



# Gladstone Regional Council

## Corporate Standard

<b>Title</b>	<b>IMMUNISATION</b>
<b>Corporate Standard No.</b>	<b>CS-2020-05</b>
<b>Business Unit/s</b>	<b>PEOPLE CULTURE AND SAFETY</b>
<b>Date of Approval by CEO</b>	<b>27 FEBRUARY 2020</b>
<b>Date of Effect</b>	<b>27 FEBRUARY 2020</b>
<b>Review Date</b>	<b>27 FEBRUARY 2023</b>
<b>Date Repealed</b>	

### 1.0 PURPOSE:

This corporate standard sets out the immunisation requirements for our people to minimise the risks of developing a vaccine preventable disease associated with certain work environments and work tasks.

### 2.0 SCOPE:

This corporate standard applies to:

1. Job candidates who apply for positions with the business where a role requires immunisation against a vaccine preventable disease/s;
2. All workers of the business as defined under Section 7 of the *Work Health and Safety Act 2011* who are directly engaged under an employment instrument and those working under a volunteer, work experience, apprenticeship or trainee arrangement with Gladstone Regional Council; and
3. Councillors.

### 3.0 RELATED LEGISLATION:

- *Work Health and Safety Act 2011*
- *Work Health and Safety Regulation 2011*

### 4.0 RELATED DOCUMENTS:

- The Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019), National Health and Medical Research Council of Australia
- Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018
- Medical Assessments and Health Monitoring Corporate Standard

## 5.0 DEFINITIONS:

To assist in the interpretation of this corporate standard, the following definitions apply:

**Australian bat lyssavirus (ABLV)** is a virus that can be transmitted from bats to humans if a bat bites or scratches a person. It has also been established that there may be potential to contract ABLV by being exposed to bat saliva through the eyes, nose or mouth (mucous membrane exposure). ABLV is unlikely to survive outside the bat for more than a few hours, especially in dry environments that are exposed to sunlight. Experience with other closely related viruses, including classical rabies virus, suggests that contact or exposure to bat faeces, urine or blood **do not** pose a risk of exposure to ABLV, nor does living, playing or walking near bat roosting areas. ABLV infection in humans causes a serious illness which results in paralysis, delirium, convulsions and death. Death is usually due to respiratory paralysis.

**the Business** means Gladstone Regional Council

**Councillor** means a councillor as defined under the *Local Government Act 2009* and includes the Mayor.

**Hepatitis A** is an infection of the liver caused by a virus called hepatitis A. 'Hepatitis' means 'inflammation or swelling of the liver'. Infected people can pass on the virus to others from two weeks before the development of symptoms until one week after the appearance of jaundice (about three weeks in total). Large amounts of the virus are found in faeces (stools) of an infectious person during the infectious period. The virus can survive in the environment for several weeks in the right conditions (for example, in sewage). Hepatitis A is usually transmitted when the virus from an infected person is swallowed by another person through:

- eating contaminated food;
- drinking contaminated water;
- handling nappies, linen and towels soiled with the faeces of an infectious person;
- inhaling airborne particles containing the virus from sewage treatment ponds;
- direct contact with an infectious person.

**Hepatitis B** is an infection of the liver caused by a virus called hepatitis B. Hepatitis B is passed on to others when blood or bodily fluids (for example, saliva, semen and vaginal secretions) that contain the hepatitis B virus enter a person's body through:

- Broken skin;
- Mucous membranes;
- The bloodstream by sharing contaminated injecting equipment or using needles after an infected person, needlestick injury, or contaminated instruments.

**Immunisation** means the process by which a person becomes protected against a disease through vaccination.

**Influenza** (the flu) is a highly contagious disease caused by the influenza virus. Its symptoms include runny nose or sneezing, cough or sore throat, fever and chills, headache, body aches, and it can cause vomiting and diarrhea in children. The flu spreads:

- when an infected person coughs or sneezes, and it is breathed in
- through direct contact with fluid from an infected person's coughs or sneezes
- by touching a contaminated surface with the flu virus on it, and then touching your mouth, eyes or nose.

