

2.56 Employee Vaccination Policy

What you need to know – key take outs

IRT is committed to protecting the health, safety and wellbeing of older persons, customers, employees, volunteers and associated providers, and to minimising the spread of vaccine-preventable diseases across its services.

Older persons and customers, particularly those aged 65 years and over, those with chronic health conditions, or weakened immune systems are at greater risk of serious illness, hospitalisation and death from infectious diseases. Communal living environments such as residential care homes and retirement villages increase the risk of transmission.

IRT strongly encourages employees, volunteers and associated providers (particularly those with direct or indirect contact with older persons and customers) to maintain recommended vaccinations, including:

- Influenza (annual)
- COVID-19
- Pneumococcal
- Measles, Mumps and Rubella (MMR)
- Shingles (Herpes Zoster)

While vaccination is not mandatory at IRT, it is an important protective measure that reduces the risk of serious illness and outbreaks and helps protect vulnerable older persons and the broader community.

IRT supports vaccination through internal influenza programs, communication campaigns, access to recognised vaccination providers, and reimbursement arrangements where applicable.

Always read this policy in conjunction with the related procedures identified below.

<p>Policy principles</p>	<p>To minimise the health and safety risks to employees, volunteers, older persons, customers and the broader community arising from infectious illnesses by implementing a vaccination framework. The vaccination framework has been developed in response to the risks identified by IRT, is consistent with legislative requirements and considers the recommendations from the Chief Health Officers (Cth, NSW, ACT & QLD) and the Australian Technical Advisory Group on Immunisation (ATAGI).</p>
<p>Purpose</p>	<p>To minimise exposure and transmission of:</p> <ul style="list-style-type: none"> (a) the influenza virus in IRT Residential Care Home, IRT retirement village or the home of an IRT home care customer, IRT strongly encourages employees, volunteers, associated providers, and contractors entering an IRT Residential Care Home to have an up-to-date influenza vaccination during the influenza season; (b) the influenza virus in the workplace by making available a free annual influenza vaccination to employees and volunteers; and (c) COVID-19, pneumococcal, measles, mumps, rubella, and chickenpox/shingles in the workplace (including IRT Residential Care Homes, IRT retirement villages and IRT home care customers' homes) by strongly encouraging employees, volunteers, visitors, associated providers to have an up-to-date COVID-19, MMR, shingles, and pneumococcal vaccination.

Risk statement	IRT has a zero risk appetite for incidents resulting in death, serious injury or adverse health outcome for employees, volunteers, contractors, older persons, customers and visitors, from an act or a failure to act by IRT.
Scope	This policy applies to all IRT employees, volunteers, and associated providers. This policy has been written to help protect residential care home older persons, retirement village older persons and home care customers, but does not apply directly to them.
Related procedure	<ul style="list-style-type: none"> • 1.48.04 Influenza Vaccination Program Procedure
Related documents	<ul style="list-style-type: none"> • 2.56.001 - IRT Flu Vaccination Consent Form • 2.56.002 - Authority to Immunise Checklist • NSW Influenza Vaccine Medical Contraindication Form • 1.48 Infection Control Policy (Residential Care Homes) • 2.56.003 - IRT Vaccination Factsheet for Employees • 2.56.004 - Vaccination Recommendation Declaration - Employees • 2.56.006 - IRT Vaccination Factsheet for Associated Providers
Compliance requirements	<ul style="list-style-type: none"> • Aged Care Act 2024 • NSW Health Chief Health Officer guidelines https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-latest-advice.aspx • ACT Health Chief Health Officer guidelines • https://www.covid19.act.gov.au/services-and-support/aged-care QLD Health Chief Health Officer guidelines https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/public-health-directions/aged-care • NSW Work Health & Safety Act 2011 • NSW Work Health & Safety Regulation 2011 • ACT Work Health & Safety Act 2011 • ACT Work Health & Safety Regulation 2011 • Qld Work Health & Safety Act 2011 • Qld Work Health & Safety Regulation 2011 • National Vaccine Storage Guidelines Strive for 5 4th Edition
Policy owner	Chief Executive Officer (CEO)
Diversity Statement	IRT is committed to respecting, valuing and celebrating diversity in all its forms in our customer, older people and workforce population and catering for diverse needs through respectful, inclusive and equitable practices.
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1 Strengthened Aged Care Quality Standards and relevant legislation

This policy has been written to align with the Strengthened Aged Care Quality Standards and other relevant legislation and regulations. The following table explains the link between this policy and the relevant external requirements.

