



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Policy on Covid-19 Vaccination for Students in Clinical Placements or Placements in Allied Settings

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OVERVIEW:

The purpose of this policy is to reinforce Trinity's position on Covid-19 vaccination. Trinity's position on this topic is informed by Public Health advice and peer reviewed scientific data regarding available vaccines and their efficacy. Its intention is to protect the health and safety of all staff and students, noting also, patients in clinical settings where students interact during their training. The overall objective is to protect individuals and society from the transmission of SARS-CoV-2. *It applies in addition to College's pre-existing vaccination or demonstration of immunity requirements for tuberculosis, measles, mumps, rubella and chickenpox, hepatitis B and C* ([Appendix 1](#)). This policy applies to all registered students who will, as part of their training, undertake clinical placements, or placements in an allied setting (industrial, medicines information and regulatory sites). Incoming students will be required to demonstrate proof of vaccination¹ or avail of a vaccination course as per the College Calendar.

Trinity expects all personnel, students and trainees working on-site in clinical locations to participate in education about the SARS-CoV-2 vaccines that will be available, and to consent to receive the vaccine where it is recommended by public health advice and is not medically contra-indicated for them. This policy provides interim guidance and may be adapted, as necessary, to comply with public health advice.

The policy takes cognisance of the risk assessment required under the Safety, Health and Welfare at Work Act 2005. The purpose of this assessment is to identify health and safety risks within the study or work -place and then take the necessary steps to remove or minimise such risks as identified. **A key and reasonable step to minimise the risks associated with Covid-19, will be to ask and encourage all staff members and students intending to participate in a clinical placement to avail of the vaccine.**

It is important to note that, under the 2005 Act, there is also a reciprocal obligation to comply with health and safety regulations in the work/study-place. For instance, employees and students must take reasonable care to protect the health and safety of themselves and others and not engage in improper behaviour that will endanger themselves or others.

This policy supplements and does not replace existing policies on vaccinations in the Trinity College Dublin Calendar ([Appendix 1](#)) or other policies requiring staff, students, patients, and visitors to adhere to public health guidance to mitigate and minimise the risk of transmission of Covid-19 through appropriate use of personal protective equipment (or, for patients and visitors, face coverings or facemasks), social and physical distancing, and frequent handwashing and hand sanitising.

VACCINATION:

It is important to note that vaccination may take place at designated clinical placement settings or a designated vaccination centre. It will be necessary to maintain a validated record of vaccination

¹ Proof of vaccination will be by production of a valid Covid-19 Vaccination record or EU Digital COVID Certificate - https://www.citizensinformation.ie/en/travel_and_recreation/travel_abroad/digital_covid_certificate.html

regardless of where the vaccination took place. Evidence of this record will be required prior to access at a clinical site (see [footnote 1](#)).

On-Site Vaccination will involve receiving vaccination on-site at any FHS or FAHSS clinical placement provider location such as an affiliated teaching hospital. The student should supply details of proof of vaccination to the relevant School Administration and/or location vaccine authority.

Off-Site Vaccination will involve providing written documentation to the relevant School Administration and/or location vaccine authority of vaccination through an alternative authorised clinical site such as GP placement or another authorised vaccination centre.

During the initial rollout of the vaccination programme, locations may not mandate full vaccination programme participation for access to sites. However, it is expected that full compliance will be required as available stock of vaccine becomes more regular.

EDUCATION:

All students must educate themselves using peer-reviewed and validated sources as to the benefits and risks of Covid-19 vaccination. They are asked to weigh this against the potential health consequences of Covid-19 infection for themselves, family, other contacts, and with special consideration of co-workers, patients and the community. They should consider the individual benefits and the protection afforded to society collectively through widespread acceptance of vaccination.

They are asked to consider the risks of occupational exposure to Covid-19 with due consideration of:

- The epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions, personal protective equipment, and respiratory hygiene/cough etiquette), in accordance with their level of responsibility in preventing healthcare associated COVID-19 infections.
- The safety profile and potential risks of any Covid-19 vaccine.
- The requirements for participation in the Covid-19 Vaccination programme and consequences of failing to participate.

All students are advised to review the HSE guidance on COVID-19 vaccines:

<https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/>

Detailed information is also available in the NIAC Immunisation Guidelines, Chapter 5a, that may be useful to healthcare professionals and is available here:

<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/covid19.pdf>

DECLINING THE VACCINE

Refusal to participate in the vaccination programme may carry consequences that could impact on an individual student's ability to successfully complete their course. Refusal of a vaccine may mean a student will not be able to progress or complete their chosen course.

In recognising the individual's right to refuse to take the vaccine, we must also recognise the consequences of such a decision. In effect, students who refuse a vaccination course will jeopardise their ability to progress. This consequence comes about by recognising the right of society to return to normal functioning, our duty to protect the vulnerable, and the necessity to balance these rights for the greater good.

In conjunction with the relevant health service provider, schools will endeavour to help those who refuse vaccination to meet their programme learning outcomes and acquire the mandated clinical skills but students must be aware this may not always be possible. The right to refuse vaccination must be viewed in the context of the competing right of clinical facilities to refuse access to patients and clinical sites for those who have not been vaccinated. The situation has been subject to change since April 2021², with the current requirements detailed in the HSE's "[Final Guidelines on Risk Assessment for Covid-19 Vaccination for Healthcare Workers](#)".³ This document reiterates that vaccination of Healthcare Workers (HCWs) for infectious diseases is recommended in the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020 (S.I. No. 572 of 2013 as amended by S.I. No. 539 of 2020), and that the primary aim of the COVID-19 vaccination programme is to protect those who are most at risk of illness or death from COVID-19. It has also mandated a process of risk assessment, to enhance safety, health and wellbeing of staff and patients. This HSE process involves a risk categorisation and students on clinical placements who will be asked to confirm that they are compliant with the organisation vaccine recommendations.

