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Functional Flowchart

Not Applicable.

Objective

To provide a corporate standard that outlines SCL's commitment to offer immunisation to SCL employees that are occupationally at increased risk of exposure to vaccine preventable diseases.

Scope

This standard applies to all SCL operated and / or maintained sites and any situation in which a SCL employee may be exposed to vaccine preventable disease hazards.

Note: flu vaccinations offered as part of Stanwell's 'Healthy Living Program', are not covered by this Standard. For further information refer STANWELLbeing intranet site.

++ Definitions

+ **Communicable disease:** a disease caused by an organism(s) that can be transmitted to and between people (e.g. Hepatitis viruses, Human Immunodeficiency Virus (HIV)).

+ **Body fluid / substance:** includes any human bodily secretion or substance other than sweat (e.g. blood, lung, brain, stomach fluids, semen, urine and faeces.).

+ **Emergency Response Team (ERT):** The Emergency Response Team(s) comprise trained SCL personnel responsible for assessing and managing an emergency incident or chain of emergency incidents.

Hepatitis: a collective term for infections of the liver caused by excessive alcohol consumption, chemicals, drugs, and through infection via viruses. These viruses include hepatitis A, B, C, D, E and G.

Immunisation: is the process of successfully providing or inducing immunity as the result of vaccination.

Immunity: an ability of the body to fight off certain infections; immunity can result from natural infections or from vaccination.

Infection: occurs when micro-organisms invade the body; and overcome its defences and may result in visible signs and symptoms.

Occupational Health Nurse (OHN): A Registered (general) Nurse engaged to assist with the conservation, promotion and restoration of the health of individuals at their place of work.

Poliomyelitis: an acute illness following gastrointestinal infection by one of the 3 types of poliovirus. Transmission is through faecal-oral spread. Symptoms may include headache, gastrointestinal disturbance, malaise and stiffness of the neck and back, with or without paralysis.

Q Fever: an infectious disease characterised by sudden high fever, chills and muscle pains, contracted through the inhalation or ingestion of airborne *Coxiella burnetii* bacteria, usually from infected animal blood, urine, faeces, fur / hair, dust and straw etc. Includes wild and domestic animals e.g. goats, cattle, dogs, kangaroos.

Tetanus: a bacterial disease characterized by peripheral nerve and muscle spasms (e.g. lockjaw). *C. tetani* bacteria is a normal harmless inhabitant of many animals and humans and is also commonly found in soil. Infection usually occurs when spores of *C. tetani* enter a wound (e.g. puncture, laceration etc.) contaminated with for example soil, dust or manure.

Underlying medical condition: refers to any form of temporary or permanent medical condition e.g. allergies, asthma, diabetes, suppressed immune system, high blood pressure, heart condition etc.

Vaccine: A preparation of a weakened or killed pathogen, such as a bacterium or virus, or of a portion of the pathogen's structure that upon administration stimulates antibody production or cellular immunity against the pathogen but is incapable of causing severe infection..

Vaccination: refers to the administration of a vaccine.

Responsibilities

OH&S Systems Manager

To maintain the currency and accuracy of the Immunisation Corporate Standard reflective of legislative and corporate change.

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Station / Site Manager

To monitor the implementation of the Immunisation Corporate Standard and allocate responsibilities and resources to ensure site-specific practices/procedures are developed to satisfy the Corporate Standard.

Employees

To comply at all times with the requirements specified within this Corporate Standard and any site-specific procedures.

Occupational Health Nurse / Health Provider / Nominated Person

File results as per the SCL Information Management Policy.

Controls

Preventative strategies, in addition to immunisation, are to be implemented to reduce the risk of exposure (refer [Attachment 1: SCL Risk Assessment](#)).

Risk Assessment

Refer [Attachment 1: SCL Risk Assessment](#) for a SCL wide risk assessment. Further assessment may be required for site specific situations.

Guidelines for Immunisation

Immunisation is not compulsory. Where immunisation is carried out, it is to be voluntary, non-coercive and as recommended by a doctor.

Prior to departing for any work-related overseas travel, workers are to consult a doctor to discuss relevant immunisation requirements, and complete an [SCL Form: Immunisation Consent](#) where relevant. Refer [HB#761574: Travel - International \(Procedure\)](#).

Where the Employee Consents to Immunisation

The employee is to present the [SCL Form: Immunisation Consent](#) to a doctor. After determining the employee's suitability to be immunised, the doctor is required to sign the form as confirmation of vaccine administration and the employee is to sign the form to confirm their consent to be immunised.

