

Immunisation (Vaccination) Guidelines

Introduction

1. Immunisation is a personal matter. The University can only recommend that workers in certain situations be aware of their state of immunity. However the University has a legal responsibility to not knowingly put the health and safety of workers and others at risk.
2. As far as reasonably practical, the University will provide information about communicable diseases risk and vaccination issues in the workplace.
3. Similarly the University will provide access to relevant vaccinations.

Legislative Requirements

4. There are no specific legislative requirements covering the need for vaccination in the workplace. However employers have a general duty of care and a requirement under the Occupational Health and Safety Act to provide and maintain systems of work that are so far as practicable safe and without risk to employees and to provide adequate facilities for the welfare of employees.
5. Vaccination is a well accepted way of providing for the health and safety of workers in certain situations.

What are vaccine preventable diseases?

6. Vaccine preventable diseases are infectious diseases that can be prevented by vaccination.
7. Vaccine preventable diseases can cause:
 - serious and sometimes life-threatening illness in adults, for example **measles**
 - chronic (long lasting) infection with ongoing health problems, for example **hepatitis B** and **Q fever**
 - adverse pregnancy outcomes such as miscarriage, stillbirth and birth defects due to infection of pregnant women by, for example, **rubella** and **chickenpox**.

Travel

8. Where staff are travelling overseas on University business, they should seek information from the [Financial and Business Services website](#), the Department of Foreign Affairs and Trade website www.smartraveller.gov.au. Staff should seek specific advice about vaccinations requirements or recommendations relevant to their travel destination from their own Doctor, the [Deakin University Health Service](#) or an appropriate travel health specialist.
9. Where a University staff member or manager organizes or directs overseas travel for others, they must ensure the precautions in paragraph 8 are implemented. Any payments for medical costs are determined on a case-by-case basis by the responsible manager.

Health and Well Being

10. Where vaccination is regarded as optional (e.g. flu vaccinations) rather than recommended for job purposes, faculties and divisions may choose to assist their workers (by reimbursing the cost of a vaccine) as part of their Health and Well Being Program.

Recommended Compliance Procedure for an Organisational Area

Methodology	Resources / Tools
Step 1: Identify workers (may include staff, students and contractors) involved in the at-risk activities	See Where Immunisation is Recommended and The Australian Immunisation Handbook
Step 2: Determine which vaccinations it will consider 'recommended' or 'optional' For practical purposes, the definition of "appropriate" immunisation is left to the discretion of divisions and faculties. As appropriate each division and faculty should document their recommendations as regards vaccination and advise their workers in writing	Consider: <ul style="list-style-type: none">• The nature of the work carried out and the possible exposure to infectious agents• The common practice of the University sector in the area or where relevant similar sectors• The recommendations in this document Additional information can be sought from the OHS Unit

Methodology	Resources / Tools
Step 3: Develop a vaccination register for all recommended vaccinations. (See Vaccination Records below.) Where the University has paid the full cost of vaccination, details must be entered on the register.	This will assist in advising others of necessary renewals. The register must be treated as a confidential document. Arrangements can be made with the OHS Unit to maintain a central register
Step 4: Require all at risk workers to complete an immunisation record on commencing employment / studies. This provides a record of each worker's immunity to the relevant vaccine preventable disease(s) from past infection or vaccination Where relevant each Faculty must advise students in writing to review their vaccination history and immune status.	This information can be recorded centrally the OHS Unit See Student Immunisation
Step 5: Identify at risk non-immune and incompletely immunised workers and request that they be vaccinated	Provide workers with information in writing about the relevant vaccine preventable disease(s) and the availability of vaccination. Ensure that workers have the information necessary to make informed decisions about vaccination Advice can be sought from the OHS Unit
Step 6: Ensure that workers have been vaccinated as requested and update each worker's immunisation record following vaccination.	Workers may be required to provide evidence that vaccination has been completed (for example a doctor's letter)
Step 7: Manage vaccine refusal, medical contraindication to vaccination and vaccine failure in accordance with these guidelines.	See Managing Vaccination Refusal
Step 8: Set up a system to remind workers where a course of vaccinations is necessary to achieve immunisation or periodic renewals are required	Use the register. This information can be recorded centrally the OHS Unit

Managing vaccination refusal

11. Where workers refuse vaccination or are unable to be vaccinated for medical reasons or do not respond to vaccination the manager should undertake a risk assessment to determine the most appropriate way to protect these workers against infection. This may involve seeking professional medical advice in order to assess and manage the health and safety risk to that individual. Advice can be sought through the [OHS Unit](#). The risk assessment should give consideration to the way in which the particular infectious disease is spread.
12. Appropriate ways to protect non-immune workers might include a combination of preventative measures, outbreak management measures and post-exposure protocols.
13. Where there is a refusal, the worker may be requested to acknowledge their refusal in writing.

