



IMMUNISATION GUIDELINES

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1. Guiding Principles

The University of Wollongong is committed to maintaining a safe and healthy work environment for its staff and students. To assist in achieving this, consideration must be given to controlling risks of infectious diseases wherever possible. Some of the activities and procedures carried out at the University by staff and students are recognised as being at risk of exposure to infectious diseases which may be preventable by vaccination.

Vaccination is also required for staff and students participating in clinical placements at NSW Health facilities including hospitals, community health centres or other locations where health services are provided.

2. Scope

Occupations and activities that are acknowledged as being at increased risk or have a deemed requirement for immunisation include:

- possible contact with clients or contact with blood, body substances or infectious material including clinical placement in NSW Health facilities;
- working with infectious organisms;
- working with human faeces, sewage or treated water;
- working with infected soil;
- animal researchers and support staff;
- some fieldwork;
- first aid officers;
- gardeners and maintenance staff ;
- overseas travel on University business.

3. Purpose

It is the University's responsibility to promote continual risk assessment and management of potential exposure to infectious diseases for staff and students by communication of relevant information and training. Appropriate immunisation advice is offered to those assessed as being at risk of potential vaccine preventable diseases.

4. Responsibilities

4.1. Supervisors of staff and students

Supervisors of staff and students are responsible for:

- assessing the risks of exposure to staff and students of vaccine-preventable diseases;
- identifying the need for immunisation;
- organising immunisation of all staff and students where required;
- the undertaking of immunisation as outlined in the immunisation schedule;
- the maintenance of immunisation records.

Persons likely to be exposed to preventable diseases while at work are required to seek medical advice. Persons intending to work overseas should seek medical advice at least 8 weeks prior to departure.

Work restrictions for unprotected/unscreened Staff are listed in Table 4 of the [Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases](#), NSW Health 2007.

5. UOW Immunisation Schedule

Immunisation for the following preventable diseases is recommended as follows:

5.1. Hepatitis A

Recommended for people

- working with human faeces or sewage, and
- whose work involves travel in regions with poor environmental sanitation and hygiene, including all developing countries.

5.2. Hepatitis B

Documented evidence of a completed age appropriate course of hepatitis B vaccine and documented evidence of anti-HBs ≥ 10 mlU/mL or documented evidence of past hepatitis B infection (anti-HBc) required for staff and students participating in clinical placements at NSW Health facilities. The minimum recommended schedule of doses is 0 (first dose), 1 month (second dose) and 3 months (third dose) with appropriate serology undertaken 1 month after the third dose.

Where compliance is not possible, new students must have received at least one dose of a three dose course of hepatitis B vaccine and agree to complete the course described above within 6 months of enrolment.

Students undertaking clinical placements prior to receiving a full course of Hepatitis B vaccine should be counselled on the risks, preventative measures and appropriate procedures if exposed to blood or body fluids at work.

Students are not to receive an accelerated course as these students will not be regarded as having received a complete course of hepatitis B vaccinations until they have received the final dose at 12 months and demonstrated that they have positive serology.

Where no documentation is available but the individual has a history of hepatitis B vaccination and adequate anti-HBs levels then this may be accepted as evidence of compliance. Additional dose(s) of vaccine should be offered if there is uncertainty about the number or timing of doses received and the anti-HBs levels could have resulted from an incomplete course of hepatitis B vaccine.

Recommended for people working with human tissue, blood or body fluids.

5.3. Diphtheria, tetanus, pertussis

One documented dose of adult diphtheria/tetanus/pertussis vaccine required for staff and students participating in clinical placements at NSW Health facilities and is recommended for child care workers.

While most people have received tetanus vaccinations at some time in their lives, it is recommended that in the event of a tetanus-prone injury a booster dose of the vaccine should be given if more than 10 years has elapsed since the last vaccination.

Wounds that are likely to favour the growth of tetanus organisms are:

- Compound fractures;
- Deep penetrating wounds;
- Wounds containing foreign bodies (especially wood splinters);
- Wounds with extensive tissue damage (contusions and burns);
- Wounds contaminated with soil, dust or horse manure.