Post vaccination blood tests for sero-conversion and failure to sero-convert are to be managed as per doctor's advice. Persistent non-responders are to be informed that they are not protected and should minimise exposures.

Where the Employee does not Consent to Immunisation

Employees who are identified as being at risk of exposure to a vaccine preventable disease and choose not to be immunised are required to talk to a doctor about their decision.

The employee is to complete and sign:

- [SCL Form: Authorisation to Discuss Medical Information](#); and
- [SCL Form: Immunisation Consent](#) and present the forms with the [SCL Form: Immunisation Letter to Medical Practitioner](#) to the doctor. The doctor is required to sign the Immunisation Consent Form as confirmation of their consultation with the employee.

Confidentiality of Medical Records

All medical records and consent forms associated with an employee's immunisation are to be confidentially maintained.

Release of relevant medical information is to occur as per [HB#560221: Information Management](#) and [HBIRDPRO-#560248-Health Surveillance](#).

Storage of Records

Completed Immunisation Consent and Authorisation to Discuss Medical Information Forms are to be saved in Hummingbird/BCS/OHS/Risk Management/Immunisation and a hard copy kept by the Health Provider or Occupational Nurse. Hard copies are to be retained for the minimum period as set down by the authorised General Retention and Disposal Schedule for Administrative Records as issued by the Queensland State Archives.

Maintenance and storage of records is to be in accordance with [HBIRDPRO-#560248-Health Surveillance](#).

Medical Expenses

SCL will pay for all medical expenses associated with immunisation for employees (e.g. site to set up an arrangement with a local provider, or employee reimbursed by SCL).

Training and Competency

Training as per [HB#551033 – HS033 – Immunisation Awareness Training Rationale](#) is to be provided.

Review

This Corporate Standard is reviewed every 3 years and on an as needs basis (e.g. following legislative change, new information, relevant incident, etc.).

Links and References

[HB#560770: Animal and Insect Hazards](#)

[HB#559076: Clean up of Body Fluid / Substance Spills](#)

[HBIRDPRO-#560248-Health Surveillance](#)

[HB#560731: Safe Handling and Disposal of Sharps](#)

[HB#761574: Travel - International \(Procedure\)](#)

[SCL Form: Authorisation to Discuss Medical Information](#)

[SCL Form: Immunisation Consent](#)

[SCL Form: Immunisation Letter to Medical Practitioner](#)

[HBIRDPRO-#623756-Immunisation Awareness Training](#)

[HB#551033: HS033 – Immunisation Awareness Training Rationale](#)

[The Australian Immunisation Handbook \(9th Edition\) 2008](#)

[National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV \(Blood borne\) Viruses \[NOHSC: 2010\(2003\)\]](#)

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Attachment 1: SCL Immunisation Risk Assessment

Risk Assessment Considerations	Symptoms - Not all / none may be experienced #	Occupations at Risk / Specific SCL Work Tasks with possible exposure	Routes of Transmission	Factors Contributing to Exposure	Individual Risk - (could increase symptom severity)	Control Measures	Risk Ranking Vaccination / No Vaccination	Vaccines Available and Risks Associated	Risk Summary for SCL Employees
Australian Bat Lyssavirus (Rabies)	Weight loss, cough, fever, nausea, sore throat, tiredness, vomiting, disorientation. There has only been 2 reported cases in Australia, both resulted in death. One was 3 weeks after exposure, while the second was 2 years post exposure.	Zoo Keepers, Veterinarians, Park Rangers, Wildlife rescuer and carer. Removal / handling of bats by the environmental team.	Direct exposure to bat saliva through scratches, bites and / or mucous membranes. Research shows that general exposure to faeces and blood (e.g. hosing down tunnels, living near a bat population) poses no exposure risk for ABL, yet general hygiene precautions should be maintained for other	Handling Infected Animals. Insufficient training and knowledge of control measures or site procedures.	Not vaccinated, Work tasks	Trained in use of control measures and site procedures. Wearing of appropriate PPE (long leather gloves, protective clothing (sleeves rolled down), safety glasses) when removing / handling bats. Awareness of symptoms and treatment options. Effective health and hygiene practices. Post exposure treatment if bitten or	Rare / Moderate = 3 Rare / Catastrophic = 15	Rabies vaccine - Pre and post exposure. Series of 5 injections. If exposed and bat is available for testing for ABL, if animal tests negative for ABL then post vaccination unnecessary. Localised swelling, redness and tenderness of injection site. (Common) Headaches, fever, aching muscles, fatigue, nausea. (Rare)	The likelihood of exposure to the disease by SCL employees is rare, yet the impact to non vaccinated workers is catastrophic. The exposure and impact can be managed and controlled by vaccination, the use of appropriate PPE and training in workplace procedures. Without vaccination no staff member should handle / remove bats.