Standard / Legislation	What this Means
Aged Care Act 2024	IRT must comply with the Aged Care Act
Standard 4- The Environment	IRT undertakes risk-based vaccine-preventable diseases screening and immunisation for individuals and aged care workers and is informed by aged care workers and individual immunisation and infection rates.
NSW Work Health & Safety Act 2011	IRT must comply with relevant legislation regarding the health and safety of employees and contractors.
NSW Work Health & Safety Regulation 2011	As above
ACT Work Health & Safety Act 2011	As above
ACT Work Health & Safety Regulation 2011	As above
Qld Work Health & Safety Act 2011	As above
Qld Work Health & Safety Regulation 2011	As above
National Vaccine Storage Guidelines Strive for 5 4 th Edition	Provides information and advice for safe management and storage of vaccines.

2 Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. Influenza is generally more prevalent during the colder months of the year when the yearly influenza vaccine is available. While influenza seasons vary in severity, people aged 65 years and older are at higher risk of developing serious complications from influenza compared with young, healthy adults.

IRT is a community-based organisation entrusted to care for the health, safety and wellbeing of older persons and customers who are at higher risk of severe health complications and death if they contract influenza. The influenza vaccine not only shields individuals but also contributes to the protection of those around them.

Influenza vaccination is recommended by the Department of Health and Aged Care for employees of residential care homes of any age.

2.1 Coronavirus (COVID-19)

Coronavirus (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

The risk of serious illness from COVID-19 increases with age. The risk is higher for those with other serious health conditions or a weakened immune system.

The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe. These particles range from larger respiratory droplets to smaller aerosols. There is a higher risk of transmission in residential care homes and retirement villages which contain communal living facilities.

IRT provides care and other services to older persons and customers who are at greater risk of death and serious health complications arising from COVID-19.

While COVID-19 vaccination is no longer mandatory, IRT still recognises the vulnerability of those it serves and acknowledges that COVID-19 vaccination reduces spread of disease and the severity of illness, hospitalisations, and death from known circulating variants of COVID-19.

2.2 Pneumococcal Disease

Pneumococcal disease is a bacterial infection caused by *Streptococcus pneumoniae*. It can lead to serious illnesses such as pneumonia, bloodstream infection (bacteraemia), and meningitis.

Older persons, particularly those aged 65 years and over, and individuals with chronic health conditions or weakened immune systems are at increased risk of severe illness and hospitalisation from pneumococcal disease.

Residential care home settings and retirement communities may present a higher risk of transmission due to shared living environments. IRT supports individuals who are more vulnerable to severe outcomes from pneumococcal disease.

Pneumococcal vaccination reduces the risk of serious illness, hospitalisation, and death and contributes to protecting the broader community, particularly those most at risk.

2.3 Measles, Mumps, and Rubella (MMR)

Measles, mumps and rubella are highly contagious viral infections prevented by the MMR vaccine.

Measles can cause severe respiratory illness and complications such as pneumonia and encephalitis.

Mumps may lead to complications including meningitis and inflammation of other organs.

Rubella is generally mild but can cause serious birth defects if contracted during pregnancy.

Although these diseases are less common due to vaccination programs, outbreaks can still occur, particularly in community and residential care home settings where individuals live in close proximity.

IRT recognises the importance of maintaining immunity among employees and eligible individuals to prevent outbreaks and protect vulnerable older persons and customers who may experience more severe complications.

