Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Advice to the National Public Health Emergency Team

An international review: Policies relating to healthcare personnel who do not avail of COVID-19 vaccination

Submitted to NPHET: 8 April 2021
Updated: 20 April 2021

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services —** Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

Version History

Version number	Date	Details
V1.0	14 April 2021	
V2.0	20 April 2021	Removing HSE's stipulation of 1 April 2021 that nursing and other healthcare students who are eligible for COVID-19 vaccination, but who have declined vaccination, should not be assigned to clinical placements in HSE facilities. This stipulation was discontinued on 12 April 2021.

Foreword

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a highly infectious virus which has caused tens of millions of cases of COVID-19 since its emergence in 2019, with a considerable level of associated mortality. In the context of the ongoing COVID-19 pandemic, SARS-CoV-2 constitutes a significant public health concern due to its high basic reproduction rate, the limited evidence of effective treatment approaches, and the constrained supply of vaccines in the early stages of population-level immunisation programmes.

The National Public Health Emergency Team (NPHET) oversees and provides national direction, guidance, support and expert advice on the development and implementation of strategies to contain COVID-19 in Ireland. Since March 2020, HIQA's COVID-19 Evidence Synthesis Team has provided research evidence to support the work of NPHET and associated groups and inform the development of national public health guidance. The COVID-19 Evidence Synthesis Team which is drawn from the Health Technology Assessment Directorate in HIQA, conducts evidence synthesis incorporating the scientific literature, international public health recommendations, and existing data sources as appropriate.

From September 2020, as part of the move towards a sustainable response to the public health emergency, HIQA provides evidence based advice in response to requests from NPHET. The advice provided to NPHET is informed by research evidence developed by HIQA's COVID-19 Evidence Synthesis Team and with expert input from HIQA's COVID-19 Expert Advisory Group (EAG). Topics for consideration are outlined and prioritised by NPHET. This process helps to ensure rapid access to the best available evidence relevant to the SARS-CoV-2 outbreak to inform decision-making at each stage of the pandemic.

The purpose of this report is to outline the advice provided to NPHET by HIQA, with consideration of the scientific literature and input from the COVID-19 EAG regarding the policy question: "What policies, mitigation actions or initiatives have been implemented internationally relating to healthcare workers who do not avail of COVID-19 vaccination that could be considered by the Irish Health Service?" The advice also reflects the findings of a facilitated discussion with the HIQA COVID-19 EAG considering key issues relating to the policy question.

HIQA would like to thank its COVID-19 Evidence Synthesis Team, the members of the COVID-19 EAG and all who contributed to the preparation of this report.

Dr Máirín Ryan

Deputy CEO & Director of Health Technology Assessment

Health Information and Quality Authority

Acknowledgements

HIQA would like to thank all of the individuals and organisations who provided their time, advice and information in support of this health technology assessment.

Particular thanks are due to the Expert Advisory Group (EAG) and the individuals within the organisations listed below who provided advice and information.

Membership of the Expert Advisory Group involves review of evidence synthesis documents and contribution to a discussion which informs the advice from HIQA to NPHET. It does not necessarily imply agreement with all aspects of the evidence synthesis or the subsequent advice.

The membership of the EAG was as follows:

Prof Karina Butler	Consultant Paediatrician and Infectious Diseases Specialist, Children's Health Ireland & Chair of the National Immunisation Advisory Committee
Dr Jeff Connell	Assistant Director, UCD National Virus Reference Laboratory, University College Dublin
Dr Eibhlín Connolly	Deputy Chief Medical Officer, Department of Health
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\# Ad hoc member of the Expert Advisory Group for this topic

Members of HIQA's Evidence Synthesis Team:

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The advice is developed by the HIQA Evidence Synthesis Team with support from the Expert Advisory Group. Not all members of the Expert Advisory Group and Evidence Synthesis Team are involved in the response to each research question. The findings set out in the advice represent the interpretation by HIQA of the available evidence and do not necessarily reflect the opinion of all members of the Expert Advisory Group.

Conflicts of Interest

None declared.

