



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

UOW SAFE@WORK

IMMUNISATION GUIDELINES

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1 Introduction

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, where the risk in performing University activities higher than the community-based risk. 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 and/or other locations where health services are provided (see Table 1).

2 Scope

Occupations and activities that are identified as being at increased risk or have a deemed requirement (see section 13 for more information) for immunisation include staff and students that:

- work in health care
- work with children
- work in a laboratory
- work with animals
- are exposed to human tissue, body fluids or sewage
- travel overseas.

3 Responsibilities

3.1 Supervisors of Staff and/or 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 which may include reviewing DFAT travel advice before approving international travel
- organising immunisation of all staff and students where required
- the maintenance of immunisation records.

3.2 Staff and Students

Staff and students are to consult with their supervisor about any work activities that may require vaccinations.

Persons likely to be exposed to vaccine preventable diseases while undertaking University activities (eg work, research or study) are required to seek medical advice.

Persons intending to work overseas should seek medical advice at least 8 weeks prior to departure, and regularly review DFAT travel advice prior to, during and after their travel

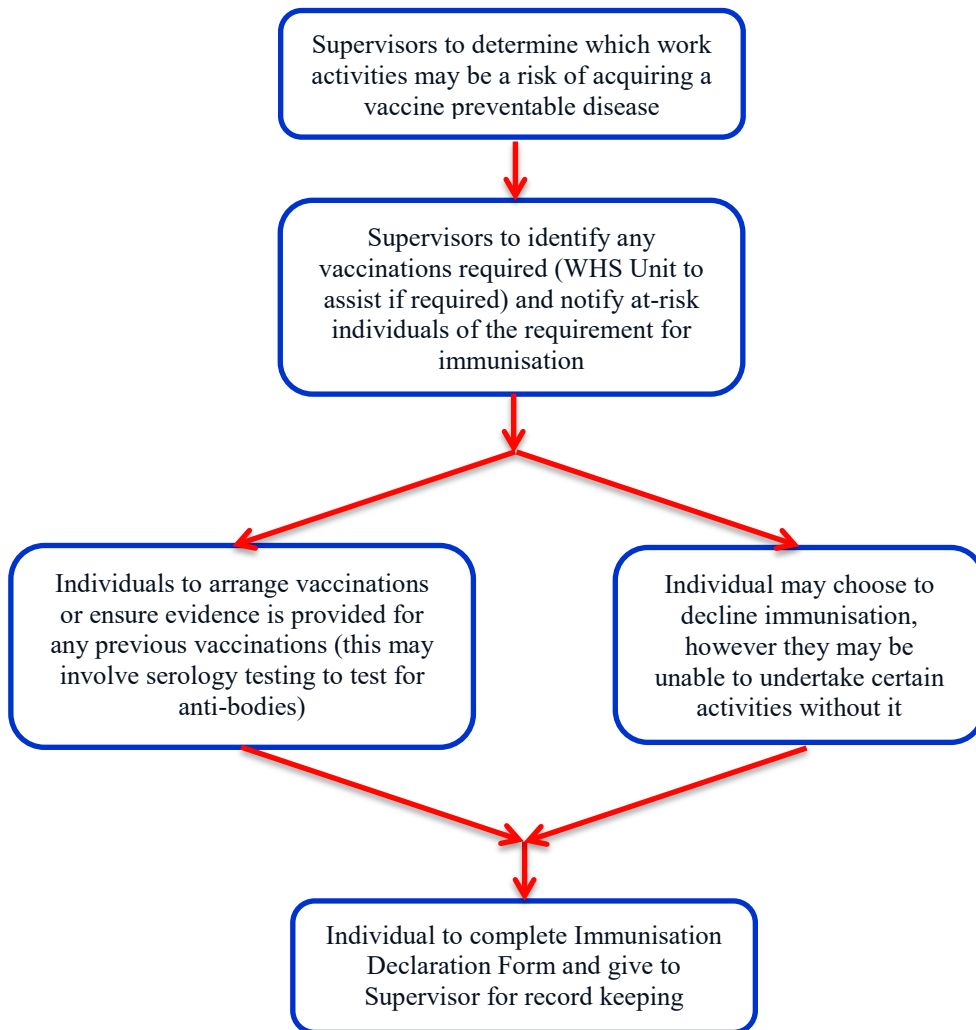
Individuals should maintain a copy of their individual immunisation record, and carry on their person when required e.g. international travel.