A consequence of the implementation of the HSE's Guidelines is that all students who are eligible for vaccination and who have been offered such vaccination yet have declined that offer **may not be assigned clinical placements** in HSE and other health service facilities.

In situations where a student refuses vaccination, and the health service site refuses access, the school will explore remedies which could include communication with the health service provide to explore other clinical placement options, deferral of clinical placement and/or off-books extensions, as appropriate or if practicable. However, students must recognise that remedial action may not be possible, and progression, including the award of the Degree, may be jeopardised by failing to avail of the offered vaccination course. It is important to note that under the directive from the Chief Clinical Officer of the HSE, **ALL** HSE placement providers will require vaccination (or evidence thereof) and that schools cannot guarantee that an appropriate placement will be available. It should also be noted, that where a course needs to be completed within a designated timeframe, it may not be possible to offer deferral or off-books extension. In such cases it is imperative that the student liaise with the school to explore all options.

² Letter from HSE CCO re Students who decline vaccination & Clarification Letter from Clinical Advisor to Covid-19 Vaccination Programme - [Appendix 3](#).

³ Final Guidelines on Risk Assessment for Covid-19 Vaccination for Healthcare Workers – [Appendix 4](#)

Anyone who is contemplating refusing vaccination must discuss the academic implications of this decision with their College Tutor, mentor, Director of Undergraduate Teaching and Learning, Director of Postgraduate Teaching & Learning or Head of School, as appropriate.

Students who choose to refuse the vaccination (or subsequent doses, where those are required) should complete a Vaccine Declination Statement and submit it to the Head of School, Director of Undergraduate Teaching and Learning (DUTL), Director of Postgraduate Teaching & Learning (DPGTL) or Head of Discipline as required by their school. A [sample Vaccination Declination Statement](#) (for students) is attached to this policy document that may be utilised. Additionally, health service providers offering clinical placements are obliged to undertake risk assessments of their placement and may require staff or students who choose to refuse the vaccination to complete the COVID-19 Vaccination Participation /Non Participation Form which is set out in Appendix 5 of the HSE "[Final Guidelines on Risk Assessment for Covid-19 Vaccination for Healthcare Workers](#)".

They will notify the school of the outcome and consider implementation of compensating safety measures, programme evaluation or related activities as appropriate or if practicable. However, students must recognise that compensating safety measures may not be possible in the circumstances and a student may be refused access to the placement by the health service provider.

A person who initially declines the Covid-19 vaccine but later decides to become vaccinated should discuss their plans with the Head of Discipline, Head of School, DUTL or DTLPG as appropriate. They may receive the vaccine through any available authorised vaccine provider, and they must provide documentation of the administration to their school and associated Clinical Service.

SUPERSEDING PUBLIC HEALTH GUIDELINES.

In the event that the Irish government imposes a mandate restricting or eliminating participation options, the applicable public health mandate will be implemented at all clinical placement locations.

TRACKING AND REPORTING:

The following information will be recorded and tracked by the location vaccine authority in the applicable confidential personnel health record or student health record:

- Date of administration
- Vaccine type
- Vaccine manufacturer
- Vaccine lot number
- Expiration date
- Site of administration
- Name and title of person administering vaccine
- Vaccine Information Statement (VIS) provided to the student

Any adverse events associated with Covid-19 vaccine administration should be reported to the vaccine provider or relevant occupational health department.

REGISTRY AND VACCINE PROGRAMME EVALUATION:

Appropriate information about all vaccinations may be submitted to the HSE as required by applicable public health agencies or University. Individual clinical sites shall evaluate programme participation, on an annual and ongoing basis as required by public health guidelines, including reasons identified for non-participation or untimely participation, the number and relevant characteristics of personnel and students not vaccinated, and the reasons given (if any) for refusal.

DATA PROTECTION

Personal data (including health data) of students and staff will be collected and processed under this policy. For details on how and why student and staff personal data will be processed for the purposes of this vaccination policy please see the privacy notice [here](#).

APPENDIX 1 – EXTRACT FROM COLLEGE CALENDAR

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Vaccination requirements

14 Students entering clinical speech and language studies, dental science, dental hygiene, dental nursing, dental technology, medicine, midwifery, nursing, occupational therapy, physiotherapy, and social studies are required to satisfy vaccination and/or immunisation requirements.

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Health screening and vaccination

3 All health care professionals have a duty of care to the public. In the interests of reducing the risk of the transmission of infectious disease from patients to students, or students to patients, all new entrants to the Department of Clinical Speech and Language Studies must attend a registered general practitioner or the College Health Service and submit the completed required health screening and vaccination documents to the department prior to the first Friday in October to certify their vaccination status or immunity to tuberculosis, measles, mumps, rubella and chickenpox. In addition, students must produce evidence of their hepatitis B and C status and where appropriate confirmation that they do not have active disease. Students who are hepatitis B negative but not already deemed to be immune to hepatitis B will be required to undergo a course of vaccination. Complete details of the vaccination programmes and the blood borne viruses (BBV) policy must be adhered to and are communicated to applicants as part of the admissions process (in the health screening and vaccination information booklet) and are available from the departmental office and website. Students will be also be advised to seek vaccination against influenza each year for the duration of their course of studies. Students who fail to complete the above requirements will be made withdrawn from their course of study and a re-admission fee may apply. In the rare circumstances where during their studies a student acquires a BBV infection, the school will consider reasonable accommodations in accordance with statutory requirements. Details of the management of students who become infected with a BBV during their course are outlined in the BBV policy. In the event that a student has, or during the course of study becomes aware of, any life threatening infectious condition that could be transmitted to a patient or fellow health worker, such as HIV, hepatitis B, hepatitis C, tuberculosis, chickenpox, influenza, measles or rubella they should advise their school office and consult a registered general practitioner or the College Health Service to confirm they are not contagious. If they are contagious they should obtain a medical certificate confirming the diagnosis and should refrain from patient contact until cleared medically. Advice for applicants who test positive for a BBV can be arranged through the College Health Service. Applicants with active infection who successfully undergo treatment, which renders them no longer an infectious risk to patients, may then continue with their course. Students should be advised that restricted practice and monitoring arrangements including re-testing requirements may apply. In order to ensure that students are properly supported and monitored and to minimise any detrimental effects on the provision of training to other students and most importantly to ensure protection of all patients, the University will only admit and retain students that it can reasonably accommodate who are positive with a BBV at any one time. If the University is unable to reasonably accommodate a student with a BBV, the offer of a place for new entrants or re-registration for those previously registered will be rescinded and all fees paid will be refunded. If Irish law, or official guidance, changes between the date of publication of this documentation and the date of registration of new applicants to this course, the Department of Clinical Speech and Language Studies reserves the right to require that the criteria adopted in relation to the ability to practise clinically in Ireland be satisfied before registration is permitted. All costs associated with tests for health screening and vaccination must be met by the student.

Text to be added to 2021/22 Calendar entry

Regarding Covid-19 vaccination, all incoming students will be required to undergo a course of vaccination. Students who are eligible for vaccination, who have been offered vaccination and decline vaccination will not be assigned to clinical placements in HSE facilities. This may be reviewed as the epidemiological situation evolves.

APPENDIX 2 – SAMPLE REFUSAL OF CONSENT FORM

In signing this form I, [insert your name] make explicit my decision to decline the offer of Covid-19 vaccination at this time. I have read and understood Trinity's Covid-19 Vaccination Policy and related documents. I have informed myself of the risks and benefits of Covid-19 vaccination. I have discussed the academic implications of my decision with my tutor, the Director of Undergraduate Teaching and Learning, Director of Postgraduate Teaching & Learning, Postgraduate Advisor or Head of School/Discipline.

Name of Person:
First Name:
Last Name:
Student Id Number:

Refusal of Consent:

I am the above-named person signing this form. I am at least 18-years of age with full knowledge to the consequences of declining to receive the COVID-19 vaccine at this time.

I am the legal guardian/representative of the above-named person and I am signing this form on behalf of the above-named individual in acknowledging the decision in declining to take the COVID-19 vaccine.

Signature and Date: _____

APPENDIX 3

By Email Only

Date 26th March 2021

Re: Student who decline vaccinations

Dear colleagues,

Last year following engagement with your institutes, we were able to agree a process that facilitated essential clinical placements for healthcare students in HSE facilities through the past year. The process agreed was consistent with the need to ensure patient and student safety to the greatest degree practical at that time. We are all agreed that the safety of patients, staff and students remains a shared key priority. I wish to advise you of some updated decisions in relation to clinical placements in the context of the COVID1-19 Vaccination Programme, which provided and added opportunity to ensure the safety of all concerned.

For this purpose, Clinical Placements refers to unpaid clinical experience for healthcare students whose presence is not specifically required to sustain service delivery. Students (for example 4th year nursing students) who constitute part of the workforce that sustain service delivery are in the same category as other healthcare workers. The following does not apply to them.

Following consideration the HSE COVID-19 Vaccination Working Group has taken the following decision and I ask that your institutes now apply this to all student placements in HSE facilities with effect from April 1st 2021.

Students that are eligible for vaccination, that have been offered vaccination and decline vaccination should not be assigned to clinical placements in HSE facilities. This may be reviewed as the epidemiological situation evolves.

Please note that for those very exceptional circumstances where there is specific and documented medical contraindication to vaccination for a healthcare student an individual risk assessment should be performed by the higher education institute to determine if a suitable placement can be designed that minimizes risk to patients and to the student.

Kind regards,



Dr. Colm Henry,
Chief Clinical Officer



Office of HSE Clinical Lead - Healthcare Associated Infection
and Antimicrobial Resistance.
Merlin Park Regional Hospital, Galway.

Oifig Treoir Chliniciúil FnaSS – Ionfhabtú a bhaineann le curam
sláinte agus frithsheasmhacht in aghaidh antaibheathaigh

Ospidéal Réigiúnach Pháirc Mheirlinne, Gaillimh

April 2 2021

TO: PRESIDENTS/PROVOST/HEADS OF SCHOOLS HEI's

RE: Clinical placements and students who are eligible for vaccination, who have been offered vaccination and who have declined vaccinations. Clarification on correspondence issued on 26/03/2021 from Dr Henry

Dear Colleagues

The HSE remains strongly committed to supporting clinical placements in partnership with the Higher Education Institutes but must fulfil its obligation to reduce risk to patients and staff associated with hosting these clinical placements.

Patients support education and training of healthcare students on clinical placement by accepting those students in their room or in their bed space and granting those students the privilege of access to the details of their lives, their clinical history and to their body. Patients are entitled to refuse to accept visits from students on clinical placement but few do so. In recognising the generosity of patients in supporting healthcare students and the systems for education and training there is an obligation on everyone including students to do all that is reasonably practical to protect those patients who support them from avoidable risk.

The COVID vaccines protect those who receive them from severe disease and death. They also reduce the risk of infection, including asymptomatic infection, and they reduce the amount of virus shed by an infected person. Vaccines are therefore a readily available option to reduce the risk to patients associated with the patient's voluntary participation in the education and training of students on clinical placement.

In this context the letter from the CCO of 26/03/2021 stated that "Students that are eligible for vaccination, that have been offered vaccination and decline vaccination should not be assigned to clinical placements in HSE facilities. This may be reviewed as the epidemiological situation evolves."

