

Under the Workplace Health and Safety Act, the University has a responsibility to protect our workers from hazards we can control, similarly we must ensure that our activities do not adversely affect our students, visitors or the general public.

Certain occupations, particularly those associated with healthcare, are associated with an increased risk of some vaccine-preventable diseases. More importantly, infected healthcare workers may transmit infections such as influenza, rubella, measles, mumps, chickenpox and whooping cough to patients, co-workers and the general public with the potential for serious health outcomes.

As part of the Infection Control procedures available to the University, immunisation is considered a basic precautionary measure where it is available.

Where immunisation is a condition of placement for students, notification must be given with sufficient time for the course of vaccination to confer immunity. These vaccinations and evidence of immunity will be at student expense, documentary evidence must be provided to the relevant student center for inclusion on the student record.

Where staff vaccination, over and above the standard vaccination schedule is required, the organisational business unit is responsible for associated costs and ensuring adequate time for immunity prior to exposure. Records of work related vaccination will be kept on the staff members file.

Seroconversion

In a small percentage of cases, variable dependent upon the vaccine being given, a person's immune system will not adequately respond to the serum and therefore immunity will not be developed, they are considered to be "non-respondent" to the vaccination..

In most cases, seroconversion may only be adequately determined by a blood test for antibodies. In the case of a negative or indeterminate result from these tests, medical advice must be sought as to whether a further course of vaccination is indicated or if the person is likely to develop sufficient antibodies as to be effectively immunised over time.

Seroconversion testing is not required in all cases of vaccination, the level of exposure and consequence of infection, including possible post exposure treatment options, will inform this decision.

Exposure Prone Procedures

Invasive procedures include any surgical entry into tissue, body cavities or organs, or repair of traumatic injury. Exposure prone procedures are a subset of invasive procedures which are characterised by the potential for direct contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles, or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites (including the mouth).

Procedures where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations/procedures that do not require the use of sharp instruments are not considered to be exposure prone and thus are unlikely to pose a risk of transmission of blood borne viruses between health care worker and patient.

Non-respondent Restrictions

Non-respondent persons have not developed adequate immunity following a prescribed course of vaccination to a particular infection. In these instances, until immunity is developed, the person is at risk of contracting the identified infection.

It is the duty of the University to either prevent exposure or control it to minimize the risk of infection to the non-respondent.

While it is recognized that the use of Standard Precautions will prevent the contamination of non-infected persons in most instances within either a healthcare or laboratory setting, persons who are non-respondent **must not** undertake exposure prone procedures.

Where reasonable and practicable, the non-respondent should not be involved in works with persons or samples that are known or reasonably suspected to be positive for the identified infection.

Unvaccinated Persons

In some instances, a person may be unsure of their vaccination for a particular infection, or may not have been vaccinated in the past. It is strongly encouraged that all persons determine their immunity status and undertake appropriate course of vaccination to a level equivalent to the [National Immunisation Program](#) (NIP) as recommended by the Australian Government.

Further screening (if required) and additional vaccination based on risk assessment and potential exposure may then be undertaken.

Adverse Reactions

All vaccines, and indeed all medicines, have a potential for side effects of varying impact dependant on the individual and their immunophysiology. It is prudent to be aware of these possible reactions and to discuss them with a medical practitioner prior to commencing a course of vaccinations.

In some persons, previous adverse reaction to vaccinations may make it inadvisable to further vaccinate, appropriate management must be determined in consultation with a medical immunologist.

Conscientious Objection

Some persons, due to religious or personal beliefs, may not wish to undertake a course of vaccination. It is imperative that these persons are made aware of the potential consequences to their health of non-immunity, ideally this should be in consultation with a medical practitioner. This process must be documented.

If a person chooses not to embark upon a relevant course of vaccination, without due medical cause, that person is breaching their obligations as a worker under the Workplace Health and Safety Act.

There is also the potential for consequence upon the range of work available, both within and external to the University environment, this also must be understood by the person. In the case of student practicum, the person may be unable to successfully complete their coursework, while researchers and staff may be restricted from particular projects or premises.

Unvaccinated Persons Restrictions

If the an organisational unit chooses to accept the risk of unvaccinated persons in a work area where exposure to vaccine preventable diseases is possible, a specific risk assessment that considers at least the following elements, must be undertaken.

- Health impact on the unvaccinated person
- Transmissibility of the disease to third parties via an unvaccinated carrier
- Cross contamination of clients, patients or samples
- Industrial partner limitations
- Industry placement opportunities
- Professional registration limitations

Acceptance of this increased risk will require countersignature by the Head of School or equivalent.

If further vaccination, or completion of a vaccination course is deemed medically inadvisable, the persons exposure to risk of infection will, as a minimum, need to be limited in line with that of a non respondent.

Further Information

[Hepatitis B Fact Sheet](#)

[Queensland Health Hepatitis B Policy](#) (Public and Health Care Workers)

[Hepatitis B Immunisation](#) (Health Care Workers)

[Hepatitis C information](#)

[HIV information](#)

[Infection Control Guidelines Communicable Diseases Network Australia,](#)

National Public Health Partnership and the Australian Health Ministers' Advisory Council
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