



18 March 2021

Response to a request for official information

Dear [REDACTED]

Thank you for your request for official information received 22 January 2021 by Nelson Marlborough Health (NMH)¹, followed by the necessary extension of time 17 February 2021 and notice of decision 9 March 2021, where you seek the following information:

- 1. Please can you provide information about any policies NMDHB has about staff vaccination including for flu, Covid and any other vaccines.**
 - a) Is it compulsory, encouraged or free for individual staff to decide, and are there any consequences for staff if they decline a Vax?**

NMH response: Please refer to the attached Draft NMH Policy *Infection Risk Assessment, Vaccination and Requirements for Health-care Workers*. Note this document pre-dates the COVID-19 pandemic and is currently under review as we await strategic advice and guidance from the Ministry of Health (MOH).

- b) What Vax are offered to staff and what are the reasons for this?**

NMH response: The attached Draft NMH Policy *Infection Risk Assessment, Vaccination and Requirements for Health-care Workers* outlines the range of vaccines and basis for assessment and testing protocols. Note this document pre-dates the COVID-19 pandemic and is currently under review as we await strategic advice and guidance from the MOH.

- c) What if any information is provided to NMDHB staff about ingredients in each such Vax, and short and long term efficacy and safety of each Vax that is offered?**

NMH response: The vaccinator discusses each vaccine with the recipient to ensure informed consent. The recipient is able to ask questions and written vaccine information is available.

The MOH "*Flu Kit*" booklet includes influenza vaccine information and copies are available for staff to read at the clinics. Information including Frequently Asked Questions (FAQs) on the influenza vaccine is available for staff on the NMH Intranet.

¹ Nelson Marlborough District Health Board

2. Does NMDHB have any records of how many staff and/or what percentage accept the flu and/or other Vax ?

a) Is this available for different categories of staff eg doctors, nurse, admin staff etc?

NMH response: Information on influenza vaccine uptake by various employment categories is provided to management throughout each influenza season and to the MOH in September. We do not collect this data for other vaccines. Please see Table One below.

TABLE ONE
Infection Control Influenza Vaccination Report 2020
01/03/2020 – 30/09/2020

Designation	Number of employees	Sum of vaccinated	Percentage vaccinated
Medical	273	214	78%
Nursing	1050	746	71%
Midwifery	92	53	58%
Allied Health	885	458	52%
Health Care Assistants	46	33	72%
Other	703	398	57%
Grand Total	3049	1902	62%

b) Has any analysis been done to compare the % of NMDHB staff (or subgroups of staff) who accept Vax compared to the general public and/or reasons for this?

NMH response: No.

3. Please could you provide copies of all information that will help me understand these issues.

NMH response: Please see attached Draft NMH Procedure *Infection Risk Assessment, Vaccination and Requirements for Health-care Workers*. Note this document pre-dates the COVID-19 pandemic and is currently under review as we await strategic advice and guidance from the MOH.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Lexie O'Shea
Chief Executive

ATTACHMENTS

1. NMH DRAFT Policy *Infection Risk Assessment, Vaccination and Requirements for Health-care Workers* (4 pages)
2. NMH DRAFT Procedure *Infection Risk Assessment, Vaccination and Requirements for Health-care Workers* (3 pages)

Infection Risk Assessment, Vaccination and Requirements for Health-care Workers

This draft document under review

Overview

Health-care workers are at increased risk of exposure to infectious diseases through their work and can potentially spread infections to colleagues and patients. Many of these infections can be prevented by vaccination. Nelson Marlborough Health (NMH) has a responsibility to provide a safe environment for workers and patients, as far as it is reasonably practicable. Health-care workers have a responsibility to minimise the risk of harm to themselves, co-workers and patients.

Scope

All health-care workers on NMH premises, including NMH employees, contracted and sub-contracted workers, locum/agency workers, visiting workers, private midwife practitioners, students/trainees and volunteers. Different assessment, vaccinations offered and risk-mitigation strategies apply to workers in different areas.