The direction is quite clear. It does not apply to students who are not eligible for the vaccine. Students who have "a specific and documented medical contraindication to vaccination" are not eligible for vaccination. As per Dr Henry's letter Higher Education Institutes, are invited to determine if a suitable placement can be designed for these students that minimises risk to patients and to the student through the local mechanisms & structures in place. Where requested to do so the HSE will seek to support the HEIs to the greatest extent practical.

Queries in relation to pregnant students, those under 18 years of age and contraindications are addressed in the HSE National Immunisation Office Clinical Guidance for COVID – 19 Vaccination Version 10.3, dated 26/03/2021 (attached on e-mail). As above if the student is not eligible for vaccination or has not been offered vaccination they are not encompassed by Dr Henry's direction.



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Students that have not been offered vaccination are not encompassed in the direction from Dr Henry. Students who have been offered vaccine and accepted the offer but who have not yet vaccinated are not encompassed by the direction from Dr Henry.

Those students who have not yet registered for the vaccine but now wish to do so are not refusing to accept vaccination and are not encompassed by Dr Henry's direction. The HSE is working on a process whereby all healthcare workers and students will be able to registrar in approx. 2 weeks' time. In due course it is expected also that healthcare workers and students will be able to access the vaccine through their local Occupational Health Service.

There is no scope to offer anyone, students or staff a choice of vaccine. Vaccine supplies are so limited that this is not possible. All the vaccines are used in accordance with their licensed use and are effective.

In summary the intention of the direction is to do everything possible to support students and to support clinical placements in manner that protects patients from avoidable risk related to their voluntary participation in education of students. The HSE will continue to do everything practical to support access to vaccination as quickly as is practical for students who now chose to be vaccinated and will try to accommodate proposals from the Higher Education Institutes to accommodate students in exceptional circumstances who have a well-documented contraindication to vaccination.

Thanking you for your ongoing assistance in this matter.

Regards



Professor Martin Cormican
Clinical Advisor to the COVID-19 Vaccination Programme

APPENDIX 4 – RISK ASSESSMENT FOR COVID-19 VACCINATION – GUIDELINES FOR HEALTHCARE WORKERS

Risk Assessment for COVID-19 Vaccination

Guidelines for Healthcare Workers

28th May 2021

1. Introduction

In March 2020, the WHO declared a SARS-CoV-2 (COVID-19) pandemic. Since its emergence COVID-19 has spread rapidly on a global scale.

Frontline Healthcare Workers (HCWs) have a higher exposure to COVID-19 virus due to the nature of their work. In comparison to other workers, healthcare workers appear to have a higher risk of COVID-19 infection (1). This is likely to be related to the fact that frontline healthcare work requires close personal exposure to patients with SARS-CoV-2 (2).

Since the pandemic commenced in Ireland from 01/03/2020 until 01/05/2021 the total number of COVID-19 confirmed Healthcare worker cases has been 28,719 cases (11.4% of total cases in Ireland), of these 786 cases were hospitalised and 101 admitted to ICU (3).

During outbreaks of vaccine preventable disease, for which there is a safe and effective vaccine, institutions have a responsibility to provide and promote immunisation to staff for the purpose of protecting them from infection and disease. Healthcare institutions have a further responsibility to limit patient and staff exposure to risk of infection from individuals who are not immunised (4).

Vaccination of Healthcare Workers (HCWs) for infectious diseases is recommended in the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020 (S.I. No. 572 of 2013) (5).

The primary aim of the COVID-19 vaccination programme is to protect those who are most at risk of illness or death from COVID-19.

To enhance the safety, health & wellbeing of staff and patients, the organisation is introducing a process of risk assessment, to support staff working in roles where COVID-19 vaccination is particularly recommended. The organisation is providing the vaccine to staff free of charge together with full information and support. The HSE is also committed to make the process of receiving the vaccine as convenient as possible. The COVID-19 vaccination is recommended for all Healthcare Workers except for those with a specific medical contraindication (9).

2. Risk of COVID-19 Infection in Healthcare Workers

During the ongoing COVID-19 pandemic, healthcare workers are at substantially increased risk of becoming infected with Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and infection is associated with a significant risk of serious disease. Healthcare workers may be exposed to both infectious patients and colleagues in the work place and may also be exposed outside of the workplace. (6). According to a study published recently Healthcare workers had a more than seven-fold higher risk of severe COVID-19 compared with the general population (1).

3. Impact of Vaccination on Transmission of SARS-CoV-2

European Centre for Disease Prevention and Control have stated that ‘COVID-19 vaccines licensed in the EU/EEA have been shown during clinical trials to be highly effective in providing protection against symptomatic and severe COVID-19. Evidence from real-life usage of COVID-19 vaccines has confirmed these clinical trial findings and also showed high vaccine effectiveness against PCR-confirmed SARS-CoV-2 infection.’ The ECDC [Interim Guidance on benefits of full vaccination against COVID-19 for transmission risks and implications for non-pharmaceutical interventions](#) concludes that “based on the limited evidence available the likelihood of an infected vaccinated person transmitting the disease is currently assessed to be very low to low”. They further state that although there is no evidence of the severity of disease following transmission from a vaccinated individual to an unvaccinated individual the likelihood of severe disease for unvaccinated individuals is low for younger adults and adolescents and high for unvaccinated older adults or people with underlying comorbidities. (11).

4. Healthcare Workers and Risk Categorisation for prioritisation of COVID-19 vaccination

4.1. The COVID-19 Vaccine Allocation Strategy sets out a provisional priority list of groups for vaccination. The Strategy was based on recommendations from the National Immunisation Advisory Committee (NIAC) and initially approved by government on 8th December 2020. The allocation groups have been updated more recently taking account of new recommendations from NIAC.

4.2. Currently frontline Healthcare workers are in allocation group 2 for vaccination. This group is divided into further subgroups as outlined at the following link

<https://www.gov.ie/en/publication/39038-provisional-vaccine-allocation-groups/> (7).

5. Risk Categorisation

5.1. HCW positions must first be categorised as Category A – Frontline HCW or Category B - Other Workers

5.2. Those in Category A must be further categorised using the 'Healthcare Worker Categorisation Risk Assessment - COVID-19 Vaccine' (See appendix 3), to determine if they are in a 'Category A High Risk position'.

5.3. The classification is given to a position depending on the requirements of the role and as specified in Appendix 1 *Risk Categorisation Guidelines*.

6. COVID-19 Vaccination Programme and Risk Assessment

6.1. The Safety, Health and Welfare at Work Act 2005 provides that employers have a duty of care towards employees in relation to safety, health and welfare at work. In that context it is appropriate to manage the risk to any employee of contracting the virus and/or potentially passing on the virus to other employees (8).

6.2. COVID -19 vaccination is recommended for all Healthcare Workers other than those who have a specific medical contraindication for the purpose of managing this risk. Where people have a specific medical contraindication it is important that this is appropriately assessed and documented.

6.3. The HSE will provide information on COVID-19 vaccination and provide vaccination as above. Vaccination is based on the consent of the staff member to accept vaccination.

6.4. Healthcare workers, students, contractors and other people exposed in Category A High Risk Area positions should confirm their status with respect to vaccination against COVID-19 to their line manager when requested to do so.

6.5 Healthcare workers, students, contractors who decline vaccination should be asked to confirm that they have been offered vaccination and understand that vaccination remains available to them if they change their mind or if their circumstances change. The manager should complete the 'COVID-19 Vaccination Participation /Non Participation Form' in appendix 5 with the HCW.

7. Individual Risk Assessment

7.1. All Category A positions must be assessed according to the level of risk of exposure to COVID-19 in the context of work location and client group.

7.2. This should be carried out by the individual's Line Manager in accordance with existing HSE policy and in consultation with the individual employee. See Appendix 3 – Healthcare Worker Categorisation Risk Assessment - COVID-19 Vaccine

7.3. The conduct of the risk assessment should be planned and scheduled with the staff member.

7.4. The highest priority of assessment, screening and vaccination must be assigned to workers employed in Category A - High Risk Area positions (refer to Appendix 1).

8. Risk Mitigation Options for Category A High Risk HCWs who decline vaccination.

7.1. Good infection prevention and control practice including appropriate use of PPE is recommended for all healthcare workers but are particularly important for those who are not vaccinated.

7.2. Reassignment to areas with lower exposure risk is an important option for managing risk of exposure for people who are not vaccinated. This is a temporary reassignment and is subject to review as the situation changes.

7.3. Monitoring for evidence of infection is important for all healthcare workers to protect others from exposure to infection. This is particularly important for those who are not vaccinated. Monitoring for evidence can be based on reporting of symptoms and on testing. Testing of healthcare workers who are not vaccinated based on risk assessment may be an option for managing the additional risk they may pose to others.

7.4. Risk management options should reflect a point in time and be reviewed as appropriate to take account of the current level of transmission of COVID-19 in the community and the specific healthcare setting.

7.5. HCW should be advised as to who they can contact for vaccination if they change their mind

7.5. Please see NIAC (National Immunisation Advisory Committee) for contraindications to COVID-19 vaccination.

<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/covid19.pdf>(9)

9. Audit

Service management is responsible for auditing compliance with the process. An audit tool is available in appendix 6.

10. References

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10. Appendix 1 - Risk Categorisation Guidelines

Category A

All positions must be categorised as Category A that involve either:

1. Direct Physical contact with:

- A) patients/clients
- B) deceased persons, body parts
- C) blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)

OR

2. Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:

- A) Workers with frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department.
- B) Normal work location is a clinical area such as a ward, outpatient clinic (including, for example ward clerks and patient transport officers); or who frequently throughout their working week are required to attend clinical areas, e.g. persons employed in food services who deliver meals and maintenance workers.

Category A - HIGH RISK AREA WORKERS

1. This applies to workers:

- In associated community settings whose usual clients are pregnant women, transplant, or oncology/haematology patients
- Who are required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas
- who are posted to or frequently work in Category A High Risk clinical areas

Workers employed in positions in the following **high-risk clinical areas** are particularly recommended to receive the COVID-19 vaccine.

High Risk clinical areas include but not be limited to the following

1. Residential aged care facilities and other facilities caring for older people
2. Emergency Departments
3. Intensive Care Units
4. Transplant and Oncology/Haematology wards and units and home based services
5. Pre-natal maternity units and clinics

Category B – OTHER WORKERS

1. Do not work with high risk client groups or in the high-risk clinical areas listed above
2. No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
3. Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens
4. Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
5. Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.)

11. Appendix 2 - Frequently Asked Questions for Managers on Risk assessment for COVID-19 Vaccination

i. Why must a HCW undergo a risk assessment for COVID-19 vaccination this year?

COVID-19 has caused a worldwide pandemic and has placed significant demands on the health service.

Due to the current COVID-19 pandemic, it is important to support and encourage all HCWs to accept vaccination but particularly those HCWs working in high risk areas. It is likely that the introduction of a Risk Assessment will help improve the uptake of COVID-19 vaccination among Healthcare workers (HCW) and those in frontline positions and where vaccination is declined, to consider how the risks to staff and patients can be mitigated.

ii. Who should carry out the risk assessment?

As a manager you should use this risk assessment for all Category A HCWs to identify if the HCW is in a 'Category A High Risk Area' position.

iii. What if a person I manage indicates that they have not been vaccinated?

In the first instance it is important to explore why the person does not wish to be vaccinated and to provide them with access to Occupational Health or other appropriate expertise so that they may discuss their concerns.

In addition it is important assess the risk to the person of acquiring COVID-19 and the risk that they may represent to others if they become infected and consider which, if any, risk management options are appropriate.

iv. Why are there so few high risk clinical areas? What about other areas?