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Risk Assessment Considerations	Symptoms - Not all / none may be experienced #	Occupations at Risk / Specific SCL Work Tasks with possible exposure	Routes of Transmission	Factors Contributing to Exposure	Individual Risk - (could increase symptom severity)	Control Measures	Risk Ranking Vaccination / No Vaccination	Vaccines Available and Risks Associated	Risk Summary for SCL Employees
			pathogens.			scratched. Contact local public health unit immediately if exposed.			Correct handling procedures should be developed and implemented. If bitten or scratched employee / supervisor should immediately contact the local public health unit for post exposure information and vaccination.
Dengue Fever	Sudden high fever, headache, muscle and joint pain, weakness, loss of appetite, fine rash, cough, metallic taste in mouth,	No specific occupations. People living in outbreak areas , particularly Southeast Asia and Western Pacific. Particularly Northern Queensland	Bite from infected Aedes aegypti (dengue) mosquito.	Living and working in a dengue outbreak area. Insufficient training and knowledge of control measures or site	Location, Age, Immunocompromised	Preventative measures increased during an outbreak. Staff trained in ways to minimise breeding areas and personal	No Current Vaccine Unlikely / Moderate = 5	No current vaccine available. Research and development programs currently investigating 2 experimental vaccines, and are about to	The likelihood of exposure to the disease by SCL employees is unlikely. This exposure can be effectively managed and controlled by the use of

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	vomiting, sore throat, abdominal pain	Sites		procedures.		precautions.		start human testing. If trials go well they expect roll out of vaccine around 2013.	appropriate PPE and training in workplace procedures. Awareness of preventative measures, precautions and symptoms. Specific sites may require additional controls.

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Hepatitis A	Fever, aches and pain, nausea, lack of appetite, abdominal discomfort, jaundice, dark urine	Health Care Workers, Child care and Pre school Staff, Workers in remote and rural indigenous communities, Carers, Sewage Workers, Cleaners	Contact with infected faeces. Contaminated food and water.	Raw Sewerage, Unhygienic practices, Contaminated food and water, travelling through developing countries. Insufficient training and knowledge of control measures or site procedures.	Immunocompromised, Aboriginal Islander Torres Strait Heritage, Age, Not vaccinated	Trained in use of control measures and site procedures. Awareness of symptoms. Effective health and hygiene practices. Wearing of appropriate PPE (gloves, masks) when working around sewerage and other possibly contaminated areas.	Rare / Minor = 1 Rare / Moderate = 3	Vaccine offered as part of childhood vaccination program (for 'at risk' communities) as well as for Adults. Localised swelling, redness and tenderness of injection site (Common). Headaches, fever, aching muscles, fatigue, nausea. (Rare)	The likelihood of exposure to the disease by SCL employees is rare. This exposure can be effectively managed and controlled by the use of appropriate PPE and training in workplace procedures.

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Risk Assessment Considerations	Symptoms - Not all / none may be experienced #	Occupations at Risk / Specific SCL Work Tasks with possible exposure	Routes of Transmission	Factors Contributing to Exposure	Individual Risk - (could increase symptom severity)	Control Measures	Risk Ranking Vaccination / No Vaccination	Vaccines Available and Risks Associated	Risk Summary for SCL Employees
Hepatitis B	Flu-like symptoms, dark urine, fever, fatigue, muscle aches and pain, jaundice, nausea, (All can be long term chronic symptoms)	Health Care Workers, Dentists, Embalmers, Tattooists, Carers, Correctional Services Staff, Police, Armed Forces, Emergency Services (depending on assigned duties) First Aiders, ERT members giving treatment to an infected person, and not following correct procedures or using appropriate PPE	Contact with contaminated blood products. Sexual contact.	Skin penetration, Sharing injecting equipment. Insufficient training and knowledge of control measures or site procedures.	Immunocompromised, Aboriginal Islander Torres Strait Heritage, Age, Not vaccinated	Trained in use of control measures and site procedures. Awareness of symptoms. Effective health and hygiene practices. Wearing of appropriate PPE (gloves, masks) when providing First Aid.	Rare / Minor = 1 Rare / Major = 6	Vaccine offered as part of childhood vaccination program as well as for Adults. Localised swelling, redness and tenderness of injection site (Common). Headaches, fever, aching muscles, fatigue, nausea. (Rare)	The likelihood of exposure to the disease by SCL employees is rare. This exposure can be effectively managed and controlled by the use of appropriate PPE and training in workplace procedures.