Advice to the National Public Health Advisory Team

The purpose of this evidence synthesis is to provide advice to the National Public Health Emergency Team (NPHET) on the following policy question:

> "What policies, mitigation actions or initiatives have been implemented internationally relating to healthcare workers who do not avail of COVID-19 vaccination that could be considered by the Irish Health Service?"

The following research question (RQ) was formulated to inform this policy question:

> "What international policies and guidelines exist relating to healthcare personnel who do not avail of COVID-19 vaccination?"

The key points of this evidence synthesis, which informed HIQA's advice, are as follows:

- Vaccination of healthcare personnel against COVID-19 is viewed as critical in ensuring the health and safety of this essential workforce, preventing patients from contracting SARS-CoV-2, and protecting vital healthcare capacity.
- A rapid review was conducted to identify relevant policy and guidance documents relating to frontline staff in the healthcare sector who do not avail of COVID-19 vaccination (either due to refusal or potential contra-indications). This review relates to policies and guidelines regarding healthcare personnel (including both healthcare workers and frontline health administrative staff).
- Websites from the following three broad categories were searched for relevant information:
    - public health agencies and governmental health departments (from 18 countries and two international health agencies)
    - professional bodies (from five countries)
    - occupational health agencies (five organisations).
- Two policy or guidance documents from the UK were identified relating to healthcare personnel who do not avail of COVID-19 vaccination. These were documents by the:
    - NHS England providing guidance on supporting COVID-19 vaccine uptake in frontline staff
    - UK Royal College of Nursing (RCN) providing information on COVID-19 vaccinations for its membership of nurses, midwives, health care assistants and nursing students.

- Both documents recommend that:
    - COVID-19 vaccination should be strongly encouraged among healthcare personnel
    - staff should be facilitated to make the decision to be vaccinated in a supportive environment with the right information, encouragement and clear explanation of the benefit and value of the vaccine.
- Additional points raised within the documents were that:
    - one-to-one conversations should be held between line managers and unvaccinated healthcare personnel, in a respectful manner, with the aim of encouraging vaccine uptake. Evidence from primary care suggests that one-to-one conversations may result in a 60-70% conversion from initial decline to subsequent uptake of the vaccine
    - data should be collected on vaccine uptake and refusal among frontline staff
    - organisations should make it as easy as possible for staff to get vaccinated.
- Both documents highlight the duty of employers to undertake a risk assessment that considers the risk an unvaccinated worker presents to staff and patients, and steps that can be taken to mitigate these risks. These steps may include:
    - considering redeployment to a lower risk area
    - a continued requirement for COVID-19 testing and the wearing of personal protective equipment (PPE)
    - ensuring effective ventilation
    - ensuring that employees are aware of infection prevention and control standards and have undertaken appropriate training.
- The RCN policy document highlights important legal and ethical issues regarding the management of employees who do not avail of COVID-19 vaccinations. It is important that policies do not discriminate against those who cannot have the vaccine due to a medical or other reason (such as pregnancy or religious grounds). However, any potential risk to the health and safety of staff and patients must be mitigated.
- Mandatory vaccination is typically grounded in considerations about the harm, or risk of harm, that non-vaccination presents to other people. Although there is precedence for mandatory vaccination of healthcare personnel, to date only Italy

has introduced mandatory COVID-19 vaccinations for all healthcare workers at a national level. There are well established mandates in some jurisdictions for certain vaccinations, such as certain childhood immunisations. In Ireland, mandatory vaccination is in place for healthcare workers if proof of immunity cannot be provided against certain pathogens but not for SARS-CoV-2.

- Ethical commentaries highlight the risk of a breakdown in trust between staff and their institutions if mandatory vaccination is implemented. They identify that the trust of healthcare personnel in healthcare systems should be strengthened by addressing concerns, including factors that have put them at risk of infection throughout the COVID-19 pandemic, before mandating vaccination.
- The information summarised from policy and guidance documents included in this international review is correct as of 1 April 2021, but may be subject to change.

