

Te Whatu Ora Health New Zealand - Te Matau a Māui Hawke's Bay (Te Whatu Ora – Hawke's Bay)

Non-Government Organisations/Contractors Immunisation Framework

PURPOSE

To outline Te Whatu Ora Health New Zealand - Te Matau o Māui Hawke's Bay ("Te Whatu Ora – Hawke's Bay") immunisation framework for our Non-Government Organisations (NGOs)/contractors ("you" or "your") for their employee screening, education and immunisation programme against vaccine preventable infections that may occur in the workplace.

Employee includes students, contractors and volunteers.

PRINCIPLES

1. You are committed to improving, promoting and protecting the health and wellbeing of your employees, students, contractors and volunteers.
2. Immunisation is part of an infection prevention strategy, alongside Hand Hygiene and the practice of Standard Precautions.
3. Healthcare workers have a duty of care to take reasonable precautions to protect their patients and fellow employees from communicable disease.
4. You have obligations under the Health and Safety at Work Act 2015 to protect employees from harm. This would include ensuring that employees are immunised against vaccine preventable infections that they might encounter in the workplace.
5. Under the same Act an employee has an obligation to ensure that no action or inaction of their own harms another person.
6. The cost of screening, education and immunisation programme for employees, students, contractors and volunteers will be met by you. Some vaccinations such as measles, mumps and rubella and COVID 19 are Te Whatu Ora Health New Zealand funded, furthermore Te Whatu Ora – Hawke's Bay can support with annual flu immunisation programmes.
7. The collection, use and disclosure of health information must comply with your obligations under the Privacy Act and the Health Information Privacy Code and the Human Rights Act.
8. Immunisation requirements will be assessed according to the level of risk in the person's work location (Appendix A: Risk Categorisation) and will be either assigned to category A or B.
9. Employees will be assessed to determine their level of protection against specified infectious diseases (Appendix B). This will include confirmation of vaccination history and may include blood tests.
10. Development of a record keeping system, accessible to the employee, which details screening test results and immunisation status.

CONSENT

Informed consent must be obtained prior to administration of any vaccination.

Declination of the offer to be immunised must be documented and signed by the employee (Appendices D). This documentation must be maintained as part of the data collection process, and held within their personal file. Declining immunisation may impact on the staff member's ability to work within an area or they may be restricted in what they undertake and this must be managed appropriately by the organisation.

SCOPE

This framework applies to all of your employees, including contractors, students and volunteers who have direct contact with clients or access to clinical areas.

This framework refers to the minimum set of vaccine preventable diseases and associated issues that must be considered. Interpretation of individual test results and subsequent management of exposure requires consultation and advice from appropriate clinicians.

ROLES AND RESPONSIBILITIES

NGO Organisation

For all existing or prospective employees

- Discuss the interpretation of any test results and immunisation requirements.
- Consider providing immunisation to all employees on an annual basis.
- Seek employee informed consent for any immunisation.
- If the employee has concern regarding receipt of any immunisation they will be asked to document this in writing and offered an opportunity to discuss this with their manager or their own primary health care provider
- Declining of the offer to be immunised must be documented in the employee's personal folder and risk mitigation strategies implemented on a case-by-case basis. See Appendix C
- Documentation of immunisation status will be provided to the primary care provider of the employee, with employee's consent.
- Ensure that employees are offered certified copies of their own immunisation records on termination of employment.

Existing employees

- 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).
- The result of the assessment will be discussed with each employee, including the interpretation of any test results and subsequent risk management strategies.
- All employees for whom immunisation is recommended will be offered the opportunity to discuss this with their manager/team leader or their own primary healthcare provider.

Managers/Team Leaders of NGO, etc.:

- Take every reasonable action to ensure that clients and employees are protected against vaccine-preventable infectious diseases.
- Ensure employees are allowed time to attend for assessment and immunisation.
- Assist in determining the potential risk of employee exposure to vaccine-preventable infections.
- Ensure that any risk mitigation strategies, including the wearing of appropriate Personal Protection Equipment (PPE), are implemented.
- Ensure that (where applicable) nursing, medical locum and other employment agencies you may use are aware of the framework regarding immunisation and that they only provide contract staff that have an immunisation status consistent with the provisions of this framework. This also applies to any tertiary education providers regarding any students or trainees on clinical placements.

Employees:

- Employees have a duty of care towards patients which includes taking reasonable precautions to protect patients from communicable diseases.
- Employees who decline the offer of a recommended vaccine are encouraged to discuss this further with their manager/team leader, and to consult their own primary health care provider.
- Employees must provide signed documentation of vaccine declination (Appendices D and E).
- Employees must comply with any relevant work restrictions based on their immunisation status and level of risk.

DEFINITIONS

High risk client groups

- Children < 5 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
- Adults ≥ 65yrs of age

APPENDIX A

RISK CATEGORISATION GUIDELINES

CATEGORY A

Protection against the specified infectious diseases is required

Direct physical contact with:

- 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)

Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means includes persons:

- whose work requires frequent / prolonged face to face contact with clients e.g. interviewing or counselling individual clients or small groups, performing reception duties in a client facing environment;
- whose normal work location is in a clinical area or a patient's home
- who frequently throughout their working week are required to attend clinical areas.

All persons working with the following high risk client groups are automatically considered to be Category A regardless of duties:

High risk client groups

- Children < 5 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
- Those ≥ 65yrs of age

CATEGORY B

Does not require protection against the specified infectious diseases as level of risk is no greater than that of general community

- Does not work with high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with 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 or a patient's home
- Only attends clinical areas infrequently and for short periods of time e.g. visits occasionally on administrative duties

APPENDIX B

ASSESSMENT OF PROTECTION AGAINST VACCINE PREVENTABLE INFECTIONS

Hepatitis B	
Vaccine Description	Recombinant Human Antigen
Immunisation schedule	3 doses 0, 1 and 6 month intervals. The third dose can be administered sooner than 6 months if necessary. Test for hepatitis B surface antibody to document immunity 1 month after dose 3
Immunity	<p>If anti-HBs is ≥ 10 IU/ml the employee is immune and no further serologic testing or vaccination is recommended.</p> <p>If anti-HBs is < 10 IU/ml the employee is unprotected against Hepatitis B virus; check Hepatitis B s antigen and if negative re-vaccinate with a 3 dose series and re-test anti-HBs 1 month after 3rd dose. If then anti- HBs ≥ 10 IU/ml the employee is immune and no further testing or vaccination is recommended. If anti-HBs < 10 IU/ml after a total of 6 doses of vaccine the employee is a non-responder.</p> <p>Health care workers who are non-responders are susceptible to HBV and should be counselled regarding precautions to prevent HBV and the need to obtain HBIG prophylaxis for any known or possible parenteral exposure to Hepatitis B surface antigen (HBsAg) positive blood. It is also possible that non- responders are persons who are HBsAg positive and testing should be considered.</p>

Tetanus / Diphtheria / Pertussis	
Vaccine Description	Tdap: Tetanus and low dose of diphtheria toxoid (protein) plus acellular (inert) pertussis
Immunisation schedule	Administer once-off at least 5 years since documented history of pertussis vaccine. There is no need to consider the timing of the last "tetanus booster" (Td).
Immunity	<p>Serology testing not helpful</p> <p>Natural infection does not confer immunity and hence immunity is determined solely by history of vaccination.</p>

Measles, mumps rubella	
Vaccine Description	Live attenuated viruses.
Immunisation schedule	Two doses in childhood
Immunity	<p>Adults born before 1969 should be considered immune to measles regardless of previous vaccination.</p> <p>Adults born since 1969 with no documented history of receiving 2 doses of measles containing vaccine should receive up to 2 doses of MMR. Serology testing may be offered if vaccination status unclear.</p>

Varicella	
Vaccine Description	Live attenuated virus
Immunisation schedule	Although ideally two doses 6-8 weeks apart, one dose will be regarded as acceptable. The 5% who may develop a rash should remain off work duty until resolution of the rash.
Immunity	A reliable history of having Chicken Pox. In the absence of above, serology should be performed as over 90% will be found to be immune despite lack of clinical history.