3.3 WHS Unit

The WHS Unit is responsible for:

- reviewing the effectiveness of the Immunisation Guidelines
- providing additional advice to supervisors, staff, and students
- arranging appropriate medical providers to provide specialist medical advice where appropriate

4 Process for Determining Immunisations



5 Risk Management

An assessment of risk is required prior to working with specific hazards that offer a degree of risk to acquiring a vaccine preventable disease. It is important that work activities, rather than job title, be considered on an individual basis to ensure an appropriate level of protection is afforded to each person. In addition to providing protection to the person exposed to vaccine preventable diseases vaccination also reduces the risk of transmission of diseases to others with whom these persons are in contact.

A risk assessment:

1. Identifies the relevant hazards, for example working with blood and bodily fluids.
2. Assesses the risks arising from the hazards; if there is a significant risk vaccination should be considered.
3. Outlines control measures to eliminate or reduce the risks, following the hierarchy of control; including any vaccinations that may be required and other methods to protect people from exposure to such diseases.
4. Is to be recorded in SafetyNet.

6 Vaccinations for At-Risk Groups

Table 1 outlines the recommended vaccinations for activities/persons at increased risk of certain vaccine preventable diseases. This table is not exhaustive. For a list of all advice and recommended vaccinations refer to [The Australian Immunisation Handbook](#) and always seek medical advice about any possible vaccinations required for specific activities (including overseas visits) or [at-risk groups](#).

Additionally, staff and students working in the health care system (including students on clinical placements) should check local state or territory health care worker immunisation requirements and the necessary documentation required. Visit the NSW health website for information regarding NSW health [clinical placements](#).

Table 1: Occupational Vaccinations Requirements. (Reference [Australian Immunisation Handbook](#))

Type of work being conducted	Examples	Recommended vaccinations
Healthcare	All workers and students directly involved in patient care or handling of human tissue, blood or bodily fluids *Note mandatory vaccinations required for work in NSW Health facilities.	<ul style="list-style-type: none"> ▪ Hepatitis B ▪ Influenza ▪ Measles Mumps Rubella (MMR) (if not immune) ▪ Pertussis (Whooping cough) ▪ Varicella (Chicken Pox) (if not immune) ▪ Tuberculosis (if exposed to drug-resistant cases) ▪ Hepatitis A (if working in remote indigenous communities) ▪ COVID-19
	Any other workers that work in or visit remote indigenous communities	<ul style="list-style-type: none"> ▪ Hepatitis A ▪ COVID-19 (also helps protect the community being visited)
Childcare	All persons working in early childhood education or care and those working with children including teachers and students on placements	<ul style="list-style-type: none"> ▪ Influenza ▪ MMR (if not immune) ▪ Pertussis ▪ Varicella (if not immune) ▪ Hepatitis A
Animal handling	Laboratory personnel working with either bat tissues or lyssaviruses or any work involving bats, flying foxes or micro-bats	<ul style="list-style-type: none"> ▪ Rabies
	Handling native wildlife; OR Visiting facilities in which cattle, sheep, pigs, goats or native animals are housed or slaughtered	<ul style="list-style-type: none"> ▪ Q fever
	Working with animal manure or scat; OR Working with rodents	<ul style="list-style-type: none"> ▪ Tetanus
	Handling of poultry	<ul style="list-style-type: none"> ▪ Influenza