MMR vaccination is recommended by the Department of Health and Aged Care for employees of residential care homes of any age.

2.4 Shingles (Herpes Zoster)

Shingles is a painful skin rash caused by the reactivation of the varicella-zoster virus, the same virus that causes Chickenpox. After a person recovers from chickenpox, the virus remains dormant in the body and can reactivate later in life as shingles.

The risk of developing shingles increases with age, particularly in people aged 50 years and older. Older persons and those with weakened immune systems are at greater risk of severe complications, including post-herpetic neuralgia (long-lasting nerve pain), vision impairment, and secondary skin infections.

Vaccination against shingles (Herpes Zoster) reduces the risk of infection, transmission, and serious complications. Maintaining immunity supports IRT's commitment to safeguarding the health, safety and wellbeing of older persons and vulnerable customers.

Shingles (Herpes Zoster) vaccination is recommended by the Department of Health and Aged Care for employees of residential care homes of any age.

3 Vaccination Requirements

In preparing this policy, IRT has considered the advice and recommendations of the Chief Health Officer (NSW, ACT and QLD).

IRT will continue to strongly encourage the following vaccinations for all employees, volunteers and associated providers by ongoing communication campaigns to reinforce the benefits of vaccination, including guidance on where and how to create a booking to receive vaccinations.

Vaccinations include;

- COVID-19
- Influenza
- Shingles (Herpes Zoster)
- Pneumococcal
- Measles, Mumps, and Rubella (MMR)

IRT recognises that having a vaccination is a personal choice. No person is required by IRT to have any vaccine. All IRT employees are encouraged to seek their own medical advice in relation to vaccination.

This policy outlines a tiered approach for associated providers, categorising them into distinct tiers based on their level of interaction with older persons or clients. The following section details these tiers as applicable.

Tier 1- Associated providers with direct contact with older persons/clients (e.g. cater care, agency staff, allied health professionals).

Tier 2- Associated providers with some older person/client contact (e.g. medical services such as wound innovations).

Tier 3- Associated providers with limited older person/client contact (e.g. waste contractors such as Cleanaway, gardeners).

4 Encouraging Vaccination

Communication campaigns will include workplace posters, digital campaigns, and emails from the CEO.

IRT may also request vaccination in-reach clinics to the local Primary Health Networks where there is high demand amongst employees who are eligible to receive their primary or booster dose.

See link for identification and contact details of local Primary Health Networks (PHN)

Link- <https://www.health.gov.au/our-work/phn>

5 New Employees and Volunteers

All new employees and volunteers receive a vaccination factsheet outlining the importance of vaccination and information on accessing vaccines as listed in this policy and is also available via IRT's portal for associated providers.

Refer to – [2.56.003 IRT Vaccination Factsheet for Employees and/ or 2.56.006 IRT Vaccination Factsheet for Associated Providers](#)

6 IRT Influenza Vaccination Program

IRT provides a free annual influenza vaccination clinics to all employees, volunteers, and Tier 1 and Tier 2 associated providers at IRT residential care homes and office locations.

Under the influenza vaccination program IRT will:

- Ensure ample supply of vaccines and sufficient opportunities to attend an IRT influenza vaccination clinics
- Strive for 5 in accordance with the National Vaccine Storage Guidelines;
- Provide appropriate influenza vaccine and virus information, consistent with legislative requirements and in line with recommendations from the Chief Health Officers (NSW, ACT & Qld);
- Collect the completed and signed consent forms and maintain electronic records to track the number of vaccinations for compliance purposes;
- Update the Australian Immunisation Record with all vaccines administered at an IRT influenza vaccination clinics
- Collect evidence from employees, volunteers, and associated providers and maintain electronic records of those who choose to have the annual influenza vaccination from an external source (e.g. local GP or pharmacy).

Refer to [1.48.04 Influenza Vaccination Program Procedure](#)

7 Accessing Vaccination

IRT supports access to recommended vaccinations under this policy in accordance with Australian Government immunisation programs and public health guidance.