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Influenza (not the common cold)	Tiredness, fever, chills, headache, cough, muscle aches, poor appetite	Health Care Workers, Staff of Nursing Homes and long term care. Exposure to the general public.	Exposure through droplets in the air and contact with contaminated surfaces.	Working around infected persons. Insufficient training and knowledge of control measures or site procedures.	Immunocompromised, Aboriginal Islander Torres Strait Heritage, Age, Not vaccinated	Awareness of symptoms and treatment options. Effective hygiene and health practices, Antibacterial gel during influenza season (suggestion for site supply)	Rare / Moderate = 3 Possible / Moderate = 8 (rare risk of infection even with vaccination due to mutation of virus and strain of vaccination)	Seasonal vaccination required. Localised swelling, redness and tenderness of injection site (Common). Headaches, fever, aching muscles, fatigue, nausea. (Rare) Influenza vaccine does not cause Influenza. Possible illness due to exposure prior to vaccination and full immunity.	People identified as 'at risk' due to individual risk considerations should consider vaccination. SCL employees should be instructed in good hygiene practices to minimise the spread of infection and be aware of ways to best manage symptoms.
Poliomyelitis	Headache, nausea, back and neck stiffness, tiredness,	Health Care Workers, Travellers to endemic countries.	Contact with infected faeces and throat secretions	Contact with contaminated excretions	Not vaccinated, Travel to endemic countries.	Awareness of symptoms. Effective health and hygiene	Rare / Minor = 1 Rare / Moderate = 3	Vaccine offered as part of childhood vaccination	Non existent in Australia, so likelihood of exposure to SCL

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	severe muscle pain, paralysis	The likelihood of exposure in Australia is almost non-existent as there hasn't been a reported case of wild polio since 1977. In 2000 the Western Pacific Region, including Australia, was declared Polio free.		from infected persons.		practices.		program as well as a booster for Adults. Localised swelling and tenderness of injection site (Common). headaches, fever, aching muscles, fatigue, nausea. (Rare) Vaccine not kept as general stock in government hospitals, if required it would need to be ordered.	employees is rare. This exposure can be effectively managed and controlled by the use of appropriate PPE and training in workplace procedures.

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Q Fever	Fever and chills, muscle pains and weakness, cough, headache, (Often confused with influenza), nausea, vomiting, diarrhoea.	Shearers, Sheep, Cattle, Goat and Dairy Farmers, Abattoir Workers, Truck drivers transporting livestock, Veterinarians, Laboratory Staff handling veterinary specimens, Culling and processing Kangaroos, Tanning workers. Animal carcass removal by environmental team.	Fine mists liberated from milk, urine, faeces, birth fluids. Contaminated water droplets when cleaning contaminated items with a high pressure hose. Inhalation of infected dust released in the air from contaminated sites (e.g., pens, stockyards).	Working in close contact with contaminated products. Insufficient training and knowledge of control measures or site procedures.	Immunocompromised, Not vaccinated, Age	Trained in use of control measures and site procedures. Wearing of appropriate PPE (gloves, masks) when removing / handling animals and carcasses. Awareness of symptoms. Effective health and hygiene practices.	Rare / Minor = 1 Rare / Major = 6	Testing involving a skin prick reaction test and blood antibody screening completed a week before injection to ensure no previous exposure to disease. Revaccination could lead to a possible severe hypersensitivity reaction. Localised swelling, redness and tenderness of injection site (Common). Headaches, fever, aching muscles, fatigue, nausea.	The likelihood of exposure to the disease by SCL employees is rare. This exposure can be effectively managed and controlled by the use of appropriate PPE and training in workplace procedures. Specific sites may require additional controls.

