

## Monash University Procedure

<b>Procedure Title</b>	Immunisation Procedure
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<b>Date Effective</b>	June 2018
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<b>Category</b>	Operational
<b>Version Number</b>	5.3
<b>Content Enquiries</b>	Bernadette.hayman@monash.edu
<b>Scope</b>	This procedure applies to staff, students, visitors and contractors at Monash University.
<b>Purpose</b>	This procedure sets out the immunisation requirements for staff, students and visitors who are potentially at risk of exposure to vaccine-preventable diseases due to their work or study. Contractors are responsible for ensuring that their staff are appropriately immunised. Monash Occupational Health & Safety (OH&S) is available to provide guidance.

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## 1. Abbreviations

ABL	Australian Bat Lyssavirus
BCG	Bacillus Calmette-Guérin vaccine
DHHS	Department of Health and Human Services
OH&S	Monash Occupational Health & Safety
QFT	QuantiFERON-TB Gold
TB	Tuberculosis
WHO	World Health Organisation

## 2. Definitions

A comprehensive list of definitions is provided in the [Definitions Tool](#). There are no definitions specific to this procedure.

## 3. Procedures for Hepatitis A Immunisation

### Hepatitis A Risk at Monash University

Hepatitis A is a viral infection which affects the liver and is transmitted predominantly by the faecal-oral route.

Those at risk of exposure to Hepatitis A include staff and students who:

- Are required by Monash University to work/study in areas in which Hepatitis A is endemic (including overseas and Australia);
- Work in child care;
- Work in multiple clinical settings ;
- May be exposed to raw sewage during work activities, i.e. plumbers, staff involved in water studies; or
- Work with non-human primates.

### Should You Have Hepatitis A Immunisation?

If you are in one of the at-risk groups described above, if a risk assessment indicates that you may be exposed to the Hepatitis A virus or if you are not sure of your need to have Hepatitis A vaccination you should first speak with your Biosafety Officer or Safety Officer. If further assistance is required, contact the [OHS Health team](#).

### Arranging Hepatitis A Immunisation

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the “X” on the grid; and
- Follow the accompanying instructions.

### Hepatitis A Immunisation Course

The course consists of 2 injections: the second injection is given 6-12 months after the first.

Hepatitis A can be given in combination with Hepatitis B and is then given in accordance with the Hepatitis B immunisation course requirements.

### **Who Pays for the Immunisation Course?**

If you are in an at-risk group for Hepatitis A as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the immunisation course. Undergraduate students will be responsible for their own costs associated with immunisation.

### **Records of Hepatitis A Immunisations**

Records of Hepatitis A immunisation courses will be maintained by the treating health provider and by OH&S.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health team](#).

## **4. Procedures for Hepatitis B Immunisation**

### **Hepatitis B Risk at Monash University**

Hepatitis B is a viral disease of the liver transmitted by direct transfer of infected human blood or bodily fluids. Those at risk of exposure to the Hepatitis B virus include:

- Staff and students working in patient care and who come into contact with potentially contaminated human blood or body fluids. (Note that Undergraduate Medical and Nursing students are covered under a separate Faculty of Medicine, Nursing & Health Sciences policy);
- Staff and students whose work or study involves exposure to potentially contaminated human blood or body fluids;
- Staff and students whose work or study requires working with non-human primates;
- First Aiders;
- Cleaners and maintenance workers at risk of unexpected exposure to inappropriately discarded needles and syringes;
- Staff and students responsible for needle and syringe disposal; or at risk of exposure to infected sharps as part of their role;
- Staff and students involved with water studies where there is a potential for exposure to raw sewage; and
- Staff and students who work in child care.

### **Should You Have Hepatitis B Immunisation?**

If you are in one of the at-risk groups described above, a risk assessment indicates that you may be exposed to the Hepatitis B virus, or if you are not sure of your need to have Hepatitis B vaccination, you should first speak with your Biosafety Officer or Safety Officer. If further assistance is required, contact the [OHS Health team](#).

### **Arranging Hepatitis B Immunisation**

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the “X” on the grid; and
- Follow the accompanying instructions.