Vaccinations can be obtained through recognised Australian vaccination providers such as

- local doctors or general practices
- community health centres
- Aboriginal health services
- participating pharmacies
- local council immunisation clinics (where available)

7.1 COVID-19 Vaccination Access

COVID-19 vaccinations are available to eligible individuals aged 6 months and over in Australia in accordance with the Australian Government COVID-19 Vaccination Policy.

Appointments may be booked through the [COVID-19 Vaccine Clinic Finder](#) or directly with a vaccination provider as listed above.

7.2 Influenza Vaccination Access

Influenza vaccinations are recommended annually for individuals aged 6 months and over.

IRT offers a free annual internal influenza vaccination program for employees, volunteers, and Tier 1 and Tier 2 associated providers at the commencement of the influenza season (April to June).

IRT Employees can *Refer to* – [2.56.003 IRT Vaccination Factsheet for Employees](#) for alternative options.

7.3 Shingles, Pneumococcal, MMR Vaccination Access

Shingles (herpes zoster), pneumococcal, and MMR (measles, mumps and rubella) vaccinations may be accessed with a vaccination provider as listed above.

8 Vaccination Funding

Vaccination funding arrangements are determined in accordance with the Australian Government's National Immunisation Program (NIP), the Australian COVID-19 Vaccination Policy, and relevant Commonwealth and State public health funding frameworks.

The National Immunisation Program (NIP) is funded by the Australian Government and provides eligible individuals with access to specified vaccines at no cost.

Under the NIP, the Australian Government funds the purchase and supply of approved vaccines listed on the NIP Schedule. For individuals who meet NIP eligibility criteria, the cost of the vaccine itself is fully funded by the Australian Government. Where a person does not hold a Medicare card but is eligible under the NIP, the vaccine is still provided free of charge; however, providers may not be able to claim a Medicare administration fee and thus has a cost associated.

Eligibility for NIP-funded vaccines is determined by age, medical risk factors, pregnancy status, or Aboriginal and Torres Strait Islander status, as outlined in the current NIP Schedule. Individuals who do not meet NIP eligibility criteria may access vaccination privately and will be responsible for the cost of both the vaccine and administration fee unless alternative funding arrangements apply.

8.1 COVID-19 Vaccination Funding

COVID-19 vaccinations are funded by the Australian Government and are provided free of charge to eligible individuals. A Medicare card is not required to access a COVID-19 vaccination.

8.2 Influenza Vaccination Funding

Under the National Immunisation Program, influenza vaccinations are funded for eligible high-risk groups, including children aged 6 months to less than 5 years, pregnant women, people aged 65 years and over, Aboriginal and Torres Strait Islander people, and individuals with specified medical risk conditions. Individuals not eligible under the National Immunisation Program may be required to pay privately unless covered under the IRT internal influenza program.

IRT funds annual influenza vaccinations for employees, volunteers, and Tier 1 and Tier 2 associated providers through its internal vaccination program.

IRT Employees can Refer to – [2.56.003 IRT Vaccination Factsheet for Employees](#) for alternative options.

8.3 Shingles (herpes zoster) Vaccination Funding

Shingles (herpes zoster) vaccination is funded under the National Immunisation Program for eligible groups, including people aged 65 years and over, Aboriginal and Torres Strait Islander people aged 50 years and over, and eligible immunocompromised individuals aged 18 years and over.

IRT Employees can Refer to – [2.56.003 IRT Vaccination Factsheet for Employees](#) for alternative options.

8.4 Pneumococcal Vaccination Funding

Pneumococcal vaccination is funded under the National Immunisation Program for eligible groups, including children under 5 years of age as part of the routine childhood schedule, people aged 70 years and over, Aboriginal and Torres Strait Islander people, and individuals with specified medical risk conditions.

IRT Employees can *Refer to* – [2.56.003 IRT Vaccination Factsheet for Employees](#) for alternative options.