Type of work being conducted	Examples	Recommended vaccinations
Laboratory work	Handling of human tissue (including cell lines), blood, blood products or bodily fluids, including non-embalmed cadavers	<ul style="list-style-type: none"> ▪ Hepatitis B
	Laboratory personnel working with Q fever organisms	<ul style="list-style-type: none"> ▪ Q fever
	Working with fresh human gut tissues or faecal samples	<ul style="list-style-type: none"> ▪ Hepatitis A
	Working with sewage, untreated water sources or those potentially contaminated with sewage	<ul style="list-style-type: none"> ▪ Hepatitis A ▪ Hepatitis B ▪ Tetanus
Other	Overseas travel	<ul style="list-style-type: none"> ▪ COVID-19 ▪ Seek medical advice at least 8 weeks prior to departure to determine immunisation required for your destination or refer to the Australian Government Smart Traveller website.
	Anyone working with soil (including gardeners or landscape workers)	<ul style="list-style-type: none"> ▪ Tetanus ▪ Hepatitis A (if soil could be possibly be contaminated with sewage)
	Field work in remote areas	<ul style="list-style-type: none"> ▪ Tetanus
	First aid workers	<ul style="list-style-type: none"> ▪ Hepatitis B
	Workers that might be exposed to sewage, untreated water sources or those potentially contaminated with sewage (eg plumbers and fieldworkers)	<ul style="list-style-type: none"> ▪ Hepatitis A ▪ Hepatitis B ▪ Tetanus
	Workers that might be exposed to discarded needles or syringes during the course of their work (cleaners and maintenance workers)	<ul style="list-style-type: none"> ▪ Hepatitis B

7 Providing Evidence of Previous Vaccination

If you have documented evidence of previous immunisations (such as childhood immunisation records) you can provide this as evidence of immunity. If you have no documented evidence of receiving immunisation you may be able to provide evidence of immunity to certain diseases via serology testing to identify immunity to specific anti-bodies (for example Hepatitis B antibodies). Immunity to a specific disease can also be acquired via previous exposures or a diagnosed case of a disease.

If you have not received a tetanus shot within the last 10 years it is recommended that you receive a booster shot. Booster shots of rabies vaccine are also required after a bite or scratch from an animal that is suspected of carrying the disease.

The Australian Immunisation Register records immunisations given to people of all ages in Australia. Immunisations given before 1 January 1996 are not displayed on the statement. Your statement is accessible via the [MyGov website](#) or [Express Plus Medicare mobile app](#).

The [Immunisation Declaration Form](#) can be used to declare previous immunisations in the absence of documented evidence.

8 Arranging and Receiving Immunisations

Where a person has been identified as being at risk of acquiring a vaccine preventable disease due to the work or research activities they are undertaking, and has consented to receiving the vaccinations, it is the responsibility of the supervisor and the school/unit to ensure that the person is aware of the risk and understands what is needed to be protected. It is the responsibility of the person to ensure they receive the required vaccinations, including any serology testing (for immunity), all doses of the vaccines are received and any follow up tests for the presence of antibodies are undertaken.

Vaccinations then can be arranged via your local Doctor.

9 Who pays for Immunisations and Screenings?

If you are a UOW worker or higher degree research student the school or unit will pay for any immunisations or screening required if exposure to the risk is related to their role or research. Each school or unit will have their own processes in place for funding and your supervisor or administration office should be able to provide you with these details.

10 Decline of Immunisation

Vaccination for UOW workers and higher degree research students is not mandatory and there may be several reasons for a person to decline immunisation. If the risk of exposure to an infectious agent has been identified, and there is a vaccine available and therefore offered, individuals may choose to decline to receive the vaccine.

It is recommended that these individuals discuss any of their concerns with a medical practitioner before making this decision. Those who choose not to receive the identified vaccine may be stopped from doing certain aspects of their work by their Supervisor to minimise the risk of infection. Where the inherent requirement of the role requires immunisation, and this is refused by the worker, efforts are to be made to lower the risk by means of other risk controls, applying reasonable adjustment, redeployment, or as a last resort, termination if the task is an inherent requirement of the role.

In order to attempt to lower the risk, individuals are encouraged to discuss reasons for declining with their Supervisor, although it will be a personal choice whether they feel comfortable to do so.

Individuals should sign the [Immunisation Declaration Form](#) and give it to their supervisor. If in the future the worker or student is still working with the infectious agent and decides that they want to be vaccinated, then vaccination will be made available at no cost to the individual.

11 Privacy

The information provided in relation to immunisation will be managed in accordance with the University's Privacy Policy: <http://www.uow.edu.au/about/privacy/>.

12 Record Keeping

Persons with a risk of exposure to preventable diseases are required to complete the [Immunisation Declaration Form](#). This form is to be kept by the local area in line with the [WHS Records Handling Guidelines](#).

13 Related Documentation

Use the links below for the following related documentation:

- [WHS Policy](#)
- [Risk Management Policy](#)
- [Privacy Policy](#)
- [Biological Safety Manual and Guidelines](#)
- [Pregnancy at Work Guidelines](#)
- [WHS Risk Management Guidelines](#)
- [WHS Records Handling Guidelines](#)
- [SafetyNet – Risk assessment form](#)
- [The Australian Immunisation Handbook](#)
- [National Centre for Immunisation Research and Surveillance](#)

14 Program Evaluation

In order to ensure that these guidelines continue to be effective and applicable to the University, these guidelines will be reviewed regularly by the WHS Unit in consultation with the WHS Committee.

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

- reported hazards or injuries
- non-conforming systems
- WHS 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 WHS Committee.

15 Version Control Table

Version Control	Date Released	Approved By	Amendment
1	February 2002	Manager WHS	New guidelines created.
2	March 2007	Manager WHS	Updated to reflect NSW Health requirements.
3	March 2008	Manager WHS	Updated to reflect revised NSW health requirements.
4	May 2009	Manager WHS	Updated to reflect revised NSW Immunisation handbook.
5	August 2010	Manager WHS	Document updated to incorporate the Personnel name change to Human Resources Division.
6	March 2012	Manager WHS	Rebrand.
7	May 2012	Manager WHS	Scheduled review. Minor formatting changes and updating links, no content change.
8	June 2013	Manager WHS	WHS Name change
9	September 2016	Manager WHS	Scheduled review. Review of all information in document. Added table to assist with identifying vaccinations required and process for determining vaccinations required
10	March 2018	Manager WHS	Simplification of occupational risk groups required for immunisation.
11	June 2018	Manager WHS	Added privacy section
12	May 2021	Manager WHS	Addition of COVID-19 information and immunisation requirements. Addition of WHS Unit responsibilities. Minor amendments to Occupational Immunisation Requirements table. Added Australian Immunisation Register information. Added information about minimising risk for those who decline immunisations. Clarity of record keeping requirements. Updated hyperlinks. Addition of Policies to Related Documentation. Minor formatting and editing.