A person with the flu will be infectious to others from 24 hours before symptoms start until 1 week after the start of symptoms.

**Partner** means the spouse of a person and includes a de facto spouse.

**Q Fever** is caused by a bacterium called *Coxiella burnetii*. People get infected by inhaling the bacteria, usually while in contact with infected animals, animal tissues, or animal products. The main carriers of the disease are farm animals such as cattle, sheep and goats, but in rural areas kangaroos are also important. A wide range of other animals can be infected including camels, llamas, alpacas, rodents, cats, dogs, birds, wallabies and other marsupials. The bacteria can survive harsh conditions and remain in the environment for long periods of time, so hay, dust and other small particles may also carry the bacteria. Many infected people have no or few symptoms. Those who become ill typically get high fever, chills, headache, extreme fatigue, muscle and joint pain and severe sweats. Some people have substantial weight loss. Symptoms usually persist for between two and six weeks and most people make a full recovery. Individuals with heart conditions are particularly at risk of heart complications from Q fever.

**Service Provider** means a professionally accredited health practitioner engaged by the business to provide professional advice and assistance with vaccination and immunisation services.

**Tetanus** is a serious bacterial disease that causes muscle spasms and breathing problems. The tetanus bacillus is called *Clostridium tetani*. The bacteria produce toxins that affect the nervous system. Tetanus bacteria live in soil, dust and manure, particularly horse manure. Infection occurs when the bacteria enter the body through a break in the skin. Symptoms occur between three days and three weeks after infection. Most cases occur within 14 days. Tetanus is not transmitted from person to person.

**Vaccination** means treatment with a vaccine to produce immunity against a disease.

**Vaccine Contraindication** means the risk of a severe adverse reaction if an individual is exposed to a vaccine or one of its components (for example: an individual has a history of an anaphylaxis reaction which can result in an itchy rash, throat or tongue swelling, shortness of breath, vomiting, light-headedness, and low blood pressure).

## 6.0 STANDARD STATEMENT

### 6.1 VACCINATION PROGRAM

Occupational immunisation against certain viruses and bacteria is crucial to ensure the ongoing health and wellbeing of our people. Those at risk of being exposed to a vaccine preventable disease through the work environment and/or work tasks (refer Attachment 1) will be immunised against one or more of the following diseases:

- Hepatitis A
- Hepatitis B
- Q Fever
- Tetanus
- Australian Bat Lyssavirus
- Other vaccinations as determined by a risk assessment.

The business will also offer a voluntary annual influenza (flu) vaccination program to the business's people and their partners.

## 6.2 IMMUNISATION PROCESS OVERVIEW

### 6.2.1 New Workers

No.	Step	Responsibility
1	Advise candidates for positions where immunisation is required via position descriptions and recruitment information (Attachment 1)	People, Culture and Safety (PCS)
2	Where a candidate cannot confirm through vaccination records that they have appropriate immunisation/s for a position, a serology test will be carried out as part of a pre-employment medical via a service provider	PCS
3	Candidate advised of appointment date, time and location	Service Provider
4	Consider results of pre-employment medical	
	<ul style="list-style-type: none"> <li>Outcome status of <b>immune</b> – proceed with recruitment process</li> </ul>	PCS
	<ul style="list-style-type: none"> <li>Outcome status of <b>not immune</b> – for those proposing to take up a permanent role in <b>sewerage services</b> where immunity is generally required from day one: <ul style="list-style-type: none"> <li>* offer of employment can be made subject to immunisation being confirmed</li> <li>* arrange for vaccination (EHT will book candidate into Council clinic if available, or PCS will arrange a service provider if vaccination is required quickly)</li> <li>* arrange for serology test to check if immunisation has been achieved (PCS)</li> <li>* low risk duties arranged until immunisation confirmed</li> </ul> </li> </ul> <p>(For fixed short-term positions, candidates may not proceed in the recruitment process if immunity is not confirmed at the application stage.)</p>	<p>PCS &amp; Environmental Health Team (EHT)</p> <p>Leader</p>
	<ul style="list-style-type: none"> <li>Outcome status of <b>not immune</b> – for those proposing to work in positions <b>other than sewerage services</b>: <ul style="list-style-type: none"> <li>* offer of employment can be made subject to vaccination</li> <li>* arrange for vaccination (EHT will book worker into Council clinic if available, or PCS will arrange a service provider for those vaccinations that are required quickly or if a Q-Fever vaccination is required)</li> </ul> </li> </ul>	PCS & EHT
	<ul style="list-style-type: none"> <li><b>Refusal</b> to participate in vaccination program – consider suitable outcome of the recruitment process</li> </ul>	PCS & Relevant Leader
5	Vaccination and immunisation information recorded in the approved recordkeeping system	EHT