COVID-19 Expert Advisory Group

A meeting of the COVID-19 Expert Advisory Group (EAG) was convened for clinical and technical interpretation of the research evidence on 30 March 2021. The following points were raised in respect of the review findings:

The following points were raised for discussion by members of the EAG:

- Developing policy for unvaccinated healthcare personnel was acknowledged as a particular challenge as it deals with complex professional and employer-employee relationships and has important ethical implications.
- The ethical issues were discussed, with a focus on the balancing of rights between healthcare workers and patients. Healthcare workers have a right to bodily integrity, autonomy and confidentiality. However, it was noted that these rights are not absolute nor unfettered; limits can be put in place if there is the potential for harming others.
- While a patient can ask about a healthcare worker's vaccination status, it was clarified that the healthcare worker does not have to disclose this sensitive personal health information. There is an obligation on the employer to uphold a healthcare worker's privacy and confidentiality. It is the responsibility of the employer that the employee's role is appropriate and that tasks are safe for them to undertake, in light of their vaccination status. This can be facilitated through a comprehensive risk assessment and implementation of risk mitigation strategies.
- Public health ethics are based on the principle of least infringement, leading to the principle of the least restrictive alternative to achieving the same aim. The

intervention ladder developed by the Nuffield Bioethics Council in the UK was agreed by EAG members as a useful framework for developing national guiding principles. The ladder includes different kinds of government intervention that may be used to promote public health, from the least to the most coercive or intrusive measures. Early steps on the ladder include providing information and enabling choice, while measures at the top of the ladder include restricting and eliminating choice (for example, regulations to require mandatory vaccination). The further up the ladder the State climbs, the stronger the justification has to be. Less restrictive steps that could be included on the ladder are use of nudges, to influence people's choices. More restrictive steps could include guiding choice through disincentives and the restriction of choice, for example through redeployment. Mandatory vaccination sits at the top of the ladder as the most intrusive step. The decision to step up the ladder should be influenced by the level of risk to patients from unvaccinated healthcare personnel posed by increased levels of community transmission. The need for specific guidance as to what those steps on the ladder might be and who might be exempted was emphasised.

- There was an acknowledgement that there needs to be early engagement with the various trade unions, professional bodies and organisations to discuss how any potential redeployment due to declination of the COVID-19 vaccine (in cases where other less restrictive options have failed) might work.

- Members of the EAG stated that there may be an expectation among the public that healthcare workers should be vaccinated and that there may be a degree of discontent if they believe that the person providing them with care is not vaccinated.

- Overall, the EAG members felt that on the basis of the available evidence, there is a duty of care for healthcare workers in direct patient contact to be vaccinated. The need to take reasonable steps to prevent transmission from an asymptomatic healthcare worker to a highly vulnerable patient receiving direct 'hands-on' patient care, was felt to be essential to patient safety.

- Mitigation of risk to both patients and healthcare workers was felt to be essential. The importance of the setting was also discussed, with certain vulnerable populations (for example, nursing home residents) seen to be at greater risk from unvaccinated healthcare workers. Additionally, in some settings redeployment was not felt to be a viable option (for example, general practice).

- Collection of data on uptake, reasons for refusal, ethnicity and setting was considered critical, in order to ascertain where refusals may be higher than usual and any associated factors, so that appropriate supports could be put in place. It

was clarified that there is a data reconciliation project ongoing in Ireland which will facilitate the estimation of uptake rates among healthcare workers. Anecdotally, uptake and demand for COVID-19 vaccine among healthcare workers are currently high.

- The evidence of the effectiveness of one-to-one conversions between line management or trusted peers and those who may be hesitant to take the vaccine as a means of improving uptake rates was highlighted as important by EAG members. Any recommendation for one-to-one conversations should be supplemented with sufficient guidance which can be consistently operationalised across the health and social care system. Supports and tools should be developed and made available, taking into consideration the wide range of settings in which health and social care workers operate.

- The precedence for mandatory vaccination against other pathogens was discussed. As a specific example, it was discussed how refusal to get vaccinated for Hepatitis B could prevent surgeons from conducting certain high risk operations.

