers | Volunteers are not directly subject to Directions; however, a health service may reasonably require that they meet vaccination requirements prior to commencing roles within the setting.  Volunteers should liaise directly with the healthcare service where they volunteer/wish to volunteer, to understand their vaccination requirements (if any). |
| Short-term workers | One-off or very short-term workers that are not employed or engaged by the healthcare service are considered visitors to the healthcare setting and vaccination requirements do not apply in this instance. |

To this document in another format, phone 03 9500 7471, using the National Relay Service 13 36 77 if required, or [email the Department of Health Immunisation Unit](mailto:immunisation@health.vic.gov.au) <immunisation@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at [Vaccination for healthcare workers](https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers) <https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers>