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| Vaccination requirements for healthcare workers |
| Policy guidance for healthcare settings  Updated 4 October 2024 |
| OFFICIAL |

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# Introduction

#### Background

Healthcare workers are more likely to be exposed to, acquire and transmit vaccine-preventable diseases such as influenza, measles, rubella and pertussis. To protect the health and safety of patients and other workers, vaccination for certain diseases is highly recommended for all healthcare workers.

In Victoria, some healthcare workers are required to be vaccinated against seasonal influenza annually under Secretary or Ministerial Directions. The mandatory requirement is based on the setting where a healthcare worker is employed, and the role they perform.

#### Purpose

Seasonal influenza vaccination requirements for healthcare workers in prescribed healthcare settings are specified in Secretary Directions. Seasonal influenza vaccination requirements for Forensicare employees are specified in a Ministerial Direction. Copies of these directions can be found on 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 guidance to healthcare settings implementing the influenza vaccination requirements under the directions. Healthcare settings are not required to adopt all elements of this policy, however they must ensure that their policy meets the vaccination requirements outlined in all current Secretary or Ministerial Directions (as applicable).

#### Objectives

The objective of the healthcare worker vaccination requirements are 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.

#### Legislative framework

**Secretary Directions**

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.

Secretary Directions requiring healthcare workers to be vaccinated against seasonal influenza by 15 August each year took effect on 8 April 2022.

**Ministerial Directions**

Section 342 of the *Mental Health Act 2014* allows the Minister for Mental Health to issue written directions to Forensicare on any matter that the Minister is satisfied is necessary. This includes issuing Ministerial Directions requiring healthcare workers employed or engaged by Forensicare to be vaccinated against specified vaccine-preventable diseases.

Ministerial Directions requiring Forensicare employees to be vaccinated against seasonal influenza by 15 August each year took effect on 6 June 2022.

## Note on COVID-19 vaccination

Secretary Directions were introduced on 13 October 2022, requiring specified healthcare workers in

prescribed Victorian healthcare settings to be vaccinated against COVID-19. This followed the cessation of Pandemic (Workplace) Order 2022 (No. 10).

On 4 October 2024, Secretary Directions mandating COVID-19 vaccination for healthcare workers were revoked.

Healthcare workers are now strongly recommended to remain up to date with their COVID-19 vaccinations as per Australian Technical Advisory Group on Immunisation (ATAGI) advice and the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19).

The decision to revoke the COVID-19 vaccine Secretary Directions, and replace them with a strong recommendation to remain up to date, reflects the evolving COVID-19 epidemiologic situation in Victoria, emerging evidence on the burden of COVID-19 disease and advice and guidance from ATAGI on COVID-19 vaccination.

Should any health service determine that it is appropriate for their circumstances to introduce COVID-19 vaccination requirements through their own workplace policies, they should ensure that these requirements are informed by an assessment of risk, and meet consultation obligations with employees and applicable representatives under occupational health and safety legislation and any applicable industrial instrument/s.

# Definitions

**These definitions should be read in conjunction with the definitions contained in the Secretary Directions for influenza 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).

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

# Scope

#### Settings

The Directions apply to healthcare workers employed or engaged by the following services:

* 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)

Other healthcare settings, that are not directly subject to the Directions, 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

Under the Directions a health care worker is definedas someone who is employed or otherwise engaged by one of the above mentioned services and whose role requires them to have direct in-person contact with patients, clients, deceased persons or body parts, blood, body substances, infectious material or surfaces or equipment that might contain any of the aforementioned, or who is required to work in a clinical area where they may be exposed to infections spread by droplets, such as influenza.

Vaccination requirements specified in the Directions apply to:

* 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.

Employers may choose to triage their healthcare workers as risk Category A, B and C (See **Table 1)**.

Category A and B healthcare workers in the settings listed above are subject to the Secretary Directions and are therefore required to be vaccinated for seasonal influenza annually by 15 August. Category C workers are strongly recommended to be vaccinated.

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.

**Table 1: Risk categorisation and vaccination requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) | Hepatitis A/ meningococcal in some cases, and routine adult scheduled vaccines including COVID-19. |
| **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. | Nil | Routine adult vaccination schedule vaccines, including influenza and COVID-19. |

#### 3.3 Volunteers and students

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

# Seasonal influenza vaccination requirements

#### Context

Annual vaccination is the most important measure to prevent influenza and its complications. 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.

Annual influenza vaccination is recommended just before the influenza season begins for the most effective coverage, however vaccination at any time during the influenza season will still help to prevent infection.

#### Vaccination requirements

Under the Directions healthcare settings must ensure that current and newly commencing healthcare workers that are subject to the Directions **are vaccinated** against seasonal influenza annually by 15 August.

Current and newly commencing healthcare workers that are not subject to the Directions are **strongly encouraged to be vaccinated** against seasonal influenza annually by 15 August.

If a new healthcare worker is commencing employment:

* between January and April, influenza vaccination must occur within 4 months of commencement; or
* between 16 August and 31 December, vaccination must occur prior to commencement.

#### Exemptions

Healthcare workers are exempt from the requirement to be vaccinated if they have a medical contraindication to the influenza vaccine and may be exempt from compliance with the influenza vaccination requirement in a small number of other exceptional circumstances (further detail is provided in section 5).

# Evidence to demonstrate compliance

#### Evidence required

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.

Reporting vaccinations to the AIR for influenza is mandatory. 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.

Where a healthcare worker has a medical contraindication to vaccination, they must provide documented evidence of this to the healthcare setting (See Section 5).

#### Requirement of employer to record evidence

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.

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

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).

# Exemptions

#### 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>.

#### Evidence required to demonstrate medical contraindication for influenza vaccine

The evidence required to note a contraindication to the influenza vaccines is signed 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*.

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.

# Vaccine refusal

Vaccinations required via Directions do not allow for objections to vaccination by healthcare workers for non-medical reasons.

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.

[Table 2](#_Table_4._Potential) outlines potential consequences of vaccine refusal per worker group.

Table 2: Potential consequences of influenza vaccine non-compliance/refusal

|  |  |
| --- | --- |
| **Prospective healthcare workers** | New Category A or B healthcare 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 against influenza. |
| **Current healthcare workers** | 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. |
| **Contractors or VMOs** | Prospective contractors and VMOs, that meet the definition of a healthcare worker under the Directions, 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”. |
| **Students and volunteers** | Students and volunteers are not directly subject to the Directions; however, a health service may reasonably require that they meet influenza vaccination requirements under their own vaccination policies policy prior to them commencing roles or placements within the settings. |

# Managing risk

#### Medical contraindications

Where a healthcare worker does not meet vaccination requirements due to a medical contraindication, 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.

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

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.

#### 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. High risk work areas include:

* 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.

#### Managing risk related to vaccine refusal

As detailed in section 6, the 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, 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.

Redeployment, alternative duties, use of personal protective equipment or other strategies deemed suitable by the health care setting may be considered for staff who refuse vaccination.

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.

#### 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.

#### 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, or exceptional circumstances.

Exceptional circumstances that may allow for non-compliance to vaccination requirements could include following:

* 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.

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.

# Reporting vaccination uptake

Healthcare settings are required to report aggregated data outlining the vaccination rates of healthcare workers.

Acute and sub-acute hospitals, Public Residential Aged Care Services and Ambulance Victoria are required to report influenza vaccination coverage rates as at 15 August each year to the VICNISS Coordinating Centre.

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

1. 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, [email the Department of Health Immunisation Program](mailto:immunisation@health.vic.gov.au) <immunisation@health.vic.gov.au>.

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