The following infectious diseases are included in this policy: tuberculosis, hepatitis B, hepatitis A, certain skin conditions, methicillin-resistant *Staphylococcus aureus* (MRSA), measles, varicella zoster virus (VZV, chickenpox), rubella, pertussis (whooping cough), blood-borne viruses in workers performing exposure-prone surgical procedures, and influenza. This policy may also be applied to any other emerging infectious disease or infection situation as determined by the Infection Prevention Team to represent a threat and to require assessment, vaccination or restriction of health-care workers.

Policy

1. All prospective and existing health-care workers are to be informed of the reason for infectious disease risk and immunity assessment, the benefits and availability of vaccination and the consequences of not meeting the requirements for their area of work.
2. All prospective workers (prior to or at the time of employment) and existing workers (at the time of changing roles or work areas, or during a staff immunity catch-up programme) are to undergo assessment for infectious diseases risk and immunity as required for their area of work at NMH.
3. In general, NMH will fund and support assessment, testing, vaccination and risk-mitigation strategies for existing NMH employees and volunteers. In general, it is the responsibility of an educational institution, agency, contracting organisation or the individual worker to fund and organise assessment and vaccination for prospective NMH employees, and for students, trainees, temporary workers, contracted workers and private workers. NMH will communicate clearly with prospective workers and associated organisations about which tests and vaccinations are provided or funded by NMH and which are not.
4. Informed consent will take place before any test or vaccination. Individual workers have the right to decline any test, vaccination or other therapy and the right to not disclose the results of any laboratory tests, although this may have consequences in terms of appointment, work restriction or mitigation

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strategies.

5. Positive, encouraging health messages around vaccination are preferred.
6. If a worker declines testing or vaccination or for any reason is unable to be fully protected in the NMH workplace, this should be clearly documented in their staff health database.
7. If the worker is judged to pose an unacceptable health risk to patients, other people or himself/herself then NMH has the right to put in place risk-mitigation strategies, decline appointment, or move a worker from a particular role or work area to another role or work area that is safe and appropriate. If these or other options are not feasible in the circumstances the worker's employment with NMH could come to an end, but this would be a last resort. Any decisions about restriction of a worker based on infection risk or immunity should be based on contemporary evidence regarding the risks of infection and transmission, the likely immunity of that worker, and the efficacy of vaccination and alternative strategies in preventing harm.
8. Responsibilities.
 - a. Operational managers (e.g. team leaders, heads of department, unit managers, clinical nurse leaders) are provided with information about the immunity and risk of workers under their management and are responsible for ensuring those workers adhere to this policy.
 - b. A senior member of the NMH Infection Prevention (IP) team will give advice about the magnitude of risk and available risk-mitigation strategies for individual workers who do not meet the defined safety requirements for their area of work.
 - c. NMH management, human resources, and IP staff have shared responsibility for restriction or withdrawal of a worker.
9. 'Regular' or 'regularly' is defined for the purposes of this policy as more than 10 times a year.
10. Unless mutually acceptable risk-mitigation strategies are in place, the following rules for disease and immunity apply and are the basis for the assessment and testing protocols, vaccines offered and possible restrictions of workers on NMH premises:
 - a. Active tuberculosis (TB). No person with active pulmonary or laryngeal TB is to be at work on NMH premises until judged non-infectious according to New Zealand guidelines.
 - b. TB exposure and latent TB infection. Workers who have a moderate to high risk of previous TB exposure are to have assessment of previous TB exposure at the time of employment. Workers found to have untreated latent TB infection and a high risk of developing active TB infection will generally be offered anti-TB treatment, and those with an intermediate risk of developing active TB infection are to be monitored by regular recall. Workers with ongoing and regular risk of TB exposure while working for NMH (e.g. bronchoscopy, sputum-induction or public health nurse work) are to have repeat assessment every 3 years. Workers who can not effectively wear an N95 particulate respiratory mask should not enter a room of a patient with active infectious TB or assist with bronchoscopy or other cough-inducing procedures in patients with possible active TB

infection.

