

IMMUNISATION

Procedure 5.5.45

Policy No. and Title	5.5	Conditions of Employment Policy
Procedure	5.5.45	Immunisation
Version	1	
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1 INTRODUCTION

- a) As a consequence of their work related duties for Kempsey Shire Council, some employees may be at greater risk of exposure to some infectious diseases than they would normally experience.
- b) Additionally some Council employees work in environments where the risk of passing on infectious diseases may have serious consequences for members of the public (i.e. clients of Macleay Community Care Options).
- c) Council therefore recognises it has a duty of care to all employees as well members of the community to provide a safe and healthy workplace.
- d) Council's employee immunisation program is **voluntary** and all high risk employees, as identified by job category and risk assessment, are to be offered access to immunisation against the below listed illnesses. The costs associated with this immunisation program will be borne directly by Council and not the affected employee.
- e) Employees in high risk categories who do not wish to participate in the immunisation program must be monitored by their Manager/Supervisor to ensure all required exposure controls are being implemented. This will include a documented review of work practices related to the risk exposure areas as identified in the section's risk assessments. Employees, Managers and Supervisors will also need to be aware of recommendations for non-responders to immunisation.

2 PURPOSE OF STAFF IMMUNISATIONS

- a) This procedure applies to all Council employees who are identified as being likely to come in to contact with or expose other staff/clients to infectious diseases due to their work related tasks or the job they perform for Council.
- b) The purpose of this procedure is:
 - i) To ensure the risk of exposing Council clients and members of the public to infectious diseases is minimised;
 - ii) As a duty of care, to ensure all employees at risk of contracting infectious diseases are given the opportunity to be appropriately immunised; and
 - iii) To clarify the procedure for employees, supervisors/managers relating to accessing immunisation and monitor immunisation status.
- c) To minimise the risks to health and safety of staff exposed to infectious disease risks while at work, Council will provide immunisations to prevent the following infectious diseases:

- i) Hepatitis A;
 - ii) Hepatitis B;
 - iii) Tetanus; and
 - iv) Influenza.
- d) The vaccinations are provided free to staff where a risk assessment has determined that their duties place them at a risk of exposure.
- e) The immunisation program is not compulsory.

3 REFERENCES AND ASSOCIATED DOCUMENTS

- a) The following documents relate to this procedure:
- i) KSC Work Health Safety Manual;
 - ii) Work Health Safety Act 2011;
 - iii) Work Health Safety Regulation 2011; and
 - iv) The Australian Immunisation Handbook 9th Edition 2008.

4 GLOSSARY & DEFINITIONS

Antibodies - An antibody, also known as an immunoglobulin, is a large Y-shaped protein used by the immune system to identify and neutralise foreign objects like bacteria and viruses.

Hepatitis A - A virus that causes inflammation of the liver and is transmitted by oral –faecal contact from either contaminated food and water or contaminated hand to mouth contact.

Hepatitis B - A virus that causes inflammation of the liver and is transmitted by blood to blood contact or sexual contact.

Hepatitis C - An infectious disease affecting the liver caused by the hepatitis C virus (HCV). No vaccine against hepatitis C is currently available.

Immunisation - The process of bringing about immunity to a particular infective agent (such as a bacterium or virus) by giving a vaccine. The terms vaccination and immunisation are not exactly the same; vaccination is the process of giving a vaccine, while immunisation is the process of both giving a vaccine and the body developing an immune response as a result of the vaccine.

Influenza - A viral infection that affects mainly the nose, throat, bronchi and occasionally, lungs.

Seroconversion - The development of detectable antibodies in the blood directed against an infectious agent. It normally takes some time for antibodies to develop after the initial exposure to the agent. Following seroconversion, a person tests positive in tests based on the presence of antibodies.

Tetanus - Tetanus is caused by the bacterium *Clostridium tetani*. The bacteria can spread from the environment to open wounds where they can enter the blood stream. Tetanus is an often fatal disease caused by a toxin made by bacteria present in soil and manure. You do not catch tetanus from other people. Tetanus attacks the nervous system, causing severe muscle spasms, felt in the neck and jaw muscles

(lock jaw). The effects spread, causing breathing difficulties, painful convulsions and abnormal heart rhythms.