The current list of Category A High Risk clinical areas represents identified key areas however a service may identify other areas based on their knowledge and experience of their service.

v. Do Category A High Risk Area Workers involve community workers?

Yes. The assessment must consider the extent of exposure not the service area. (Refer to *appendix 1 - Risk Categorisation Guidelines*).

vi. How are workers that are involved in rotating positions/on-call managed in relation to the Category A High Risk Area requirements?

Workers that are required to work in a variety of areas or change locations on a rotating basis may be required to work in Category A High Risk clinical areas and will therefore be categorised as Category A High Risk.

vii. Does the Category A High Risk Area requirement apply to workers who work in the specified unit/s for part of their shift?

The requirements for Category A High Risk workers applies if the worker is posted to or frequently works in a Category A high risk unit/s

viii. What if a HCW gets vaccinated by their local GP/ Nurse/Pharmacist/Mass Vaccination Clinic?

The Healthcare worker should ensure that their vaccinator provides them with evidence of COVID-19 vaccination. They can then inform their manager.

12. Appendix 3 -Healthcare Worker Categorisation Risk Assessment - COVID-19 Vaccine

Healthcare Workers Name: _____ **Job title:** _____

Work location: _____ **Manager:** _____

Assessment Date: _____ **Healthcare Worker Category:** _____

<p>1. Category A Worker – If any boxes ticked in i OR ii , Go to Part 2 for further categorisation</p>
<p>i- Direct Physical contact with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> patients/clients <input type="checkbox"/> deceased persons, body parts <input type="checkbox"/> blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)
<p>ii - Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department. <input type="checkbox"/> Normal work location is a clinical area such as a ward, outpatient clinic(including, for example ward clerks and patient transport officers);or who frequently throughout their working week are required to attend clinical areas, e.g. persons employed in food services who deliver meals and maintenance workers.
<p>2. Category A - HIGH RISK AREA WORKERS – If any in i AND ii applies – COVID-19 Vaccination requirements apply and evidence of vaccination to be provided to manager.</p>
<p>i - Applies to Workers in</p> <ul style="list-style-type: none"> <input type="checkbox"/> associated community settings whose usual clients include transplant, or oncology/haematology patients or other high risk groups <input type="checkbox"/> required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas <input type="checkbox"/> posted to or predominately work in Category A High Risk clinical areas
<p>ii - High Risk clinical areas</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residential aged care facilities and other facilities caring for older people. <input type="checkbox"/> Emergency Departments <input type="checkbox"/> Intensive Care Units <input type="checkbox"/> Transplant and Oncology/Haematology wards and units and home based services <input type="checkbox"/> Pre-natal maternity units and clinics <input type="checkbox"/> Other - _____
<p>3. Category B Workers - COVID-19 Vaccination is recommended.</p>
<p>Applies to workers who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not work with high risk client groups or in the high-risk clinical areas listed above <input type="checkbox"/> Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these. <input type="checkbox"/> Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens <input type="checkbox"/> Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area. <input type="checkbox"/> Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.

13. Appendix 4 – Sample Risk Assessments

Sample 1 - Clerical Officer. Office based. Attends 2 half day Outpatient clinics weekly

1. Category A Worker – If any boxes ticked in i OR ii , Go to Part 2 for further categorisation
<p>i - Direct Physical contact with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> patients/clients <input type="checkbox"/> deceased persons, body parts <input type="checkbox"/> blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)
<p>ii - Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department. <input type="checkbox"/> Normal work location is a clinical area such as a ward, outpatient clinic(including, for example ward clerks and patient transport officers);or who frequently throughout their working week are required to attend clinical areas, e.g. persons employed in food services who deliver meals and maintenance workers.
2. Category A - HIGH RISK AREA WORKERS – If any in i AND ii applies – COVID-19 Vaccination requirements apply and evidence of vaccination to be provided to manager.
<p>i - Applies to Workers in</p> <ul style="list-style-type: none"> <input type="checkbox"/> associated community settings whose usual clients include transplant, or oncology/haematology patients or other high risk groups <input type="checkbox"/> required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas <input type="checkbox"/> posted to or predominately work in Category A High Risk clinical areas
<p>ii - High Risk clinical areas</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residential aged care facilities and other facilities caring for older people. <input type="checkbox"/> Emergency Departments <input type="checkbox"/> Intensive Care Units <input type="checkbox"/> Transplant and Oncology/Haematology wards and units and home based services <input type="checkbox"/> Pre-natal maternity units and clinics <input type="checkbox"/> Other - _____
3. Category B Workers - –COVID-19 Vaccination is recommended.
<p>Applies to workers who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not work with high risk client groups or in the high-risk clinical areas listed above <input type="checkbox"/> Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these. <input type="checkbox"/> Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens <input type="checkbox"/> Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area. <input type="checkbox"/> Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.

Outcome – Category A worker. COVID-19 Vaccination is of high importance. If vaccination is not accepted all other risk mitigation options must be considered.