Appendix 1: Information about Vaccine Preventable Diseases

Disease name	Information
Diphtheria	<p>Diphtheria is a highly contagious and potentially life-threatening bacterial disease that usually affects the upper respiratory tract, but can also infect the skin. Increasing use of vaccines has led to its virtual disappearance. No vaccinated person has died from diphtheria in Australia in the last 20 years.</p> <p>Diphtheria is transmitted by breathing in droplets from an infected person when they cough or sneeze, or by direct contact with wounds and materials soiled by infected persons. About one in 15 people who contract diphtheria die from it.</p>
Hepatitis A	<p>Hepatitis A is one of several different hepatitis viruses that can cause infections and damage to the liver. Although hepatitis A is usually the mildest and least serious of the hepatitis viruses, it is highly contagious and can be dangerous for people with pre-existing liver problems.</p> <p>Hepatitis A is spread by contact with infected faeces, and tends to be more common in developing countries with poor hygiene standards. The virus can survive on hands for several hours, and in food kept at room temperature for considerably longer. It can also be spread through contaminated water.</p>
Hepatitis B	<p>Hepatitis B is a potentially life threatening liver infection caused by the hepatitis B virus. While many people clear the virus, in others it can cause chronic liver disease and puts people at high risk of death from liver cirrhosis or cancer.</p> <p>The hepatitis B virus is spread through contact with blood or some other body fluids.</p>
Influenza	<p>Influenza (flu) is a highly contagious viral infection that is responsible for major outbreaks of respiratory illness around the world, usually in the winter months. Unlike the common cold, influenza can cause severe illness and life-threatening complications such as pneumonia and bronchitis, which often require hospitalisation.</p> <p>The flu virus is especially dangerous for elderly people, pregnant women, Aboriginal and Torres Strait Islander people and very young children, as well as for people with underlying medical conditions.</p> <p>Three different types of influenza viruses infect humans: influenza A, B and C. Only influenza A and B cause major outbreaks and severe disease, and these are included in seasonal influenza vaccines. Influenza spreads from person to person through the air by coughing or sneezing, or by direct contact with the virus on hard surfaces or people's hands. The flu usually differs from a cold as symptoms develop suddenly, and can lead to complications such as chest infections and pneumonia – particularly among the elderly and young children.</p>
Measles, Mumps, Rubella (MMR)	<p>Measles is a highly infectious, acute viral illness caused by the <i>Morbillivirus</i>. The virus lives in the mucus of the nose and throat of infected people, and spreads easily through the air when an infected person breathes, coughs or sneezes.</p> <p>Measles is transmitted easily through the air in respiratory droplets, usually through coughing or sneezing. The measles virus is highly contagious, and can survive in the air or on hard surfaces such as door handles for up to two hours.</p> <p>Mumps is a highly contagious viral infection that causes swollen salivary glands and a high fever. The <i>rubulavirus</i> which causes mumps is passed through air droplets and contact with the saliva of an infected person.</p> <p>Rubella (German measles) is a contagious viral illness that is generally mild, causing a fever, rash and swollen lymph glands. However, if contracted by mothers during the first 10 weeks of pregnancy, the disease can cause major congenital abnormalities in up to 90% of infected babies. Rubella is spread from person to person through direct contact with respiratory droplets from an infected person and through droplets in the air.</p>