- c. Hepatitis B. Workers who regularly have contact with patients or human body fluids are to have assessment for immunity to hepatitis B and will be offered vaccination if not immune.
- d. Hepatitis A. Non-clinical workers who are regularly exposed to faeces or sewage (e.g. plumbers, specified maintenance staff) are to have assessment for immunity to hepatitis A and will be offered vaccination if not immune. NMH recommends but does not require clinical workers who regularly have contact with faeces to be immune to hepatitis A; NMH offers hepatitis A vaccination to clinical workers as part of exposure management after a known contact.
- e. Skin conditions. No worker with a skin condition that by virtue of its site and type could be an infection risk for themselves or to others may have regular contact with patients, body fluids, food, or sterile items.
- f. MRSA. Those who have a chronic broken skin condition and expect to regularly have contact with patients are required to have methicillin-resistant *Staphylococcus aureus* (MRSA) screening. MRSA colonisation alone does not prohibit work in NMH premises but MRSA colonisation in the presence of a chronic broken skin condition or active infection may prohibit work in some areas of NMH premises.
- g. Measles. NMH recommends and aims for all workers to be immune to measles. No person who is susceptible to measles may have contact with children, pregnant women or highly immune-compromised patients.
- h. Varicella-zoster (the chickenpox and shingles virus). NMH recommends and aims for all workers to be immune to varicella-zoster virus. No person who is susceptible to varicella-zoster virus may work regularly with children, pregnant women or highly immune-compromised patients.
- i. Rubella. NMH recommends and aims for all workers to be immune to rubella. No person who is susceptible to rubella may have contact with pregnant women during a high rubella-risk period of time.
- j. Pertussis. NMH recommends and aims for all workers to be immune to pertussis. No person who is susceptible to pertussis may work regularly with children under 5 years old.
- k. Blood-borne viruses and exposure-prone surgical procedures. No person who has detectable blood hepatitis C RNA, serum hepatitis B virus DNA > 200 IU/mL or plasma HIV RNA > 200 copies/mL may undertake exposure-prone surgical procedures. Workers who regularly undertake exposure-prone procedures while working for NMH are actively encouraged have testing for blood-borne viruses at least every 3 years.
- l. Influenza. NMH recommends and aims for all workers to be immunised annually against influenza.

11. Records of all employee results, vaccinations, decisions to decline testing or vaccination, and any adverse vaccine or treatment reaction will be kept on a confidential database. Employees are also advised to

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keep their own records of vaccination and screening. Individual employee health data are available to that worker on request. These records are kept for the purposes of information for that worker, identification of high-risk workers for NMH, and statistical data for risk-analysis by NMH.

Associated documents

- NMH Infection Risk Assessment, Vaccination and Requirements for Health-care Workers – procedure
- Management and Prevention of Infectious Communicable Diseases among personnel – Lippincott procedure <https://procedures.lww.com/lmp/view.do?pld=4689309&disciplineId=493>

References

- National Bi-partite Action Group guidelines for DHB vaccination policies. NBAG sub-group, NZ 2014.
- Immunisation Handbook 2017. NZ Ministry of Health,
- Guidelines for tuberculosis control in New Zealand, 2019. NZ Ministry of Health
- Health and Safety at Work Act 2015. NZ Ministry of Business, Innovation, and Employment
- Human Rights Act 1993. NZ Ministry of Justice
- New Zealand Bill of Rights Act 1990. NZ Ministry of Justice
- Privacy Act 1993. NZ Ministry of Justice
- HRANZ Joint Guidelines for registered health care workers on transmissible major viral infections. Health Regulatory Authorities of New Zealand, November 2005.
- Australian national guidelines for the management of healthcare workers living with blood-borne viruses and healthcare workers who perform exposure-prone procedures at risk of exposure to blood-borne viruses. Communicable Diseases Network Australia (CDNA) 2018.

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Infection Risk Assessment, Vaccination and Requirements for Health-care Workers

This draft document under review

Overview

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Scope

All health-care workers on NMH premises, including NMH employees, contracted and sub-contracted workers, locum/agency workers, visiting workers, private midwife practitioners, students/trainees and volunteers. Different assessment, vaccinations offered and risk-mitigation strategies apply to workers in different areas.

