

Policy Applies to:

All staff employed by Mercy, contractors, students, volunteers, locums and visiting practitioners.

Related Standards:

- Health and Safety at Work Act, 2015
- Privacy Act, 2020
- Ngā Paerewa Health and Disability Services Standard NZS 8134:2021

Rationale:

1. To fulfill the obligations and responsibilities of Mercy Hospital to take all reasonably practicable steps to manage and protect workers from the risk of vaccine preventable diseases that are potentially present in the workplace.
2. To fulfil the obligation and responsibilities of Mercy Hospital to provide a duty of care to towards patients, which includes taking reasonable steps to protect patients from exposure to vaccine preventable diseases while under the care of Mercy Hospital.

Objectives:

- To ensure staff have access to education and access to occupational related vaccinations appropriate to the staff members risk of occupational acquired illness exposure.
- To minimise the risk of infection to both staff and by proxy patients, through vaccination of vaccine preventable illness.
- To maintain accurate health records for continuous risk assessment and management of occupational acquired risk of illness exposure for each staff member for the period of employment.
- Enable mandatory reporting of the immunity rate and vaccination rate of employee staff for Influenza (all permanent staff) and Hepatitis B (Category A staff) as per the Australasian Clinical Indicator Standards.

Cultural Considerations:

Privacy and health consumer standards apply to all staff member health conversations and records. The relationship between the healthcare provider i.e. the occupational vaccinator and the staff member, is as the health service provider and the health consumer.

Mana motuhake (autonomy) for vaccination decision making by staff are respected. The understanding of occupational health information in relation to vaccination is respectful of the staff members' cultural needs and it is defined by the staff member.

Examples of this (not limited to) involves, offering support through release from work, reimbursement of Hepatitis B vaccination services in relation to Mercy employment, safe space for consultation and care, privacy of information/ data provided and gained,

adherence to and advocacy of professional best practice and guidance for occupational vaccination needs of individual staff member, referrals to the staff nominated primary health provider of choice, and availability of vaccination information in a language of their choice (either printed or electronic).

Vaccination is offered in a range of clinic times and spaces to best suit the needs of the staff members. If staff members are found to never have been vaccinated, support is offered and if the staff member consents in writing, a referral is made from the Mercy Infection Prevention and Control Nurse to a primary healthcare provider of the staff members' choice for further vaccination provision.

Definitions

Immunity is the biological state of being able to resist disease. Immunity is achieved through natural means e.g., prior infection, and / or vaccination e.g., inducing immunity memory through vaccination, so that if exposure to the disease occurs, the immune memory can either neutralise or lessen the severity of the disease and infectivity of that disease.

Vaccine Preventable Disease refers to diseases of which an effective vaccine/s are available in New Zealand.

Implementation:

Mercy Hospital may require staff vaccination for specific pathogens only where a documented workplace health and safety risk assessment identifies a higher than community occupational exposure of risk. In the event of this occurring, the assessment of risk will be completed in consultation of the staff member involved (individually) and planning for risk reduction formulated with consultation of the staff member, for a mutually agreed plan of action.

Declining vaccination is not penalised, it remains voluntary. If a validated risk assessment indicates the role cannot be safely performed by an unvaccinated/unimmune staff member, adjustment of the role, tasks and or processes that create this risk will be needed.

Optimisation of the protection of occupational acquired infections is through the implementation of Standard Precautions (see Standard Precautions Policy).

Vaccination

Vaccination is an evidence-based means of:

- Improving immunity against some diseases,
- Reducing the personal risk and transmission of certain diseases, and
- Is part of the national strategy to reduce harm from diseases in health care settings.

Vaccination is a vital part of Mercy's strategy to mitigate the risk of vaccine preventable diseases both within the worker population and the members of the public who attend/use the Mercy Hospital Campus facilities.

It is recognised that there may be situations where staff members may decline vaccine, is unable to become vaccinated or does not become immune to a specific disease following vaccination. This is the right of the staff member.

Immunisation Assessment using Risk Categorisation

Assessment of a staff members overall risk of occupational exposure is determined by the evaluation of the individual's immunisation records/status and the likelihood of exposure through their occupational role.