5.4. Australian Bat Lyssa Virus (ABL)

Rabies vaccine is recommended for laboratory and field workers who regularly handle bats (both flying foxes and micro bats) or their tissues. Booster shots of the vaccine are required if you have been vaccinated and receive a bite or scratch from an infected mammal.

5.5. Tuberculosis (TB) vaccine (BCG)

Screening by local Chest Clinic/Area Health Service Accredited TST Provider required for staff and students participating in clinical placements at NSW Health facilities only if they:

- were born overseas in a [high TB incidence country](#): or
- have lived overseas in a high TB incidence country for longer than 3 months.

Staff or students who require TB screening, but have not yet completed screening, may only participate in clinical placements if they have booked an appointment for tuberculin skin testing (TST or 'Mantoux') within 3 months of enrolment and have no symptoms suggestive of TB.

The following risk assessment strategy should be applied for students who are unable to be assessed in a chest clinic for TB screening prior to commencing their clinical placement:

- Students who have been screened for TB within the last 5 years and who have not had exposure to TB in the interim can attend all clinical placements in all areas provided they have documentation of their TB status.
- Students who have not been screened within the last 5 years will be able to attend clinical placements under the following conditions:
 - The student does not have a coughing illness of longer than 2 weeks duration.
 - The clinical placements are not in a high risk area. A high risk area is defined as a department or service unit where 4 or more people with infectious TB have attended over a 12 month period (contact the relevant hospital for further clarification on high risk area).
 - The student has an appointment booked with the chest clinic for their TB screen within 3 months of commencing their clinical placement.

Students who report a coughing illness should be referred to a GP for medical assessment. If the coughing illness is longer than 2 weeks duration the student must be assessed as non-infectious by a medical practitioner prior to commencing their clinical placement.

A negative or equivocal Interferon gamma release immunoassay (IGRA) requires screening with TST. Persons with a positive IGRA result require a chest X-ray appointment within 3 months and should be asymptomatic prior to commencing clinical placement.

5.6. Varicella (Chickenpox)

Documented evidence of age appropriate varicella vaccination required for staff and students participating in clinical placements at NSW Health facilities. Otherwise history of Chicken pox; or documentation of physician diagnosed shingles; or documented evidence of a positive varicella LgG.

5.7. Measles, mumps, rubella

For clinical placements in NSW Health Facilities with birth date after 1966: documented evidence of 2 doses of MMR vaccine at least one month apart; or documented evidence of positive LgG for measles, mumps and rubella.

5.8. Yellow Fever

Recommended for all persons whose work involves travel to countries or areas where there is a risk of yellow fever transmission.

6. Immunisation Records

Persons with a risk of exposure to preventable diseases are required to complete a [Record of Immunisation form](#). Persons who decline to be immunised are required to complete a [Decline of Immunisation form](#).

Immunisation records are required to be retained confidentially at the local level.

7. Related Documents

The following references specify recommended vaccinations that may not be detailed in these guidelines:

- The Australian Immunisation Handbook, 9th Edition, NSW Department of Health, 2008 (<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>);
- Australian Standard 2243.3. Safety in laboratories - Microbiological aspects and containment facilities (<http://www.saiglobal.com/online/autologin.asp>);
- Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases, NSW Health 2007.
- [UOW OHS Training Guidelines](#);
- [UOW OHS Document Control & Records Handling Guidelines](#);
- [UOW Biosafety Manual](#).

8. Review

In order to ensure that these guidelines continue to be effective and applicable to the University, the Immunisation Guidelines will be reviewed biennially by the OH&S Unit in consultation with the OH&S Committee.

Conditions which might warrant a review of the guidelines on a more frequent basis would include:

- notification by NSW Health;
- reported hazards or injuries;
- non-conforming systems;
- OH&S Committee concern.

Following the completion of any review, the program will be revised/updated in order to correct any deficiencies. These changes will be communicated via the OH&S Committee.

9. Version Control Table

Version Control	Date Released	Approved By	Amendment
1.0	Feb 2002	Manager OHS	New guidelines created.
2.0	Mar 2007	Manager OHS	Updated to reflect NSW Health requirements.
3.0	Mar 2008	Manager OHS	Updated to reflect revised NSW health requirements.
4.0	May 2009	Manager OHS	Updated to reflect revised NSW Immunisation handbook