

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>IMMUNISATION FOR EMPLOYEES - STANDARDS</p>	<p>Policy 5.4.12 Protocol 1</p>
<p>IMMUNISATION FOR EMPLOYEES PROTOCOL</p>		

STANDARD

BOPDHB is committed to improving, promoting and protecting the health and wellbeing of its employees and patients.

DHB employees have a duty of care towards their patients and co-workers which includes taking reasonable precautions to protect them from vaccine preventable diseases.

BOPDHB and its employees have obligations under the Health and Safety in Employment Act to take all reasonable practicable steps to protect people entering the DHB sites from harm. This includes ensuring that employees are immunised against any vaccine preventable disease that they are might encounter in the workplace or outside the workplace that could be transmitted to patients and co-workers.

BOPDHB includes screening and vaccination as part of its health and wellbeing program.

ROLES AND RESPONSIBILITIES

1. Health and Safety Service:

1.1 For all employees

- a) Vaccination requirements will be assessed according to the level of risk in their work location ([Appendix A: Risk Categorisation](#)). Staff will be either assigned to category A or B.
- b) Employees will be provided education on the need for immune status confirmation and be assessed to determine their level of protection against specified vaccine preventable diseases ([Appendix B](#)). This will include confirmation of vaccination history and may include blood tests.
- c) A database will be kept by the Health and Safety Service. If relevant, managers will be informed about the final vaccination status of the employee so that appropriate work place deployment or any relevant restriction can be made if required.

1.2 Pre-employment:

- a) All prospective and transferring employees must complete a pre-employment health questionnaire that will outline all recommended and required vaccines along with the reasons for the requirement.
- b) Consent for any vaccination will be requested, refusal for vaccination may affect employment potential.
- c) Medical contraindication to a vaccine will be according to the most current publication of the NZ Ministry of Health Immunisation Handbook. If a staff member has a concern regarding receipt of any vaccination they will be asked to document this in writing and offered an opportunity to discuss this with the Health and Safety Service, in conjunction with an Infectious Diseases Physician.
- d) Declining to be assessed and / or vaccinated must be documented in the employee's personal health folder and risk mitigation implemented on a case-by-case basis, according to health history and patient exposure. This may involve either non-progression of employment process, redeployment or job restriction, following joint discussion between Infection Prevention and Control, Health and Safety Service and senior management.

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<p>Protocol Steward: Manager, Health and Safety</p>	<p>Authorised by: GM, Corporate Services</p>	

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1.3 Existing employees:

- a) All employees will be prioritised for assessment according to the level of risk in their work location ([Appendix A: Risk Categorisation](#); [Appendix C: Risk Management Framework for Existing Employees](#)). Priority for assessment will be assigned to staff working with high risk patient groups or working in high risk clinical areas. This assessment will be done by the Health and Safety Service in consultation with managers.
- b) Employees will be advised of any recommended / required vaccines and the reasons for this recommendation.
- c) Implications for declining to be assessed and / or vaccinated will be explained by the employee's manager
- d) Medical contraindication to a vaccine will be according to the most current publication of the NZ Ministry of Health Immunisation Handbook. If a staff member has a concern regarding receipt of any vaccination they will be asked to document this in writing and offered an opportunity to discuss with the Health and Safety Service, in conjunction with an Infectious Disease Physician. Declination of the offer to be vaccinated must be documented in the employee's personal health file and risk mitigation implemented on a case-by-case basis. This may involve redeployment or job restriction, following joint discussion between Infection Control, Health and Safety Service and the relevant manager.

2. Manager responsibility

- 2.1 Managers will take every reasonable action to encourage and promote that patients and employees are protected against vaccine preventable diseases.
- 2.2 Managers will ensure employees are allowed reasonable time to attend GP appointments for assessment and vaccination.
- 2.3 Managers will assist in determining the potential risk of employee exposure to vaccine preventable diseases and forward this to the Health and Safety Service. Should managers have any concern they must contact the Health and Safety Service for advice.
- 2.4 If immunity is not achievable, or vaccinations are declined, risk mitigation will be implemented on a case-by-case basis. This may involve redeployment or job restriction following joint discussion between Infection Control and Health and safety Service and senior management. Implications for declining to be assessed and/or vaccinated will be explained by the employee's manager
- 2.5 Manager will ensure that nursing, medical locum and other employment agencies are aware of the policy regarding immunisation and that they only provide contract staff that have a vaccination status consistent with the provisions of this policy. This also applies to any tertiary education providers regarding any students or trainees on clinical placements.

3. Employee responsibilities

- 3.1 Employees have a duty of care towards patients and their co-workers which includes taking reasonable precautions to protect them from vaccine preventable diseases.
- 3.2 Employees who decline to be assessed by their GP and / or decline to have any recommended vaccine should discuss this further with Health and Safety staff and must provide signed documentation of their declination.
- 3.3 Employees must comply with any relevant work restrictions based on their vaccination status and level of risk.

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3.4 Any expense for confirmation of vaccination history and subsequent blood tests that are not provided by the Ministry of Health will be met by the employee.

4. Consent

4.1 After the employee has made an informed decision based on risk and benefits, valid consent must be obtained prior to administration of any vaccination.

4.2 Declining to be vaccinated must be documented and signed by the employee. This documentation must be maintained as part of the data collection process, and held within their personal health file.

REFERENCES

- [Centres for Disease Control and Prevention \(CDC\): Healthcare Personnel Vaccination Recommendations](#)
- [Department of Health, New South Wales. Occupational Assessment, Screening and Assessment against specified infectious diseases. 21 Jan 2011](#)
- [Health and Safety in Employment Act 1992.](#)
- [Ministry of Health 2014. Immunisation Handbook 2011. Wellington: Ministry of Health](#)
- [Health and Safety at Work Act 2015](#) and [Regulations 2016](#)

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 5.4.12 Immunisation for Employees
- Bay of Plenty District Health Board policy 5.4.4 Blood or Body Fluid Exposure
- Bay of Plenty District Health Board Form FM.E7.5 Employee Vaccination Declination form
- Bay of Plenty District Health Board policy 5.3.1 Health and Safety

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Appendix A: Risk Categorisation Guidelines

Category A
<i>Protection against the specified infectious diseases is required.</i>
<p>Direct physical contact with:</p> <ul style="list-style-type: none"> - patients / clients - deceased persons, body parts - blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes) <p>Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means includes persons:</p> <ul style="list-style-type: none"> - whose work requires 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 / outpatients department; - whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic or; - Who frequently throughout their working week are required to attend clinical areas. <p>All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be category A regardless of duties.</p> <p><u>High risk patient groups</u></p> <ul style="list-style-type: none"> - Children less than 2 years of age including neonates and premature infants - Pregnant women - Severely immunocompromised by virtue of a haematological condition, chemotherapy, renal replacement therapy or ventilated-status. <p><u>High risk clinical areas</u></p> <ul style="list-style-type: none"> - Antenatal, perinatal and postnatal areas including delivery suite - Special Care Baby Unit (SCBU) - Paediatric wards - Outpatients - Intensive Care Unit (ICU) - Emergency Department - Dialysis Units - Cancer Centres - Perioperative Department <p>All health care students and junior Medical staff are Category A (this can be reassessed on a case by case basis)</p>
Category B
<i>Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community</i>
<ul style="list-style-type: none"> - Does not work with high risk client groups or in the high risk clinical areas listed above. - No direct physical contact with patients / clients, deceased persons, blood, body substances, or infectious material or surfaces / equipment that might contain these. - Normal work location is not in a clinical area. - Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties.

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Appendix B: Assessment Of Protection Against Vaccine Preventable Conditions

The Assessment of protection against vaccine preventable conditions shall be in accordance with the requirements/standards set out in the Ministry of Health 2014. [Immunisation Handbook 2011. Wellington: Ministry of Health.](#)

Appendix C: Risk Management Framework For Existing Employees

Employees in health care settings are potentially exposed to many vaccine preventable diseases through the course of their work. Under the Health and Safety in Employment Act the DHB has obligations to ensure the health, safety and welfare of all employees while at work. Where a risk of infection is recognised and where effective vaccines are available to staff that are not already immune, vaccination will be recommended by the DHB's Health and Safety Service.

Vaccination is one of several measures designed to prevent harm and cannot replace or be considered a substitute for general measures such as hand hygiene, respiratory etiquette and needle stick prevention.

Vaccination of employees may be indicated to

- Protect the individual and their family from occupationally-acquired infection,
- Protect patients and service users,
- Protect other employees,
- Allow for the efficient running of services without disruption.

Medical contraindications to vaccination

The implications of this policy for Employees with any medical contraindications to specific vaccines will be considered by the Health and Safety Service on a case by case basis in consultation with the Infectious Disease Physician and Infection Prevention and Control staff.

RESTRICTIONS FOR NON-IMUNE STAFF		
Infectious Disease	Employees affected	Restriction
Measles Mumps Rubella Varicella Pertussis Hepatitis B	Category A	Unprotected current employees in this category should not work in High Risk Clinical Areas (see Appendix A) unless there is a genuine or serious reason risk to service delivery if staff reassigned (requires CEO approval). If the health facility has a suspected case of any of these diseases any unprotected employees working in high risk clinical areas may be excluded from working in high risk clinical areas by their manager for a period of time as advised by Infection Prevention and Control. Unprotected employees working in high risk clinical areas who develop a fever, a new unexplained rash, or a coughing illness may be excluded from these areas until assessed by a medical practitioner to be non-infectious. Staff who do not sero convert following immunisation for Hepatitis B will have no restrictions on duties but are required to take HBIG prophylaxis for any known or possible exposure to HBsAg positive blood.
Diphtheria / tetanus	All employees	No restrictions on duties but all employees should be aware of need to seek early treatment for any tetanus prone injury.

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RESTRICTIONS FOR NON-IMUNE STAFF

Meningo-coccal Disease	Micro-biologists and laboratory workers handling respiratory specimens	No restrictions on duties but unprotected employees should be counselled on risk.
Influenza	All Employees	<p>During an outbreak unprotected employees in this category should not work in High Risk Clinical Areas (see Appendix A) unless there is a genuine or serious risk to service delivery if staff reassigned (requires CEO approval).</p> <p>If the health facility has a suspected case of influenza, unprotected employees working in high risk clinical areas must either comply with any Infection Prevention and Control directed enhanced precautions (such as wearing a mask when providing clinical cares) or alternatively be excluded from working in high risk clinical areas for a period of time, as advised by Infection Control.</p> <p>Based on the data base maintained by the Health and Safety Service unprotected employees working in high risk clinical areas who develop a fever or a coughing illness may be excluded from these areas until assessed by a medical practitioner to be non-infectious.</p>