Vaccine - A product made from whole or extracts of, killed viruses or bacteria, or from live weakened strains of viruses or bacteria.

5 RESPONSIBILITIES

5.1 Management

- a) Council has a duty of care to ensure the following:
 - i) The Health, Safety and Welfare of their employees as legislated as per the WHS Act 2011; and
 - ii) To meet all necessary immunisation costs to ensure it fulfils its workplace health and safety obligation to employees identified as being at risk.

5.2 Supervisor/Manager responsibilities

- a) For all Manager/Supervisors of employees in positions identified as at risk of exposure to infectious diseases the following is required:
 - i) To identify (in accordance with legislation) whether a position has a potential risk of exposure to infectious diseases as a result of the work performed for Council.
 - ii) To discuss the position's potential risks of exposure to infectious diseases with the new or existing employee, in consultation with the WHS Audit and Support Officer.
 - iii) To advise the employee of their access to an immunisation program prior to commencing the duties at risk.
 - iv) To ensure terms of this Procedure are implemented and complied with in their areas of responsibility.
 - v) To ensure their employee/s completes the relevant immunisation declaration as well as the relevant immunisation record form and ensures the completed forms are returned to the Human Resources.

5.3 Human Resources

- a) Council's Human Resources Unit is required to ensure the following:
 - i) Provide Vaccination Information to all employees classified as being "At Risk".
 - ii) That all employees classified as being "At Risk" complete the relevant Immunisation Declaration Form (Attachment 1).
 - iii) That the Immunisation Declaration Form is appropriately filed on an employee's personnel file.

5.4 Employee responsibilities

- a) For all employees in positions identified as at risk of exposure to infectious diseases the following is required:

- i) Participate voluntarily in attending clinics to undergoing testing as required for medical assessment and or immunisation.
- ii) Complete the immunisation declaration form and return it to the Human Resources Unit prior to receiving any treatment. (If an employee decides that they do not wish to participate in Council's immunisation process they must notify Council of this decision by completing the Infectious Diseases Immunisation Declaration form at Attachment 1 of this Procedure).
- iii) Understand that by volunteering to be immunised by Council's nominated Doctor or employees own doctor, it is their responsibility to find out from the medical staff when they are required to receive additional booster/immunisations to complete the program.
- iv) Participating employees are required to comply with the immunisation schedule recommended by the Doctor and keep track of the immunisations they receive by completing the relevant Immunisation Record Form (Attachment 2 and return it to the Human Resources unit.
- v) Any employee who shows signs, symptoms or a diagnosis of any infectious disease has a duty of care to other employees and Council clients to take leave from the work place in order to prevent exposing others to their illness.
- vi) Use appropriate personal protection equipment to minimise exposure to infectious diseases.

6 PROCEDURE

6.1 Identified at Risk Positions

- a) When staff take up a position that has been identified as having an at risk component, it is important that a person's immunisation status is clarified and recorded.
- b) Where positions have been identified as having an at risk component to their work, the following needs to be undertaken:
 - i) Have the staff member undertake the Pre-employment Immunisation Survey as part of the Recruitment and Selection Process; and
 - ii) Supervisors of areas where vaccine preventable diseases are or could be present need to provide workers with information about the diseases and the availability of vaccination through KSC.

6.2 Pre-employment Processes

- a) Council requires all employees coming into at risk areas to complete the Pre-employment Immunisation survey.
- b) These surveys are sent to Human Resources as to identify non immune and incompletely immunised workers and request that they be vaccinated in accordance with this policy before they are exposed to work where a vaccine-preventable disease could be present.

6.3 Hepatitis A and B

- a) Hepatitis A and B are infectious diseases, which cause the liver to be become inflamed (swollen). Within Council some of our staff are at a higher risk of exposure to these diseases as a result of the work they undertake.