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Risk Assessment Considerations	Symptoms - Not all / none may be experienced #	Occupations at Risk / Specific SCL Work Tasks with possible exposure	Routes of Transmission	Factors Contributing to Exposure	Individual Risk - (could increase symptom severity)	Control Measures	Risk Ranking Vaccination / No Vaccination	Vaccines Available and Risks Associated	Risk Summary for SCL Employees
Tetanus	Painful muscular contractions and spasms (particularly neck and jaw)	No specific occupations. Anyone with a laceration or wound that becomes contaminated with the bacteria. Research shows that no person in QLD should be affected by tetanus unless they have a disorder of their immune system.	Open wound contamination	Open wound contaminated with the bacteria. Insufficient training and knowledge of control measures or site procedures.	Immunocompromised, Not vaccinated, Age	Appropriate First Aid given and wound cleaned appropriately. Effective hygiene practices. Follow up with Doctor for booster if worker is over the age of 50 and hasn't received a booster in the previous 10 years.	Rare / Minor = 1 Rare / Major = 6	Vaccine offered as part of childhood vaccination program as well as a booster for Adults over 50 years old. Localised swelling, redness and tenderness of injection site (Common). Headaches, fever, aching muscles, fatigue, nausea. (Rare)	The likelihood of exposure to the disease by SCL employees is rare. This exposure can be effectively managed and controlled by the use of appropriate PPE and training in workplace procedures.

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Risk Assessment Considerations	Symptoms - Not all / none may be experienced #	Occupations at Risk / Specific SCL Work Tasks with possible exposure	Routes of Transmission	Factors Contributing to Exposure	Individual Risk - (could increase symptom severity)	Control Measures	Risk Ranking Vaccination / No Vaccination	Vaccines Available and Risks Associated	Risk Summary for SCL Employees
Pertussis (Whooping Cough)	Runny nose, sneezing, cough (general or characteristic whoop cough), Vomiting or gagging (especially after coughing fit)	Health Care Workers (especially paediatric and maternity wards), Child Care Workers, Exposure to the general public.	Exposure through droplets in the air and contact with contaminated surfaces.	Living or working in close proximity with an infected person. Insufficient training and knowledge of control measures or site procedures.	Newborn Children, Not vaccinated	Awareness of symptoms. Effective hygiene and health practices.	Rare / Minor = 1 Rare / Moderate = 3	Vaccine offered as part of childhood vaccination program as well as a booster for Adults. Localised swelling, redness and tenderness of injection site (Common). Headaches, fever, aching muscles, fatigue, nausea. (Rare)	The likelihood of exposure to the disease by SCL employees is rare. SCL employees should be instructed in good hygiene practices to minimise the spread of infection and be aware of ways to best manage symptoms.

These symptoms are pre vaccination, and are symptoms experienced by the general public, not considering individual risk factors that could increase the severity level and result in death (e.g. immunocompromised, asthma, age).

Research for this assessment table was completed using the Qld Government Health Website (factsheets), The Immunisation Handbook 9th Edition, and discussion with members of the Qld Government Health, Population / Public Health Units.

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Attachment 2: Audit Checklist

1. Refer Word SCL Templates/Corporate Management/Audit Report Template for further explanation of Risk Levels/Root Causes.
2. Complete page 1 of the Audit Report Template when the findings are to be entered into the ARD and combine with this table.
3. Save completed document to Hummingbird/Corporate Management/Audit when used for an internal audit.

ARD ID #	SHORT TITLE	STANDARD / OBLIGATION BEING AUDITED AND FINDING	RECOMMENDATION	RECOMMEND'N CLASSIFICATION	TARGET DATE	ACTION OFFICER	APPROVING OFFICER	APPROVING GM	RISK LEVEL/ ROOT CAUSE
		Have preventative strategies other than immunisation been implemented Refer work method statements and / or relevant procedure(s) / guideline(s), training?		Please select:					RL: RC:
		Have at risk workers (refer <u>Attachment 1</u>) been offered immunisation? Check for completed consent forms: Refer Hummingbird/BCS/OHS/Risk Management/Immunisation and filed with Occ Nurse / Health Provider.		Please select:					RL: RC:
		Have workers travelling overseas consulted a doctor to discuss relevant immunisation		Please select:					RL: RC:

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		requirements. Check for a doctor's invoice, completed Immunisation Consent Form as relevant?							
+	+			Please select:					RL: RC:
+		Have completed Immunisation Consent and Authorisation to Discuss Medical Information Forms been saved in Hummingbird/BCS/OHS/Risk Management/ Immunisation and a hard copy kept by the Health Provider or Occupational Nurse.							
+		Is confidentiality of records maintained? Check how stored.		Please select:					RL: RC:
+		Has SCL paid for medical expenses?		Please select:					RL: RC:
+		Has training as per HB#551033: HS033 – Immunisation Awareness Training Rationale been provided? (check training database).		Please select:					RL: RC:

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+ + Further Information:

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+ Completed by (print name):

Date:

+ Entered into ARD: Name:

Signature:

Date: