



Staff Immunisation Procedure

1. Guiding Principles

Transmission of vaccine preventable diseases 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. Management of a staff immunisation strategy is a requirement under the WA Health [Health Care Worker Immunisation Policy](#), the [National Safety and Quality Health Care Standards](#), and the National Health and Medical Research Council through the [Australian Immunisation Handbook](#).

This procedure aims to provide additional information to support the implementation of a comprehensive staff immunisation strategy in the Wheatbelt.

2. Procedure

2.1 Pre-employment screening for health care workers and other staff with direct patient contact

Health care workers refers to doctors, nurses, allied health professionals, patient care assistants and laboratory staff. Staff who may have direct patient contact include clerical staff, volunteers, cleaners, orderlies and any other employee who may have contact with patients or a patient's blood or body substance as a result of their workplace activities.

Pre-employment health assessments are obtained through the N10 form which is sent to all new employees by Health Corporate Network (HCN), which requests information about disease and vaccination history. The Health Care Worker Immunisation Policy provides clear information on the minimum acceptable evidence of immunity health care workers and staff who have direct patient contact or whose duties may increase their exposure to vaccine preventable diseases.

Line Managers are to provide all new employees with an N10 form with a request that it be completed and submitted to the line manager prior to commencement of the employment contract. HCN may also provide new employees with an N10 form in the new starter pack, but it is essential that line managers receive the completed N10 prior to commencement, so they are to directly communicate this requirement to the new employee.

Part B of the completed N10 form is to be reviewed and signed by the site Infection Control Nurse, using the Health Care Worker Immunisation Policy to guide decisions regarding requests for additional information, serology testing or additional vaccination. If a site does not have an Infection Control Nurse, the line manager is to undertake this duty if they are clinically competent to do so, or refer to the Regional Immunisation Coordinator/Public Health Nurse for assistance.

2.2 Student health care workers

Student health care workers undertaking clinical placements are required to provide the same information as employees to site managers. This may be on the N10 form or separate documentation provided by their educational institution, and is to be reviewed in the same way as information from new employees. This information is to be recorded in the site staff immunisation data base so that it can be used as reference in the event of any possible exposure or outbreak, even after the student has completed their placement at that site.

2.3 Screening of agency and locum health care workers

Nurses placed through Nurse West are employed through HCN and complete the N10 form as part of their appointment. Nurse West will only accept serology as evidence of immunity. Pertussis and annual flu vaccination are recommended but not required by Nurse West, who keep records of both these vaccinations.

Immunisation and health records are maintained by Nurse West, and are to be requested by site managers prior to commencement of duties. This will ensure site managers are aware of any staff or patient risks associated with vaccine preventable diseases. This information is to be recorded in the staff immunisation data base at site so that it can be used as reference in the event of any possible exposure or outbreak, even after the nurse has completed duties at that site.

Agency and locum health care workers employed through channels other than Nurse West are to provide the same information as that in Section B of the N10 form. This may be separate documentation provided by an employment agency or directly from the health care worker, and is to be reviewed and recorded in the same way as information from new employees.

2.4 Visiting medical and allied health specialists

Visiting health care professionals are to be made aware of the WA Health [Health Care Worker Immunisation Policy](#) and requested to provide the same information as that in Section B of the N10 form to the site managers at any facility where they provide services.

2.5 Non-health care employees at risk of infection through work activities

Plumbers, gardeners and maintenance staff may be at risk of blood-borne viruses and other infections through exposure to sewage, biohazards and soil products. These staff are to be provided with education, screening and immunisation relevant to their specific risk. Advice from the Wheatbelt Public Health Unit should be sought by line managers in relation to these requirements.

2.6 Records management

Each Wheatbelt hospital and health service must maintain a record of immunisation status for all health care workers, staff with direct patient contact and student health care workers. This information is to include all information collected on Section B of the N10 form. This record is to be maintained at site by the Tier 5 Manager or delegated officer, and be reviewed to determine staff and/or patient risk if there is a known case of a vaccine-preventable disease among the patients or staff at the site.

This record must be managed with the same confidentiality considerations as other human resource records, and be accessible by the relevant Tier 5 Manager 24 hours a day. Quarterly updates of the data base data/information is to be shared with the Wheatbelt Public Health Unit and on request in the event of an outbreak of vaccine-preventable disease.

2.7 Refusal of vaccination or provision of evidence of immunity

Refuse to comply with reasonable requests for immunisation is to be documented in the site immunisation records and personnel files. In accordance with the [WA Health Health Care Worker Immunisation Policy](#), vaccine refusal, contraindication to vaccination and vaccine non-response may be managed by changes to work placements, work adjustments and work restrictions. Advice from Wheatbelt Human Resources and Public Health Unit is to be sought in relation to implementation of these management strategies.

Any health care workers symptomatic of an illness should not be at work. Prophylactic treatment and work exclusions may apply to unvaccinated health care workers who have been in contact with vaccine preventable diseases. Advice from the Wheatbelt Public Health Unit is to be sought in relation to management of this situation.

2.8 Pertussis

Health care workers who care for neonates and babies less than six months of age are to be aware that these babies are too young to receive three doses of pertussis vaccination for full protection, and the best protection for these babies is vaccination of parents, family members and health care workers. Health care workers who refuse pertussis boosters are not be rostered to work in maternity units, paediatric wards, or emergency departments which treat infants.

2.9 Immunisation education and promotion

The Regional Immunisation Coordinator is based at the Wheatbelt Public Health Unit and manages immunisation education and promotion for the region, including distribution of relevant information about health care worker immunisation to site managers. Site managers may delegate the responsibility for health care worker immunisation promotion and education to site Infection Control Nurses.

2.10 Immunisation provision

Wheatbelt health care workers requiring vaccination as part of their pre-employment health check or boosters are able to obtain these from registered doctors, registered nurses under medical direction, or by certified Immunisation Providers, as outlined in the *Vaccination Administration Code 2014*. Any costs associated with health care worker vaccination are to be paid by the employer and if a health care worker incurs any costs associated with immunisations or serology, they may claim reimbursement through completion of an Incidental Allowances Claim Form (ST2), available through the HCN intranet.

The Wheatbelt Public Health Unit is to coordinate an annual flu vaccination program for staff, including consent, medical authorisation and administration by certified Immunisation Providers.

3. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the Public Sector Management Act.

WACHS staff are reminded that compliance with all policies is mandatory.

4. Evaluation

This procedure is to be evaluated through annual review by the Wheatbelt Infection Prevention Group which is to consider site and regional staff vaccination data, response to any identified outbreaks and impact of education programs.

5. Standards

[National Safety and Quality Health Care Standards](#) – Standard 3.6

6. References

[Australian Immunisation Handbook](#) 10th edition

[Vaccine Administration Code](#), Revised January 2016. Public Health and Clinical Services, WA Department of Health

National Health and Medical Research Council [Australian Guidelines for the Control of Infection in Healthcare \(2010\)](#)

7. Related Policy Documents

WACHS [Pre-Employment, Pre-Placement Medical Health Screening Policy](#)

WACHS [Pre-Employment, Pre-Placement Medical Health Screening Procedure](#)

8. Related WA Health Policies

WA Health [Health Care Worker Immunisation Policy](#)

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