Council recognises that it has a responsibility to ensure all employees whose work related activities may be classified as "At Risk" are given the opportunity to be immunised against Hepatitis A and Hepatitis B. Hepatitis A or Hepatitis B screening and vaccination is therefore recommended for the following Council positions:

- i) Water and Sewerage employees, including Electricians, Fitters & Boilermakers;
- ii) Operational Civic Maintenance Teams;
- iii) Waste Services Employees;
- iv) Rangers
- v) Community Services Staff; and
- vi) Any employee who may come in contact with an infected person.

b) Hepatitis A & B antibodies pre screening

To avoid the expense of unnecessary vaccination, it is recommended that at risk individuals undergo a pre-screening blood test to determine pre-existing immunity against Hepatitis A and/or B.

c) Hepatitis A & B Seroconversion

After the course of immunisation injections has been administered, a seroconversion test should be conducted to ensure the immunisations have been effective. As antibodies last different lengths of time for different people, it is recommended a blood screen check be done every 5 years.

d) Hepatitis A & B Immunisation Program

Council will pay for the course of three (3) vaccinations, and the five (5) year booster vaccination, immunisation for Hepatitis A & B for all staff identified as being "at risk" in the workplace.

- e) Employees are able to arrange their own appointment with their family doctor or Human Resources can arrange appointments as required.

6.4 Tetanus

- a) Tetanus is a severe disease that can result in serious illness and death. Tetanus vaccination protects against the disease. Tetanus occurs when a germ called *Clostridium tetani* enters the body through damaged skin and produces a poison called tetanus toxin. This toxin is one of the most potent known poisons.
- b) The tetanus germ is present in soil and manure. You cannot catch tetanus from other people; it is transmitted when puncture wounds come into contact with the tetanus germ.
- c) Council recognises that it has a responsibility to ensure all employees whose work related activities may be classified as "At Risk" are given the opportunity to be immunised against Tetanus.

- d) New employees will be asked to indicate if they have been immunised against Tetanus in their pre-employment medical forms. If the employee has:
 - i) *Never been immunised*, they will be offered the opportunity to participate in the tetanus immunisation program.
 - ii) *Been immunised*, if they have been immunised within the last 10 years a record will be kept of this on their Human Resources file. The employee will be advised that they need to report any puncture wounds so that a booster can be administered as required.
- e) For existing employees considered "At Risk", Council will pay for a booster vaccination, should it be more than 10 years since the last immunisation or in the event of a puncture wound during the course of their duties.
- f) Tetanus vaccination is therefore recommended for the following Council positions:
 - i) Rangers;
 - ii) Landfill Operators; and
 - iii) Any employee who may get a puncture wound during the course of their duties.
- g) The tetanus vaccine is provided as one injection. The expected life of the immunisation is 10 years once initial immunity has been built up through childhood vaccinations.

6.5 Influenza

- a) Influenza is an acute viral infection that spreads easily from person to person and can affect anybody in any age group. Influenza causes annual epidemics that peak during winter in temperate regions and is a serious public health problem which may cause severe illnesses and deaths.
- b) Influenza is a vaccine preventable disease, but vaccines need to be given each year, because the viruses are always changing.
- c) Council will conduct a yearly influenza vaccination program for the following positions:
 - i) Service Delivery Employees, including Customer Service, Library Employees and Macleay Community Care Options employees; and
 - ii) Positions critical of the operations of Council
- d) Any employee who shows signs, symptoms or a diagnosis of influenza is required to not attend the workplace as the risk of exposing other employees/clients is too great. Paid leave is available for sickness related incidents. For more information about Employee Personal Leave entitlements refer to Local Government State Award and KSC Procedure Leave (5.5.41).

6.6 Managing vaccination refusal

- a) Where workers refuse vaccination or are unable to be vaccinated for medical reasons or do not respond to vaccination the Manager with the WHS

Support & Audit Officer should undertake a risk assessment to determine the most appropriate way to protect these workers against infection.

- b) The risk assessment should give consideration to the way in which the particular infectious disease is spread.
- c) Appropriate ways to protect non-immune workers might include a combination of preventative measures, outbreak management measures and post-exposure protocols.
- d) The Decline of Immunisation Authorisation Form is to be completed and submitted to the Human Resources for holding on the employees personnel records.

