

Infection Control

Standard Operating Procedure



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Unit/s: All

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This document MUST be read in conjunction with the relevant Safe Work Method Statements/ Risk Assessments (SWMS RA's).

Purpose & Scope

To provide a uniform standard guide as to the standard operating procedure of infection control and immunisation.

Pre Planning

It is the responsibility of Managers'/ Supervisors' to identify all workers who are potentially at risk of exposure to vaccine preventable diseases, as determined by one of the at-risk groups, or where a risk assessment has indicated that they are likely to require a work related immunisation.

Immunisation Requirements

Tasks/ Working with	Hepatitis A	Hepatitis B	Tetanus	Measles, Mumps, Rubella (MMR)	Varicella (chickenpox)	Tuberculosis risk assessment completed and checked by NCAHS Occupational Screening Assessor
Potential exposure to raw sewage: (Pump Fitter/ Pump station attendants/ Pipe Laying Gang/ Water Reticulation)	<u>X</u>	<u>X</u>	<u>X</u>			
Carpenter	<u>X</u>	<u>X</u>	<u>X</u>			
Electrician			<u>X</u>			
Painter	<u>X</u>	<u>X</u>	<u>X</u>			
Plumber	<u>X</u>	<u>X</u>	<u>X</u>			
Gardeners, Arborists	<u>X</u>	<u>X</u>	<u>X</u>			
Cleaners	<u>X</u>	<u>X</u>				
Rangers/ Pound Attendants	<u>X</u>	<u>X</u>	<u>X</u>			
Pool Attendant	<u>X</u>	<u>X</u>				
Riparian			<u>X</u>			

Nursery			<u>X</u>			
All outdoor workers			<u>X</u>			
Laboratory Staff	<u>X</u>	<u>X</u>	<u>X</u>			
Mechanics			<u>X</u>			
Street Sweepers	<u>X</u>	<u>X</u>	<u>X</u>			
Landfill workers	<u>X</u>	<u>X</u>	<u>X</u>			

Hepatitis A is a viral infection which affects the liver and is transmitted predominantly by the faecal-oral route.

Hepatitis A Immunisation Course The course consists of 2 injections. The second injection 6-12 months after the first. Hepatitis A can be given in combination with hepatitis B and is then given in accordance with the hepatitis B immunisation course requirements.

Hepatitis B is a viral disease of the liver transmitted by direct transfer of infected blood or bodily fluids.

Hepatitis B Immunisation Course the course consists of 3 injections over a 6 month period, the second injection 1 month after the first, and the third injection 6 months after the first.

- a blood test is required one month after the last injection to check whether antibodies to Hepatitis B have developed.
- If there has been a good antibody response, no further immunisations are required – immunity provides long lasting protection.
- If the treating health provider determines there is an inadequate antibody response, then further injections and blood tests may be required.

Tetanus is a bacterial disease caused by the bacillus Clostridium Tetani. The bacteria produce toxins that can affect the nervous system. In some cases this can be fatal. The bacillus can be found in soils and can enter the body via cuts in the skin, especially puncture wounds.

Tetanus Immunisation Course is usually given in combination with diphtheria and is part of the National Immunisation Schedule Program. Boosters (single injection) are normally given every 10 years to the at risk groups.

Measles is a highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1st dose and children over 4 years of age who have not had a 2nd dose.

Mumps is a viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries, encephalitis or meningitis may occur rarely.

Rubella is a viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage.

Viral disease, relatively minor in children, but can be severe in adults and

Chicken Pox is a immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid

in the blisters. Anyone not immune through vaccination or previous infection is at risk

Tuberculosis (TB) is a bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country.