### 6.2.2 Existing Workers

No.	Step	Responsibility
1	Monitor vaccination records for workers who require follow up vaccinations to achieve immunisation	EHT
2	Arrange staff immunisation clinics	EHT
3	Arrange service provider vaccinations – Q-Fever and those required quickly	PCS

No.	Step	Responsibility
4	Advise leaders when new or booster vaccinations are scheduled	EHT for staff clinics / PCS for service provider / Leaders
5	Ensure that workers are advised of and released from duty to attend clinics or appointments	Leaders
6	Vaccination carried out	Worker / EHT or Service Provider
7	Vaccination and immunisation details provided to the business (where external service provider is used)	Service Provider
8	Vaccination and immunisation information recorded in the approved recordkeeping system	EHT

### 6.2.3 Annual Influenza Vaccination Program

No.	Step	Responsibility
1	Send out Influenza vaccination applications to all workers and Councillors	EHT
2	Order appropriate number of vaccines based on returned forms	
3	Arrange vaccination clinic/s	
4	Vaccination and immunisation information recorded in the approved recordkeeping system	

### 6.3 COST OF VACCINATION SERVICES

Workers must make every attempt to be vaccinated via the business's internal vaccination program where possible (ie. clinics organised by the business). Where this is not possible, the business will meet all costs associated with medical consultations, vaccination services, vaccines and medical testing required under this corporate standard. This includes any costs associated with tests that may be required to provide confirmation of immunity where a worker or candidate for a position is unsure if they have been appropriately vaccinated.

### 6.4 REQUEST A RISK ASSESSMENT

The business or a worker can request a risk assessment be undertaken to determine the need for vaccination for a position not identified within the mandatory vaccination program (Attachment 1).

### 6.5 VACCINATION REFUSAL

Common reasons for vaccination refusal include misconceptions about the risk of exposure, the severity of the disease and vaccine safety. These issues can usually be overcome by providing information so that workers and candidates for positions fully understand the risk of exposure and the benefits of immunisation. Information is best provided by a qualified health practitioner such as a doctor or nurse.

Some workers may refuse vaccination despite receiving information, or they may have medical contraindications to vaccination, or may fail to respond to vaccination. Those workers will be required to present appropriate medical evidence and any relevant information to the business so that an accurate assessment of the individual's case can be completed. Workers in these situations remain at risk and their health and safety must be ensured in other ways. The control measures that are chosen to protect these workers will be dependent on the outcome of a risk assessment and the way in which the infectious disease is spread and may include:

- Work restrictions - restricting 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(s).
- Review of work practices and provision of additional training to reduce the risk of exposure.
- Personal protective equipment (PPE).
- Post-exposure management - a doctor can provide post-exposure prophylaxis (PEP) to persons without immunity following exposure to some vaccine preventable diseases such as Hepatitis A and B.

These controls do not generally provide the same level of protection against vaccine preventable diseases as immunisation because:

- Exposure is often not detected - some vaccine preventable diseases can cause mild or no signs of illness or can be spread before the onset of illness.
- Many vaccine preventable diseases are highly contagious and are spread very readily.
- Vaccine preventable diseases that are spread by contact with respiratory droplets or by inhalation of airborne particles are less readily prevented by safe work practices and/or PPE alone.
- Post-exposure prophylaxis can fail, particularly if delayed.