Sample 2 - Staff Nurse on an Oncology ward

<p>1. Category A Worker – If any boxes are ticked in i OR ii, Go to Part 2 for further categorisation</p>
<p>i - Direct Physical contact with:</p> <p><input checked="" type="checkbox"/> patients/clients</p> <p><input checked="" type="checkbox"/> deceased persons, body parts</p> <p><input checked="" type="checkbox"/> blood, body substances, infectious material or surfaces or equipment that might contain these(e.g. soiled linen, surgical equipment, syringes)</p>
<p>ii - Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:</p> <p><input checked="" type="checkbox"/> Frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department.</p> <p><input checked="" type="checkbox"/> Normal work location is a clinical area such as a ward, outpatient clinic(including, for example ward clerks and patient transport officers);or who frequently throughout their working week are required to attend clinical areas, e.g. persons employed in food services who deliver meals and maintenance workers.</p>
<p>2. Category A - HIGH RISK AREA WORKERS – If any in i AND ii applies- COVID-19 Vaccination requirements apply and evidence of vaccination to be provided to manager.</p>
<p>i - Applies to Workers in</p> <p><input checked="" type="checkbox"/> associated community settings whose usual clients include infants, pregnant women, transplant, or oncology/haematology patients</p> <p><input type="checkbox"/> required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas</p> <p><input checked="" type="checkbox"/> posted to or predominately work in Category A High Risk clinical areas</p>
<p>ii - High Risk clinical areas</p> <p><input type="checkbox"/> Residential aged care facilities and other facilities caring for older people.</p> <p><input type="checkbox"/> Emergency Departments</p> <p><input type="checkbox"/> Intensive Care Units</p> <p><input checked="" type="checkbox"/> Transplant and Oncology/Haematology wards and units and home based services</p> <p><input type="checkbox"/> Pre-natal maternity units and clinics</p> <p><input type="checkbox"/> Other -</p>
<p>3. Category B Workers - COVID-19 Vaccination is recommended.</p>
<p>Applies to workers who:</p> <p><input type="checkbox"/> Do not work with high risk client groups or in the high-risk clinical areas listed above</p> <p><input type="checkbox"/> Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.</p> <p><input type="checkbox"/> Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens</p> <p><input type="checkbox"/> Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.</p> <p><input type="checkbox"/> Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.</p>

Outcome – Category A High Risk Area worker. COVID-19 is recommended however if vaccination is not accepted reassignment is likely to be necessary. Other risk assessment options should be considered.

14. Appendix 5 - COVID-19 Vaccination Participation /Non Participation Form

Healthcare Workers Name: _____ Job title: _____
Work location: _____ Manager: _____
Assessment Date: _____ Healthcare Worker Category: _____

1. I have read and understood the vaccine patient information available at https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/ and the guidelines regarding Risk Assessment for COVID-19 Vaccination Guidelines for Healthcare Workers	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. I have complied with the recommended vaccinations for this position	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. I decline to consent to COVID-19 vaccination.	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. I am aware of the potential risks to myself, patients and/or others that my non participation in the vaccination may pose.	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. I am aware that my non-participation may result in my being reassigned to a non-high risk area or other requirements to protect others with whom I may come in contact as per the 'Risk Assessment for COVID-19 Vaccination, Guidelines for Healthcare Workers'	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. I understand that vaccination remains available to me if I change their mind or if my circumstances change	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. The reason for my non-participation is :	
	Perceived risk
	Beliefs
	Medical condition
	Anaphylaxis
	Medication
	Concern re possible serious side effects
	Other
	Do not wish to say
Healthcare Worker Signature: _____	Date: _____
Manager Signature: _____	Date: _____
<i>Refusal to sign: In circumstances where the Healthcare worker refuses to sign this form, all details on this form should be discussed with the Healthcare Worker and it should be noted on the form by the line manager.</i>	
Healthcare Worker declined to sign form: <input type="checkbox"/>	

15. Appendix 6 – Audit tool

Name of Department/Service: _____

Department Managers name: _____

Date of Audit: _____

Audit on the Implementation of the Risk Assessment for COVID-19 Vaccination in Healthcare Workers		Yes	No	N/A	Comment/Actions
1.	Have Healthcare Workers been categorised as either Category A, Category A High Risk Area or Category B using the Risk Assessment Healthcare Worker Risk Assessment For COVID-19 Vaccine Form ?				
2.	Have all Healthcare Workers in Category A High Risk Area positions provided the line manager with evidence of having received the current COVID-19 vaccination?				
4.	Where a possible medical contraindication has been identified have Healthcare Workers in Category A High Risk Area positions been referred to Occupational Health?				
5.	Where a HCW has a medical contraindication or has declined vaccination for any reason have risk mitigation options been considered and applied for Healthcare Workers in Category A High Risk Area positions ?				
6.	Have Healthcare Workers in Category A –High Risk Area positions confirmed that they have been offered vaccination, been offered an opportunity to discuss their concerns and advised as to who to contact if they change their mind. ?				

Auditor Name: _____ Auditor Signature: _____



Office of the Chief Clinical Officer
Dr Steevens' Hospital|Steevens' Lane|D08 W2A8
email: cco@hse.ie

Oifig an Phríomhoifigigh Clínicíúile
Ospidéal Dr. Steevens|Baile Átha Cliath 8|D08 W2A8

To: CEOs Hospital Groups, CHOs, Clinical Directors, Human Resource leads
From: Dr Colm Henry, Chief Clinical Officer

Date: 28 May 2021

Re: Risk Assessment for COVID-19 Vaccination for Healthcare Workers

Dear Colleagues,

Over 500,000 doses of vaccine have been given to our public and private Healthcare Workers (HCWs) since the beginning of this year, leading us to believe that our vaccination rates in healthcare workers are between 95-100% nationally.

For the minority of HCW who have chosen not to be vaccinated, it is necessary to assess the risks associated with potential transmission to patients and staff colleagues.

Staff working in 'very high-risk areas' may be asked to confirm that they are compliant with the organisation vaccine recommendations. These guidelines have been developed to assist managers to carry out risk assessments in order to optimise the impact of vaccination and reduce transmission of COVID-19 infection for the remainder of the pandemic.

It may be necessary in some circumstances for unvaccinated staff to work in lower risk areas in a temporary capacity. These guidelines will be reviewed again in September 2021 and will be updated in accordance with Public Health guidance at that time,

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Colm Henry', with a long horizontal line extending to the right.

Dr Colm Henry

Chief Clinical Officer HSE

Covid-19 Vaccination Programme - Trinity College Privacy Notice

INTRODUCTION

This is a statement of the practices of Trinity College Dublin, The University of Dublin ('Trinity College' / 'the University') in connection with the capture of personal data and sensitive personal data ('personal data'). This personal data will be processed as a consequence of the administration of the SARS-CoV-2 vaccines to reduce the incidence of Covid-19 infection and resultant Covid-19 disease among University staff and students and patients associated with the University. This Notice sets out the steps taken by Trinity College as a data controller to safeguard individuals' rights in accordance with data protection legislation, specifically the EU General Data Protection Regulation 2016 ('GDPR') and Data Protection Acts 1988-2018.

WHAT PERSONAL DATA WILL BE PROCESSED

Trinity College will collect personal data from individuals who agree or decline to participate in the Covid-19 vaccination programme. Data that is collected will be processed by the University for the purposes outlined in this Notice and the Trinity College Vaccination Policy.

A. Participating in the Vaccination Programme

1. On-Site Vaccination will involve receiving vaccination on-site at any faculty clinical placement provider location such as an affiliated teaching hospital. The record will be exchanged with the relevant School Administration and/or location vaccine authority.
2. Off-Site Vaccination will involve providing written documentation to the relevant School Administration and/or location vaccine authority of vaccination through an alternative authorised clinical site such as GP placement or another authorised vaccination centre.
3. The following information will be recorded and tracked by the location vaccine authority in the applicable confidential personnel health record or student health record:
 - Student/staff name, student/staff number
 - Date of administration
 - Vaccine type
 - Vaccine manufacturer
 - Vaccine lot number
 - Expiration date
 - Site of administration
 - Name and title of person administering vaccine
 - VIS provided to the individual
4. Appropriate information about all vaccinations may be submitted to the HSE as required by applicable public health agencies or University.

B. Declining the Vaccine

1. In instances where vaccination is declined the University will retain a completed copy of the Vaccine Declination Statement, set out in the Trinity College Vaccination Policy, as well as associated correspondence. The Vaccine Declination Statement contains personal data relating to the individual who has declined the vaccine, specifically name, student/staff number and confirmation of statement that the individual has declined the vaccine.
2. A list of individuals who decline vaccination (or subsequent doses, where those are required) may be provided to clinical placement providers/department managers, including division and department heads where necessary to facilitate implementation and enforcement of compensating safety measures, programme evaluation, or related activities. The list will also be provided to relevant personnel within Trinity College.
3. Details of those individuals who decline the vaccination, the reasons why the vaccination has been declined and any other relevant details will be provided by placement providers to the College. This information will be retained by the College to administer placements and provide students with relevant supports as required. The list will also be provided to relevant personnel within Trinity College.

DETAILS OF THIRD PARTIES WITH WHOM PERSONAL DATA IS SHARED

Trinity College will share personal data with third parties where necessary for purposes of the processing outlined in this Notice and the University Vaccination Policy. The University will share personal data with the following third parties:

- Placement sites.
- The Health Service Executive ('HSE').
- Insurers.

Placement sites may hold such data for the duration of an individual's studies and the HSE may hold such data for the duration of an individual's employment with the HSE.

PURPOSE AND LEGAL BASIS FOR PROCESSING PERSONAL DATA

As a controller of personal data, Trinity College takes all appropriate measures to ensure that data is processed fairly and lawfully and in accordance with the principles of data protection as set out under Article 5 GDPR. Personal data as described above will only be processed for the specific and lawful purpose of vaccination-related administration. The legal bases for processing are:

- Article 6(1)(e) GDPR: 'processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller'.
- Article 9(2)(i) GDPR: 'processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy'.

DATA SECURITY

Personal data will be stored confidentially and securely as required by the Trinity College [Information Systems Security Policy](#) and [Data Protection Policy](#). The University is committed to ensuring that the processing of

personal data is safeguarded by appropriate technical and organisational security measures relevant to the processing in accordance with Article 32 GDPR requirements.

Personal data processed on University-controlled systems will be managed either on University premises or on secure IT platforms within the European External Area ('EEA') / external of the EEA in compliance with Chapter V GDPR requirements.

HOW LONG DATA WILL BE STORED

In keeping with the data protection principle of storage limitation the personal data processed will only be retained by Trinity College for as long as is necessary and then securely destroyed when no longer required in accordance with the University [Retention Schedule and Records Management Policy](#). The data will not be processed for any other purposes. Placement sites may hold such data for the duration of an individual's studies and the HSE may hold such data for the duration of an individual's employment with the HSE.

INDIVIDUALS' RIGHTS UNDER DATA PROTECTION LAW

Right of Access

You have the right to request a copy of the personal data which is processed by Trinity College and to exercise that right easily and at reasonable intervals.

Rectification

You have the right to have inaccuracies in personal data that we hold about you rectified.

Erasure

You have the right to have your personal data deleted where we no longer have any justification for retaining it, subject to exemptions.

Object

You have the right to object to processing your personal data if you believe the processing to be disproportionate or unfair to you.

Restriction

You have the right to restrict the processing of your personal data if:

- You are contesting the accuracy of the personal data.
- The personal data was processed unlawfully.
- You need to prevent the erasure of the personal data in order to comply with legal obligations.
- You have objected to the processing of the personal data and wish to restrict the processing until a legal basis for continued processing has been verified.

FURTHER INFORMATION

If you have any queries relating to the processing of your personal data for the purposes outlined above or you wish to make a request in relation to your rights you can contact the Trinity College Data Protection Officer:

Email: dataprotection@tcd.ie

Post:

Data Protection Officer

Secretary's Office,
Trinity College Dublin,
Dublin 2,
Ireland.

Oifigeach Cosanta Sonraí
Oifig an Rúnaí,
Coláiste na Tríonóide, Baile Átha Cliath,
Baile Átha Cliath 2,
Éire.

If you are not satisfied with the information we have provided to you in relation to the processing of your personal data or you are dissatisfied with how Trinity College is processing your data you can raise a concern with the Data Protection Commission at: <https://forms.dataprotection.ie/contact>.

Date: 29/06/2021.