Meningococcal disease	
Vaccine Description	Conjugated strains A,C,Y,W135
Immunisation schedule	Single dose
Immunity	History of vaccination

Influenza	
Vaccine Description	Inactivated surface proteins
Immunisation schedule	Annual vaccination
Immunity	Documented receipt of annual vaccine

COVID-19	
Vaccine Description	Inactivated surface proteins
Immunisation schedule	Minimum two doses
Immunity	Documented receipt of vaccine

APPENDIX C

RISK MANAGEMENT FRAMEWORK FOR EXISTING EMPLOYEES

Employees in health care settings are potentially exposed to many infections through the course of their work. Under the Health and Safety in Employment Act you have 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, immunisation will be offered by you.

Immunisation 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.

Immunisation of employees may be indicated to:

- Protect the individual and their family from occupationally- acquired infection,
- Protect patients and service users,
- Protect other employees

Medical contraindications to Immunisation

The implications of this framework for employees with any medical contraindications to specific vaccines will be considered by you on a case by case basis.

RESTRICTIONS FOR NON-IMMUNE STAFF

Infectious Disease	Employees affected	Restriction
Measles Mumps Rubella Varicella Pertussis	Category A	<p>Unprotected current employees in this category should not work in High Risk Clinical Areas (see Appendix A). Any unprotected employees working in higher risk clinical areas need to adopt risk mitigation strategies as advised (such as wearing a mask when providing clinical cares and / or additional infection control education).</p> <p>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 for a period of time as advised by you.</p> <p>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.</p>
Diphtheria / tetanus	All employees	No restrictions on duties but unprotected employees should be aware of need to seek early treatment for any tetanus prone injury.

Infectious Disease	Employees affected	Restriction
Hepatitis B	Category A	No restrictions on duties but unprotected employees should be counselled regarding precautions to prevent HBV and on need to obtain HBIG prophylaxis for any known or possible exposure to HBsAg positive blood.
Meningococcal disease	Microbiologists and laboratory workers handling respiratory specimens	No restriction on duties but unprotected employees should be counselled on their personal risk of contracting infection.
Influenza	Category A	<p>Unimmunised employees working in high risk areas may be required to wear a surgical mask when there is increased circulation of Influenza in the Hawkes' Bay community</p> <p>Unprotected employees 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>
COVID-19	Category A	<p>Unimmunised employees working in high risk areas may be required to wear a surgical mask when there is increased circulation of COVID-19 in the Hawkes' Bay community</p> <p>Unprotected employees who develop a fever or a coughing illness or any other COVID-19 symptoms may be excluded from any areas until assessed by a medical practitioner to be non-infectious.</p>

APPENDIX D

SAMPLE IMMUNISATION DECLINATION

I am vulnerable to the following infection/s (*delete if immune or immunised*):

COVID 19

Measles/ Rubella

Varicella

Pertussis

Hepatitis B

Influenza

Other: _____

Immunisation against the above infection/s has been recommended but I have chosen to decline this offer.

I understand that:

Exposure to clients puts me at increased risk of developing infection.

In the event of acquiring infection I may infect clients and other staff members/volunteers.

In the event of exposure to, or possible infection, restrictions may be placed on my work duties.

I agree to comply with any infection control strategies as advised by Infection, Control & Prevention Manager, including the wearing of a Personal Protective Equipment (PPE) when instructed.

Name: _____

Signed: _____ Date: _____