

Consultation on the draft SA Health Occupational Assessment, Screening and Vaccination Policy

Consultation process

From 15 September 2022 to 14 October 2022, Workforce Services conducted a four-week consultation on the draft SA Health Occupational Assessment, Screening and Vaccination Policy (the draft Policy). The draft Policy updates the [Immunisation for Health Care Workers and Quarantine Workers Policy Directive 2017](#) (the Immunisation Policy) and incorporates the [Tuberculosis Case Management Protocol 2009](#) (the TB Protocol). New content relating to COVID-19 vaccination requirements has been added to the draft Policy. Some sections of the draft Policy have been informed by the NSW Health [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy Directive 2022](#).

The purpose of the consultation was to seek feedback from SA Health employees, students, volunteers and contractors in relation to the draft Policy.

All SA Health employees, including individuals currently on leave due to vaccine refusal, were invited to participate in the consultation. Unions provided feedback on an exposure draft of the Policy, and were notified of the broader consultation.

Consultation correspondence directed the reader to an online survey. Consultation materials, including the draft Policy, a fact sheet and frequently asked questions were made available to the SA Health workforce via Inside SA Health, and all current and prospective contractors, students and volunteers on the SA Health website.

A generic Workforce Services email was included in consultation materials for individuals seeking to provide feedback outside of Survey Monkey.

A total of 4,339 individuals completed the survey. 18 responses were received through the generic mailbox, including responses from four unions.

The Strategic Industrial Relations Unit has reviewed and collated all feedback received through the consultation.

Summary of consultation feedback

Findings from an analysis of qualitative data submitted through the survey consultation include:

- Most respondents do not support implementation of the Policy and/or mandatory vaccination (non-specific).
- Most respondents do not support mandatory COVID-19 vaccination, based on perceived issues relating to:
 - autonomy and informed consent
 - vaccination efficacy in relation to transmission control
 - human rights violations
 - discrimination

- COVID-19 is not a vaccine preventable disease
- not enough research and testing of the vaccine.
- Conversely, many respondents support implementation of the Policy, with a several respondents requesting mandated vaccination for all staff regardless of category.

In response to all feedback, the following changes have been made to the policy:

Feedback	Update made to policy
Document structure and readability was poor.	<p>Document has been restructured to clearly outline the policy first and attach all related Mandated Instructions as appendices.</p> <p>A clear section for definitions has been created.</p> <p>A clear hyperlink to categories of roles is at the start of the policy requirements section.</p>
Document was repetitious and out of scope information was included. (i.e. Mandatory Instruction 4: Tuberculosis some content out of scope).	Document has been restructured to minimise any repetition of information. Out of scope information has been removed from the policy and referenced by the inclusion of hyperlinks.
Definitions need more specificity.	Definitions have been updated according to feedback and further clarification from CDCB.
Definition of vaccine preventable disease.	The definition of vaccine preventable disease for the purpose of this policy has been clarified in the definitions section of the policy.
<p>Risk categorisation needs strengthening/ to be more clearly defined, including TB screening.</p> <p>All SA Health roles should be assessed and defined by a trained assessor in conjunction with the manager.</p>	<p>More detail has been added to the risk categorisation to clarify for staff which category applies to them. Risk categories have also been updated to enable understanding that categories are based on expected work activities rather than role title. The risk category section has also been restructured to make it easier to understand.</p> <p>It has been made clear who is able to assess categorisation and compliance with the policy.</p>
Vaccine exemption process needs more clarification as scope seems too narrow (i.e include auto immune diseases or previous adverse reaction to same vaccination).	Process is clearly outlined in Mandatory Instruction 2 for non-responders and contraindication to vaccination. This covers all areas raised for concern i.e. temporary and permanent medical contraindications.
Vaccine refusal process needs to be more clearly defined.	Mandatory Instruction 2: Vaccination management (refusal, non-responder, medical contraindications) has been updated to clearly

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	list the steps to be taken according to the differing roles in SA Health.
Present information in tables and flowcharts to assist comprehension and decision making.	Document restructure has made flow of information clearer and included tables provide critical information.
Difficult to access and/or understand recommendations for COVID-19 vaccination, particularly what is 'fully vaccinated' for health care workers and what number of booster vaccinations are required. Addition of link to ATAGI and information on ATAGI website.	A specific hyperlink has been added where ATAGI recommendations are referenced. This will allow staff to easily and directly find information on current ATAGI recommendations.
Develop supporting materials for implementation i.e. quick guide, FAQ, flowcharts etc and include templates/model documents.	<p>The following documents have been hyperlinked and/or will be added* as appendices where relevant:</p> <ul style="list-style-type: none"> • Terms of reference and process for Local Health Panels • Immunosuppression checklist for TB screening (included in serology testing reference guide) • Refusal form for vaccination and TB screening • Health care worker Hepatitis B non-immunity awareness declaration • Request for LHN Local Health Panel review • Prospective staff health screening form • Quick guide to determine immunisation category • Immunisation undertaking form • SA Health Workplace Immunisation Risk Matrix - Individual HCW or Role Risk Assessment • FAQs. <p>* Note: these documents are currently being updated and will be available at the time the policy is approved.</p>
Provisions for staff to attend screening/vaccination appointments free of charge and within work time.	This has been clarified in the policy.
Provisions for paid leave if adverse reactions to vaccinations (i.e. myocarditis).	This has been clarified in the policy.
Vaccination requirements for each category presented in a table.	Information now in table form.

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<p>Appendices should include:</p> <ul style="list-style-type: none">- Mandatory documents- Definitions- Supporting documents.	<p>Mandatory instructions have all been moved to appendices at the end of the policy.</p> <p>Definitions have been given a stand alone section in the policy.</p> <p>Supporting documents are hyperlinked at relevant places within the policy or appendices.</p>
<p>Name isn't inclusive - Recommend 'SA Health Assessment, screening and vaccination for all employees, volunteers, contractors and students'.</p>	<p>The policy name has been updated in line with CDCB advice, with a clear explanation of who is covered by the policy at the start of the document.</p>
<p>The TB Screening and Immunisation sections should be seperated into a stand alone policy.</p>	<p>TB has a stand alone section within the policy and the assessment requirements are clearly set out in the VPD table.</p>
<p>Examples and more specificity around proof of evidence for all vaccines.</p>	<p>Table detailing the type of evidence and has been included. Examples of evidence has also been explained in the table.</p>
<p>Further detail needed for employers' health and safety obligations.</p>	<p>Clarified through new structure and layout of policy.</p>