8.5 MMR Vaccination Funding

MMR vaccination is funded under the National Immunisation Program for adults born during or after 1966 who have not received two documented doses. Individuals who are not eligible under the National Immunisation Program and who do not hold a Medicare card may be required to purchase the vaccine privately.

If an individual does not hold a Medicare card and is not eligible under a government-funded vaccination program, they may be required to pay the full cost of the vaccine and any associated consultation or administration fees.

Employees should consult their vaccination provider to confirm eligibility, costs, and payment arrangements prior to receiving the vaccination.

9 Vaccine Safety and Side Effects

The Therapeutic Goods Administration (TGA) monitors vaccines in Australia for safety and effectiveness. All vaccines used in Australia give benefits that far outweigh any risks.

10 Accessing Vaccination Records

Vaccination records are on the Australian Immunisation Register (AIR). Employees can access their immunisation history statement in these ways:

- Logging in to my.gov.au via your Medicare account
- Using the Express Plus Medicare mobile app
- Calling Services Australia on 1800 653 809
- Asking your doctor or pharmacist for a printout.

11 IRT Vaccination Record Keeping

IRT encourages all employees, volunteers, and associated providers to provide copies of their immunisation history. This is because IRT is required to report vaccination statistics to the Australian Government Department of Health and Aged Care, as well as to the Aged Care Quality and Safety Commission, to comply with regulatory requirements.

IRT will handle personal information provided pursuant to this policy in accordance with IRT's Privacy Policy available at irt.org.au/privacy.

Immunisation history statements/evidence can be sent to vaccinations@irt.org.au for record keeping.

12 Roles and responsibilities

Role	Responsibility
Policy Owner	<ul style="list-style-type: none"> Chief Executive Officer (CEO)
Subject Matter Expert	<ul style="list-style-type: none"> Infection Prevention and Control Advisor Quality & Systems Review Team Vaccination Committee
P&C Team Coordinator	<ul style="list-style-type: none"> Organisation of employee/volunteer influenza vaccination clinics Procurement of vaccines Records management and reporting

13 Definitions

In this Policy, words have the following meaning:

Term	Definition
COVID-19 vaccine	COVID-19 vaccine approved by the Therapeutic Goods Administration for use in Australia, or where a person has been vaccinated overseas, a World Health Organisation-COVAX approved COVID-19 vaccine.
Primary dose	A primary dose is a series of the initial dose(s) of a vaccine. For most people, a primary vaccination course consists of 2 doses. A third primary dose is recommended for people aged 6 months or older with severe immunocompromised.
Booster dose	A booster dose an extra administration of a vaccine after an earlier (primary) dose is given and the immunity built up from the primary vaccine series wanes over time.
Immunisation	A process by which resistance to an infectious disease is induced.
Pneumococcal Disease	A bacterial infection caused by <i>Streptococcus pneumoniae</i> that can lead to pneumonia, bloodstream infection (bacteraemia) and meningitis.
Measles, Mumps and Rubella (MMR)	Highly contagious viral infections prevented by the MMR vaccine. These diseases can cause serious complications, particularly in vulnerable individuals.
Shingles (Herpes Zoster)	A painful rash caused by reactivation of the varicella-zoster virus (the virus that causes chickenpox). Risk increases with age.
Influenza	Influenza or "the 'flu'" is a seasonal virus that can cause symptoms of fevers, chills, cough, sore throat, stuffy or runny nose, muscle

Term	Definition
	aches, joint pain, headaches, fatigue, nausea, vomiting and diarrhoea.
Outbreak	A sudden rise in the incidence of a disease.
Residential Care Home	A facility at which accommodation, and personal care or nursing care or both, are provided to a person in respect of whom a residential care subsidy or a flexible care subsidy is payable under the <i>Aged Care Act 2024</i> (Commonwealth), or funding is provided under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.
National Immunisation Program (NIP)	An Australian Government program that funds and supplies specified vaccines at no cost for eligible individuals based on age or risk factors.
Australian Immunisation Register (AIR)	A national register that records vaccinations given to individuals in Australia.