- There was a general consensus that mandating COVID-19 vaccination at this time may not be appropriate as this may act as a deterrent. Additionally, such a measure may be perceived as being overly harsh on a workforce that have had a particularly traumatic year. If all lesser restrictive measures have been exhausted and there is still low uptake, consideration may be given to mandatory vaccination in the future. However, caution was expressed with regards to how far one should go to ensure high levels of vaccination, and the potential creation of a negative work environment.

- EAG members were generally in favour of a 'support and encourage' model whereby staff are facilitated to make the decision to become vaccinated in a supportive environment.

- The potential for 'nudges' to improve COVID-19 vaccination uptake behaviour was discussed with examples such as wearing badges or stickers. However, there is a need to be careful that this is not done in a way that stigmatises or discriminates against those who do not avail of the vaccine for whatever reason.

- As there are a range of COVID-19 vaccines currently available, there may be a possibility to provide an alternate vaccine to healthcare worker on a case-by-case basis if there are particular clinical considerations. However, such an approach would require further consideration and would have policy implications beyond healthcare workers.

- Evidence relating to presumptive immunity due to a previous infection with SARS-CoV-2 and how this might impact on a healthcare worker's decision to become vaccinated was discussed. There is currently no international standard for the threshold of SARS-CoV-2 antibody titres that can reliably predict immunity to reinfection. However, with additional data this could theoretically be a possibility in the future.
- The Professional Bodies (such as the Medical Council of Ireland, Nursing and Midwifery Board of Ireland and Pharmaceutical Society of Ireland) may have a critical role in outlining the duty of members of the professions in terms of vaccination. Trade unions and third level institutions may also play an important role in encouraging COVID-19 vaccination.
- Given the critical role that trusted healthcare workers such as GPs and pharmacists play in encouraging vaccine uptake, vaccine hesitancy or declination by healthcare workers may have a wider influence on the public. There needs to be clear advice against healthcare workers spreading misinformation. It was noted that visible uptake of vaccine by healthcare workers (for example, stickers/badges indicating vaccination status) provides reassurance and strongly influences patients' perceptions of vaccine safety and importance.

Advice

Arising from the findings above, HIQA's advice to the National Public Health Emergency Team is as follows:

- Only two policy documents, both from the UK, relating to healthcare personnel who do not avail of COVID-19 vaccination (due to contraindication or refusal) were identified. As COVID-19 vaccination programmes progress globally, it is anticipated that more policies will be developed.
- All healthcare personnel should be strongly encouraged and facilitated to avail of COVID-19 vaccination as soon as they are eligible. Given the substantial challenges experienced by healthcare workers during the pandemic, the model of 'encourage and support' should be maintained to ensure ongoing positive work environments.
- When developing policy for healthcare personnel who do not avail of COVID-19 vaccination, careful consideration should be given to the following:
    - mechanisms of facilitated decision-making (for example, one-to-one conversations with line managers or trusted peers)

  - risk assessments and mitigation strategies (for example, ongoing testing and use of PPE, redeployment)
  - data collection (for example, vaccine uptake and declination rates, and reasons for refusal, across health and social care settings)
  - legal and ethical issues (for example, autonomy and confidentiality).

- Policy could be based on the 'intervention ladder' and the 'least restrictive alternative' principle. This means that the first step of the ladder may involve providing evidence-based information to healthcare personnel in a supportive manner, with greater levels of intervention at each subsequent step, such as one-to-one conversations, ongoing testing and use of PPE. Higher rungs of the ladder may involve interventions such as redeployment to a lower risk area. Mandatory vaccination would sit at the top of the ladder as the most intrusive step. The higher the rung on the ladder at which the policy maker intervenes, the stronger the justification has to be. The decision to step up the ladder should be influenced by the level of risk to patients from unvaccinated healthcare personnel posed by increased levels of community transmission.
- Clear guidance should be provided to employers on how to undertake one-to-one conversations with healthcare personnel to encourage vaccine uptake. Supports and tools should be made available to line management and trusted peers to enable these conversations to be successful, taking into consideration the wide range of settings in which health and social care workers operate.

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