Exposure through occupational role is the combination of:

- Identification of hazards that contribute to infectious sources for the area of working and tasks undertaken. Some examples of these are,
 - blood and/ or body fluid contact with broken skin, eyes/mouth/nose, either directly or non-direct contact by contaminated waste, water, equipment, inhaled contaminated air/gases, instruments and surfaces
- Likelihood of exposure to hazards the risk to patients with whom the staff member may come in contact.
- The potential impact of the likelihood of exposure to the hazard

The degree of risk to staff depends on their level of contact with patients who may have infectious diseases, likelihood of blood and body fluid exposure or likelihood of exposure through the handling of potentially infectious or contaminated material/ substances/ equipment and or environment. Conversely, staff may place patients, other staff, and the environment at risk if they are working onsite during the infectious period of a vaccine-preventable disease (and non-vaccine preventable illness) see Infectious Diseases, Staff Management Policy for illness specific information.

The Infection Prevention and Control Nurse will coordinate and undertake staff immunisation assessment at onboarding, change of role, recommend and either vaccinate or refer to primary health services for vaccination according to:

Risk Categories

To assess risk, the Infection Prevention and Control Nurse will assess staff into one of two groups. See **Appendix B**.

Category A: Protection against specified vaccine preventable diseases is expected

Category B: Protection against vaccine preventable diseases is recommended but, the level of risk is no greater than that for the public.

Monitoring and Care Planning Pre employment and onboarding screening of workers

All staff are required to provide their vaccination history during their onboarding phase.

- Expectation of the provision of vaccination history and where appropriate, immunity testing related to the risk of the role is established during the preemployment period.
- Provided documentation from the staff member (onboarding period), and the results of any appropriate immunity testing, is reviewed according to the risk category and needs of the role, (**Appendices B & C**) for treatment/ prevention of infection.
- Staff with suboptimal occupational vaccination status will be offered vaccination with consent or non-consent documented on the Mercy Employee Health Monitoring Consent Form (**Appendix A**). This information will be held in the employee's electronic occupational health file.

- For Hepatitis B Only- Staff that are unable to seroconvert or decline vaccination of Hepatitis B are given information by email and letter detailing the steps required in the event of an exposure to either a Hepatitis B positive or unknown case. Offer vaccination for those who decline does not expire and reminders are sent by email once a year. Vaccination against Hepatitis B is highly encouraged for healthcare workers, especially those in Category A areas.

Mercy offers an annual influenza vaccination programme to all staff and endorses the Ministry of Health recommendations that all healthcare workers be vaccinated for vaccine preventable illness with emphasis on the vaccinations recommended according to **Appendix C** as a minimum of vaccination status.

Collection, Use, Storage and Sharing of Health Information

Mercy Hospital collects and manages staff health information for legitimate occupational health and safety purposes, including infection prevention and control, workplace risk assessment, and the protection of patients, staff, and the wider community. All health information is managed in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020.

Collection and Use

Health information may be collected during pre-employment screening, onboarding, role changes, occupational exposure events, or outbreak response. Information collected is limited to what is necessary and may include vaccination history, immunity status, laboratory results, role-related risk category, and related occupational health documentation.

Health information is used solely to:

- Assess and manage occupational exposure risk
- Support vaccination and immunity planning
- Enable infection prevention and outbreak management
- Meet mandatory internal and external reporting requirements (using anonymised data)

Health information is not used for performance management or disciplinary purposes.

Storage and Security

Staff health information is stored securely:

- Electronically in password-protected systems with restricted access, and/or
- Physically in locked cabinets within secured offices

Access is limited to the Infection Prevention and Control Nurse and authorised third party occupational health providers or Mercy health and safety personnel where required.

Sharing and Disclosure

Health information is shared only on a need-to-know basis:

- With the staff member
- With the staff member's consent, with their nominated healthcare provider
- Internally, where necessary to support occupational health and infection prevention

- In anonymised and aggregated form for reporting, quality improvement, and benchmarking

Information is not shared externally without consent, unless required by law.

Retention and Staff Rights

Health records are retained for the duration of employment and for 10 years following cessation of employment. Staff have the right to access their health information and request correction of inaccuracies.

Evaluation:

- Occupational Health records
- Application for employment records
- ACHS report (Hepatitis B immune status)
- Staff Influenza annual uptake report
- Infection Prevention and Control Nurse reporting to Infection Prevention and Control Committee, Quality and Risk Group and the hospital's Board.

Associated Documents

Appendix A: Employee Health Monitoring Consent Form (for Hepatitis B)

Appendix B: Risk Categories

Appendix C: Recommended Vaccinations for Mercy Workers

External

- Immunisation Handbook, Online Version 2025, Ministry of Health
- Guidelines for Tuberculosis Control in New Zealand, 2010
- Privacy Act, 2020
- Health Information Privacy Code, 2020

Internal

- Standard Precautions Policy
- Infectious Diseases – Staff Management Policy
- Hazard Management Policy
- Mercy Hospital Application for Employment Processes
- Privacy Policy