Preventative measures

14. To prevent exposure managers could:
 - 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 or animals infected with a vaccine preventable disease.
 - implement safe work practices and provide additional training
 - provide personal protective equipment (PPE).

Outbreak management

15. In the event of an outbreak of a vaccine preventable disease at a 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. Advice should be sought from an appropriate source such as [Victorian Department of Human Services](#) through the [Division of Student Life](#).

Post-exposure protocols

16. 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.
17. Managers should:
 - identify whether this type of treatment is available for vaccine preventable diseases that are a risk at the workplace
 - develop procedures, including prompt medical referral, to be followed in the event of an exposure.

Vaccination Costs

18. The faculty/division will meet the costs of recommended vaccinations for workers, unless otherwise specified (e.g. the Occupational Health and Safety Unit meets the costs for first aiders). The costs of other types of vaccinations will be determined by the faculty/division on a case by case basis.

Immunisation for Students

19. As a general principle, in those areas where students may be at risk from infection, students must be provided with relevant information and advised to review their vaccination history and immune status. Any particular concerns should be raised with their medical practitioner or their local [Campus Health Service](#).
20. If students require immunisations to carry out certain aspects of the course, then such requirements must be included in student prospectuses and course guides.

Where Immunisation is Recommended

21. Appropriate immunisation is offered to staff where they engage at the University's direction in "at risk" activities. In the case of contractors, such arrangements must be included in contracts. At risk activities include:
 - Those staff directly involved in patient care (Including First Aiders)
 - Those handling human blood or body substances
 - Laboratory personnel
 - Child minding or care
 - Those involved directly or officiating in contact sports
 - Cleaners
 - Gardeners
 - Maintenance staff
 - Security staff
 - Catering Staff
 - Overseas travel (a risk assessment should be carried out)

Hepatitis A

22. Immunisation is available to protect against transmission of Hepatitis A. It is likely that a risk assessment would indicate that workers involved in the following specific categories should be offered vaccination. Immunity is maintained by regular booster doses every 10 - 20 years:
 - Those workers directly involved in patient care (Including First Aiders)
 - Those handling human blood or body substances such as faecal material
 - Catering Staff
 - Child care or child minding
 - Plumbers

Hepatitis B

23. Immunisation is available to protect against transmission of Hepatitis B. The response to the vaccination should be serologically confirmed approximately 6 - 8 weeks after the final dose. It is likely that a risk assessment would indicate that workers involved in the following specific categories should be offered vaccination. Their immunity is maintained by regular booster doses every 5 years. The current recommendation is either 5 yearly hepatitis B boosters or 3-5 yearly serological ab status checks
 - Those workers directly involved in intensive patient care
 - Those handling human blood or body substances

- First aiders
- Those involved directly or officiating in contact sports
- Cleaners
- Gardeners
- Security Staff
- Maintenance staff
- Catering Staff
- Child care or child minding

24. It should be noted that combined Hepatitis A and B vaccination is available.

Tetanus

25. Immunisation is available to protect against tetanus. It is likely that a risk assessment would indicate that workers involved in the following specific categories should be offered vaccination. Immunity is maintained by regular booster doses:

- Those workers directly involved in patient care (Including First Aiders)
- Those handling human blood or body substances
- Those involved directly or officiating in contact sports
- Cleaners and gardeners
- Security, workshop and maintenance staff
- Catering Staff
- Laboratory workers

26. In general booster doses at 10 year intervals are recommended. However in the event of a tetanus prone injury, a booster dose should be given if 5 or more years have elapsed since the previous dose. A tetanus prone wound should still be evaluated by a health care professional.

Vaccination Records

27. Each faculty may decide to set up and maintain their own register but they should do this in consultation with the [OHS Unit](#). Entry of names on the register(s) is encouraged but voluntary except where the University has paid the full cost of vaccination.

Definitions

28. The following terms are used in this and associated documents:

- Immunity - is the state of resistance of the body to agents foreign to it. Immunisation is the process by which immunity is conferred.
- Vaccines - are materials introduced into the body to increase immunity. Vaccination is the process by which the vaccine is introduced into the body. The terms vaccination and immunisation are often used interchangeably.

Related Documents

29. Information on recommended vaccinations for occupational groups is found in the current edition of [The Australian Immunisation Handbook](#)

Source:

Occupational Health and Safety Unit

Human Resources Services Division

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