Immunisation therefore remains the primary control measure for managing vaccine preventable disease risks and all reasonable steps should be taken to maximise immunisation uptake among at-risk workers.

Workers can refuse to have vaccinations where they have already had appropriate vaccinations prior to the commencement of employment with the business, or independent of the internal vaccination program, subject to the worker providing evidence of their immunity / vaccination (for example, providing vaccination records or undertaking and/or providing the results of tests that indicate acceptable immunity levels).

Workers who refuse vaccination shall be referred to the Safety Team for risk assessment review and advice.

## **6.6 RESPONSIBILITIES**

### **Workers**

- Participate in vaccination programs as required
- Report any medical conditions or restrictions that may impact on vaccine preventable disease immunity
- Seek a risk assessment if concerned that additional vaccinations may be required for a work environment / work task.

**Leaders**

- Participate in decision making relating to worker immunisation and associated risk assessments for those workers who are unable to obtain immunity to vaccine preventable diseases
- Seek a risk assessment if concerned that workers may require additional immunisation for particular work environments or work tasks
- Notify and release workers from duty to attend vaccination and serology appointments.

**Environmental Health Team / People Culture and Safety Business Unit**

- Manage the immunisation process and associated records (EHT)
- Monitor Immunisation/Vaccination Standards and other related documents to ensure that changes are identified and implemented as required (EHT)
- Provide advice and assistance to the business as required
- Ensure appropriate records are kept & personal information is managed confidentially
- Ensure that service providers have access to all relevant information to perform vaccination and associated immunity testing.

**7.0 ATTACHMENTS:**

1. Immunisation Matrix

**8.0 REVIEW TRIGGER:**

This corporate standard will be reviewed when any of the following occur:

1. The related legislation or governing documents are amended or replaced; or
2. Other circumstances as determined by resolution of Council or the CEO; or
3. Three years from date of effect.

TABLE OF AMENDMENTS		
Document History	Date	Notes (including the prior CS No, precise of change/s, etc)
Originally Approved	22 August 2013	
Amendment 1	1 September 2013	
Amendment 2	22 November 2013	
Amendment 3	Endorsed August 2015	
Amendment 4	7 March 2017	
Amendment 5	27 February 2020	Formerly CS-07-2017 & repeals Vaccination Policy P-2017-07

.....  
**LEISA DOWLING**  
**CHIEF EXECUTIVE OFFICER**

## ATTACHMENT 1 – IMMUNISATION MATRIX

Immunisation for	Positions / Workers to be Vaccinated
Hepatitis A & B (Combined vaccine)	Positions involved in: <ul style="list-style-type: none"> <li>* cleaning or servicing public amenities</li> <li>* water and sewerage works</li> <li>* working with machinery or equipment that has been used in live sewer work</li> <li>* work where there is the potential for contact with bodily fluids, such as blood</li> <li>* waste services work</li> <li>* local law enforcement activities</li> <li>* support workers who may attend sites where this work is being conducted based on a risk assessment (ie. for safety, risk assessment or supervisory purposes).</li> </ul>
Q Fever	Positions that involve contact with domestic stock or, that involve visiting properties that may have domestic stock including goats, sheep and cattle which are the primary carriers of the disease.
Australian Bat Lyssavirus (ABLV)	Positions that have the potential to come in contact with bats such as those positions involved in removing dead or injured bats from public places and workers that manage bat relocation activities.
Tetanus	Positions which have the potential for injury which results in a break in the skin such as a cut or puncture wound by a contaminated object. The bacterium <i>clostridium tetani</i> which causes tetanus is most commonly found in soil, saliva, dust and manure.
Influenza (Flu)	Voluntary participation – Council Workers and their partners, Councillors and their partners
Other Immunisations as determined by a Risk Assessment	Any workers who potentially could be exposed to a vaccine preventable disease in the workplace as identified by a risk assessment