Disease name	Information
Q fever	<p>Q fever is a notifiable disease in all states and territories in Australia.</p> <p>Q fever is a zoonotic infectious disease caused by the bacterium <i>C. burnetii</i>. <i>C. burnetii</i> infects both wild and domestic animals and their ticks, with cattle, sheep and goats being the main sources of human infection. Companion animals such as cats and dogs may also be infected, as well as native Australian animals such as kangaroos, and introduced animals such as feral cats and camels. The animals shed <i>C. burnetii</i> into the environment through their placental tissue or birth fluids, which contain exceptionally high numbers of <i>Coxiella</i> organisms, and also via their milk, urine and faeces. <i>C. burnetii</i> is highly infectious and can survive in the environment. The organism is transmitted to humans via the inhalation of infected aerosols or dust.</p> <p>Those most at risk include workers from the meat and livestock industries and shearers, with non-immune new employees or visitors being at highest risk of infection.</p>
Pertussis (Whooping cough)	<p>Whooping Cough (pertussis) is an extremely contagious respiratory infection caused by the bacterium <i>Bordetella pertussis</i>. The disease causes uncontrolled coughing and vomiting, which can last for several months and can be particularly dangerous for babies under the age of 12 months. Babies are at greatest risk of contracting whooping cough until they have had at least two doses of the vaccine (aged four months), as their mother's antibodies do not provide reliable protection. About one in 200 infants under the age of six months who contract whooping cough will die from pneumonia or brain damage.</p> <p>Increasing vaccination coverage has dramatically reduced the incidence of whooping cough among Australian children. However, it remains a highly infectious and dangerous disease. In a household where someone has whooping cough, an estimated 80-90% of the unimmunised contacts of that person will acquire the disease.</p> <p>Whooping cough is spread through respiratory droplets, which can be transmitted in the air through coughing or sneezing, or from close contact with an infected person.</p>
Rabies	<p>Rabies is a zoonotic disease caused by human exposure to saliva or nerve tissue of an animal infected with rabies virus or other lyssaviruses. As the clinical disease caused by classical rabies virus and other lyssaviruses is indistinguishable, the term 'rabies' refers to disease caused by any of the known lyssavirus species.</p> <p>Human exposure can occur via a scratch or bite that has broken the skin, or via direct contact with the mucosal surface of a person, such as nose, eye or mouth. Most human cases of rabies occur after animal bites – cases after animal scratches, the licking by animals of open wounds or contact of animal saliva with intact mucous membranes are very rare. Aerosol transmission has never been well documented in the natural environment.</p>
Tetanus	<p>Tetanus is a notifiable disease in all states and Territories in Australia.</p> <p>Tetanus is an acute, sometimes fatal disease caused by toxins produced by the bacterium <i>Clostridium tetani</i>. These toxins attack the central nervous system, causing severe spasms in the neck and jaw muscles – often making it difficult for patients to open their mouths (hence the term lockjaw). The effects spread, causing breathing difficulties, painful convulsions and abnormal heart rhythms.</p> <p>The tetanus bacterium is found in soil and manure, and usually enters the blood stream through open wounds. Tetanus only affects the infected person, and cannot be passed from person to person. About three in every 100 tetanus patients die, with the risk greatest among the very young and the elderly.</p>
Varicella (Chicken pox)	<p>Varicella (chickenpox) is a highly contagious infection caused by the varicella-zoster virus, which is a member of the herpes group of viruses. It is usually a mild disease that lasts a short time in healthy children. However, it can be severe in adults and may cause serious or even fatal complications in people of any age.</p> <p>Chickenpox is highly contagious, and is spread through the air, by coughing, sneezing or direct contact with people who are infected. About 90% of unvaccinated people who have not previously had chickenpox will become infected when they come into contact with the virus.</p>

Disease name	Information
COVID-19	<p>COVID-19 is caused by SARS-CoV2, a new strain of coronavirus that has not previously been identified in humans. It was first identified in Wuhan, Hubei Province, China, where it caused a large and ongoing outbreak. It has been declared a global pandemic. The COVID-19 virus is closely related to a bat coronavirus.</p> <p>The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe heavily. These liquid particles are different sizes, ranging from larger 'respiratory droplets' to smaller 'aerosols'.</p> <p>People can catch COVID-19 when the virus gets into their mouth, nose or eyes. This is more likely to happen when people are in direct or close contact (less than 1 metre apart) with an infected person. For this reason, we recommend physical distancing of 1.5m and wearing a mask when physical distancing is not possible.</p> <p>Current evidence suggests that the main way the virus spreads is by respiratory droplets among people who are in close contact with each other.</p> <p>Aerosol transmission can occur in specific settings, particularly in indoor, crowded and inadequately ventilated spaces, where infected person(s) spend long periods of time with others, such as restaurants, choir practices, fitness classes, nightclubs, offices and/or places of worship. More studies are underway to better understand the conditions in which aerosol transmission is occurring outside of medical facilities where specific medical procedures, called aerosol generating procedures, are conducted.</p> <p>The virus can also spread after infected people sneeze, cough on, or touch surfaces, or objects, such as tables, doorknobs and handrails. Other people may become infected by touching these contaminated surfaces, then touching their eyes, noses or mouths without having cleaned their hands first.</p> <p>Because COVID-19 is a new disease there is very little existing immunity in our community. This means that COVID-19 can spread widely and quickly.</p> <p>People may be highly infectious before their symptoms show. Even people with mild or no symptoms can spread COVID-19.</p>