Operation Procedure

1. A list of recommended immunisations in relation to the range of work activities and risk factors is documented in the pre-planning section of this document.
2. A risk assessment is to be undertaken by each operational workgroup Supervisor to determine which workers are at risk of contracting a work related disease or illness.
3. Any worker identified as being at risk will be strongly encouraged to undertake the recommended course of immunisation.
4. During the recruitment process, applicants will be advised of the required vaccinations and be encouraged to receive the relevant vaccinations if appointed. This will be reinforced during induction of new workers.
5. If a worker chooses to decline immunisation, they must complete the Decline Immunisation Form (Appendix A). A copy of the form is to be placed on the employee's personnel record to provide evidence that Council has taken all reasonable steps to comply with its Duty of Care as required under WHS legislation.
6. Council strongly recommends immunisations for at risk staff. If workers are not sure of the need to have an immunisation, they should speak with their Supervisor, OHS Unit or treating health provider.
7. Individual records of immunisation courses will be maintained by the treating health provider. An Immunisation register is also maintained by Human Resources with details captured from pre-employment medical questionnaires, immunisation reimbursements and periodic immunisation surveys.
8. If you are in an at-risk group as defined by your work activities, the Council will pay for the immunisation course and immunity blood test.
9. Notwithstanding the fact that employees have received vaccinations against various diseases, it should not be a substitute for correct hygiene practices (standard precautions).
10. There will be some situations in which workers are unwilling or unable to be vaccinated for one of a variety of reasons. Where this is the case, workers must accept that due to an internal risk assessment judgement, vaccinations are a requirement in certain work activities to prevent serious illness. Their actions may restrict the work that they can undertake which may result in being unable to fulfil the inherent requirements of the job.

Arranging for Immunisations

1. Council's preferred provider for immunisations is Wollumbin Street Medical Centre
36 Wollumbin Street, Murwillumbah Ph 02 6672 1488.
2. When making the appointment advise that you are a Council employee and for which immunisation course you are to receive.

3. You will need to take your Medicare card as you will be required to pay the gap fee (the difference between the Medicare benefit and the schedule fee) for the consultation at the time of the vaccination.
4. The Medical Centre will supply you with a receipt to send to the Human Resource Unit for reimbursement of out of pocket expenses.
5. The Medical Centre will directly bill the cost of the vaccine to Council.

Tuberculosis Risk Screening

Can be organised through Murwillumbah District Hospital 02 6672 1822. Contact the hospital and request to speak with the Clinical Nurse Consultant, Infection Control.

Document & Data Control

Records of immunisations will be maintained by the treating health provider and register of immunisation maintained by Human Resources within the Aurion database (secured). Decline of Immunisation Authorisation Form, if completed will be retained on Personnel file.

All records will be properly stored, secured and retained in line with requirements of the Tweed Shire Council Document and Data Control Procedure.

Once printed this document is 'uncontrolled' always refer to TSC Intranet site for current authorised version.

<p>Associated Documents</p> <p>Australian Immunisation Handbook 9th edition. http://www.health.gov.au/internet/immunisation/publishing.nsf/Content/Handbook-home http://www.immunise.health.gov.au/</p>	<p>WHS Risk Management</p> <p>SWMS RA 0009: Infection Control</p>
<p>Equipment and Materials</p>	<p>Records Requirements</p> <ul style="list-style-type: none"> • Immunisation Records – Aurion • Decline of Immunisation – Personnel File

Decline of Immunisation Authorisation Form

1. Personal Details

<input type="checkbox"/> Employee	Employee Number:	<input type="text"/>	
<input type="checkbox"/> Other, please specify			
Title:	<input type="text"/>	First Name: <input type="text"/>	Surname: <input type="text"/>
Work Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Division:	<input type="text"/>	Unit:	<input type="text"/>
Position:	<input type="text"/>		
Supervisor:	<input type="text"/>	Phone:	<input type="text"/>

2. Disease and Infection Agent

This form documents the decision by the above named to decline the immunisations(s) recommended for the following infection disease(s).

Disease(s):	<input type="text"/>
Reason (optional):	<input type="text"/>

3. Decline of Immunisation Statement

1.	I understand that due to my occupational exposure to the above infectious agent(s) I may be at risk of acquiring the identified diseases.	
2.	I have read the information provided in the Infection Control SOP, about the identified disease(s) and the recommended vaccine(s).	
3.	I have had an opportunity to ask questions of a qualified medical practitioner and understand the benefits and risks of vaccination.	
4.	I have been offered the opportunity to be vaccinated against the identified disease(s) at no charge to myself, however I decline vaccination at this time.	
5.	I understand that by declining, I continue to be at risk of acquiring the above disease(s).	
6.	If in the future, if I continue to have occupational exposure to the identified infectious agent(s), or another infection agent, and I want to be vaccinated with the recommended vaccine(s), I understand that I can receive the vaccination at no charge to me.	

4. Authorisation

Your signature:	<input type="text"/>	Date forwarded to Human Resources:	<input type="text"/>
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