6.7 Preventative measures

- a) Measure to prevent exposure could include:
 - i) Implement work restrictions for example restrict a worker who has no immunity from performing at risk activities, working in at risk environments or having contact with persons infected with a vaccine preventable disease;
 - ii) Implement safe work practices and provide additional training; and
 - iii) Provide personal protective equipment (PPE).

6.8 Outbreak management

- a) In the event of an outbreak of a vaccine preventable disease in the workplace, it may be necessary to exclude a non-immune worker or implement work restrictions to protect the worker and prevent further spread of disease.
- b) Advice should be sought from an appropriate source such as NSW Health via the WHS Support and Audit Officer.

6.9 Post-exposure protocols

- a) A doctor may provide chemoprophylaxis (a medication to prevent or reduce the severity of a disease) to persons without immunity following exposure to some vaccine-preventable diseases for example hepatitis A and hepatitis B.

VARIATION

Council reserves the right to review, vary or revoke this procedure which will be reviewed periodically to ensure it is relevant and appropriate.



INFECTIOUS DISEASES IMMUNISATION DECLARATION

Employee Name		Employee No:	
Business Unit		D.O.B	

I have read the attached information concerning immunisation and occupational risks regarding the following diseases:

(Please indicate what immunisation you require or have been previously immunised against by placing a ✓ in the box or writing n/a if you are not classed as being at risk for that disease)

	Require	Previously immunised	When
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Other			

I declare that:

- I have previously received Immunisations for the diseases I have indicated above and **do not want** further testing or immunisation.
- I would like an immunisation status check (if applicable) and a further booster/immunisation if required.
- I **do not want** testing or immunisation.
- I **would** like to be immunised for the disease indicated above.

I understand that by volunteering to be immunised by Councils nominated Doctor it is my responsibility to find out from the medical staff when I am required to attend the practice to receive additional booster/immunisations.

I understand it is my responsibility to keep track of my immunisations by completing the BVSC Immunisation Record Form and returning the completed form to the Human Resources Section.

I understand that by agreeing to receive immunisations I will authorise my employer to obtain and release information, either verbal or written, in relation to this immunisation to allow Council to adequately monitor and review the immunisation process.

I understand that all medicines and vaccines carry various risks and benefits and that if I have any concerns regarding my immunisation it is my responsibility to seek further guidance.

I understand that once my immunisations are complete I will inform Human Resources so that a serological conversion (immunisation status) blood test can be arranged.

Employee Signature:..... **Date:**.....



HEPATITIS IMMUNISATION RECORD

This form is to be used by employees volunteering to receive Hepatitis A & B immunisation to keep track of all appointments. The completed form should be returned to Human Resources so that it can be recorded and placed on the employee's personnel file.

Employee Name		Employee No:	
Business Unit		D.O.B	

Hepatitis A and B Screening Pathology A blood screening is used to determine there are no Hepatitis A or Hepatitis B antibodies present, if the patient shows no antibodies than the immunisation program begins.

Screening	Appointment Date	Result	Signature
Hepatitis A			
Hepatitis B			

TWINRIX (combined Hepatitis A and B) Schedule

Immunisation	Appointment Date	Signature
1 st Injection administered		
2 nd Injection administered (1month after 1 st dose)		
3 rd Injection administered (6months after 1 st dose)		

HAVRIX (Hepatitis A)

Immunisation	Appointment Date	Signature
1 st Injection administered		
2 nd Injection administered (6 -12 months after 1 st dose)		

ENGERIX B (Hepatitis B)

Immunisation	Appointment Date	Signature
1 st Injection administered		
2 nd Injection administered (1month after 1 st dose)		
3 rd Injection administered (6months after 1 st dose)		

Hepatitis A and B Serological Conversion Blood sample taken to determine if Hepatitis A & B antibodies have been produced.

Screening	Appointment Date	Result	Signature
Hepatitis A			
Hepatitis B			