Prospective new workers

1. The Nelson Marlborough Health (NMH) Infection Prevention team is currently responsible for assessment of prospective new workers ('applicants').
2. 'Prospective new workers' includes applicants who are currently not working in NMH ('external applicants') and those who are already working in NMH but applying to change roles ('internal applicants').
3. Inform applicants which infections are relevant for that position or work area, the particulars of and rationale behind NMH immunity and vaccination requirements, and the consequences of refusal or failure to comply with those requirements.
4. Send questionnaire, with questions required to be answered for that job clearly marked.
5. Assess returned questionnaire using current NMH flow-charts.
6. Communicate with applicants re any unanswered questions and extra information or reports needed.
7. If satisfied, approve applicant as safe from an infection-risk point of view for that position or work area. State on approval if any plans for further testing, monitoring, vaccination or risk-mitigation are needed before or after employment.
8. If not satisfied, try to resolve the concern directly with the applicant. If not able to, seek permission from the applicant to discuss this with an NMH Infectious Disease Physician or the relevant manager. Resolution options include:
 - a. Applicant is not accepted for the position, or
 - b. Applicant is accepted for position or work area, provided there is written agreement to comply

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with specified risk-mitigation strategies.

Communicate this outcome in writing to applicant and relevant manager.

Existing workers

1. The NMH Infection Prevention team may undertake catch-up programmes to identify existing workers who have not been assessed or vaccinated for certain infections relevant to their current NMH position or work area.
2. Inform workers which infections are relevant for that position or work area, the particulars of and rationale behind NMH assessment and vaccination requirements, the process of assessment (including consent and privacy), and the consequences of refusal or failure to comply with those requirements.
3. Send questionnaire, with questions required to be answered for that job clearly marked, or ask specific relevant questions of the worker by email, letter, phone, text or any other means.
4. Assess returned questionnaire or question replies using current NMH flow-charts.
5. Communicate with worker re any unanswered questions and extra information or reports needed.
6. If satisfied, approve worker as safe from an infection-risk point of view for that position or work area. State on approval if any plans for further testing, monitoring, vaccination or risk-mitigation are needed. Communicate this outcome to the worker and manager.
7. If not satisfied with the potential infection risk to the worker or any other person:
 - a. First try to resolve the concern directly with the worker.
 - b. If still unresolved, discuss the concern with an NMH Infectious Disease Physician. Communicate advice back to the worker. This advice might include alternative ways to determine immunity, reassurance and education, mitigation strategies, or clarification of the risk and consequences of non-immunity.
 - c. If the concern is still not resolved, an Infectious Disease Physician, a CNS: Infection Prevention, the worker's manager and a human resources representative should discuss the risk and options and plan subsequent action.
 - d. The following steps would normally then take place. However, changes to this process may occur depending on the circumstances of each situation:
 - i. Write to the worker to invite him or her to a meeting. This letter would normally outline the purpose of the meeting, inform the worker of potential outcomes including redeployment or the worker's employment with NMH ending, advise the worker to bring along a support person and/or representative, and remind the worker of the Employment Assistance Programme (EAP) or other supports available.
 - ii. Consider inviting the following people to the meeting: an Infectious Disease Physician,

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CNS: Infection Prevention, an appropriate manager and a human resources representative. Inform the worker of who has been invited.

- iii. Provide the worker with relevant information (e.g. NMH policies, national guidelines) so he or she can understand the issue and put forward his or her views, ideas and proposals.
- iv. Ensure the worker has full opportunity to ask questions.
- v. Following the meeting, carefully consider all reasonable and practicable options to resolve the safety concerns including consideration of the views and submissions of the worker and his or her support person and/or representative.
- vi. If necessary, consult a Health and Safety Medical Practitioner or the Medical Officer of Health regarding the need to withdraw the worker from a position or area of work.
- vii. Any decision regarding worker redeployment or ending of employment would involve the Chief Executive of NMH or his or her delegate.
- viii. Inform the worker of NMH's decision in a timely manner.

8. Workers who are on risk-mitigation measures should have a meeting each year with Infection Prevention Team to assess compliance and ongoing need for these measures.

Associated documents

- NMH Infection Risk Assessment, Vaccination and Requirements for Health-care Workers – policy.
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- HRANZ Joint Guidelines for registered health care workers on transmissible major viral infections. Health Regulatory Authorities of New Zealand, November 2005.
- Australian national guidelines for the management of healthcare workers living with blood-borne viruses and healthcare workers who perform exposure-prone procedures at risk of exposure to blood-borne viruses. Communicable Diseases

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