### **Hepatitis B Immunisation Course**

- The course consists of 3 injections over a 6 month period; the second injection administered 1 month after the first, and the third injection 6 months after the first.

- A blood test is required one month after the last injection to check whether antibodies to Hepatitis B have developed.
- An accelerated course of Hep B vaccine is available if there is a very limited time until potential exposure. Vaccination is given at 0, 7 and 21 days – and is followed by antibody testing at 4-6 weeks. A fourth vaccination is required after 12 months.
- If there has been a good antibody response, no further immunisations are required – immunity is long-lasting.
- If the treating health provider determines there is an inadequate antibody response, further injections and blood tests may be required. Intradermal vaccination is now available for previous non-responders.

### **Who Pays for the Immunisation Course and the Blood Test?**

If you are in an at-risk group for Hepatitis B as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the immunisation course. Undergraduate students will be responsible for their own costs associated with immunisation.

### **Records of Hepatitis B Immunisations**

Records of Hepatitis B vaccination courses will be maintained by the treating health provider and by OH&S.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health team](#).

## **5. Procedures for Meningococcal Immunisation**

### **Meningococcal Disease Risk at Monash University**

Meningococcal disease is caused by bacteria *Neisseria meningitidis* and is transmitted from person to person by regular close prolonged contact. The infection can develop quickly, causing serious illness or death.

Those at risk of exposure to meningococcal include staff and students who:

- Work with patients and/or tissue which are potentially infected with isolates of *Neisseria meningitidis*; or
- Are required by Monash University to travel overseas to an area where meningococcal disease is prevalent.

### **Should You Have Meningococcal Immunisation?**

If you are in one of the at-risk groups described above, a risk assessment indicates that you may be exposed to meningococcal disease, or if you are not sure of your need to have meningococcal vaccination, you should first speak to your Biosafety officer or Safety officer. If further assistance is required, contact the [OHS Health team](#).

### **Arranging Meningococcal Immunisation**

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the “X” on the grid; and
- Follow the accompanying instructions.

### **Meningococcal Immunisation Course**

The specific type of meningococcal vaccination required will depend on the results of the risk assessment.

### **Who Pays for the Immunisation Course?**

If you are in one of the at-risk groups for meningococcal as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the immunisation course. Undergraduate students will be responsible for their own costs associated with immunisation.

### **Records of Meningococcal Immunisation**

Records of meningococcal immunisation courses will be maintained by the treating health provider and by OH&S.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health team](#)

## **6. Procedures for Poliomyelitis (Polio) Immunisation**

### **Polio Risk at Monash University**

Poliomyelitis (Polio) is a viral infection caused by one of three types of polio viruses and transmitted predominately by the faecal-oral route.

Those at risk of exposure to the Polio virus include staff and students who;

- Work with non-human primates;
- Are required by Monash University to travel overseas to areas where polio is endemic;
- Work in child care; or
- Are health care workers who may come into contact with patients who already have polio.

### **Should You Have Polio Immunisation?**

If you are in one of the at-risk groups described above, a risk assessment indicates that you may be exposed to the polio virus, or if you are not sure of your need to have polio vaccination, first speak to your Biosafety officer or Safety officer. If further assistance is required, contact the [OHS Health team](#).

### **Arranging Polio Immunisation**

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the “X” on the grid; and
- Follow the accompanying instructions.

### **Polio Immunisation Course**

The primary course is given in accordance with National Immunisation Program Schedule. A booster (a single injection) is given every 10 years to the at-risk groups.

### **Who Pays for the Immunisation Course?**

If you are in one of the at-risk groups for polio as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the immunisation course. Undergraduate students will be responsible for their own costs associated with immunisation.

### **Records of Polio Immunisation**

Records of polio immunisation courses will be maintained by the treating health provider and by OH&S.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health team](#).

## 7. Procedures for Q Fever Immunisation

### Q Fever Risk at Monash University

Q fever is an infectious disease caused by the rickettsial organism *Coxiella burnettii*, which can be harboured and transmitted by many animals including sheep, goats, cattle, kangaroos and wallabies. Working with sheep, particularly pregnant sheep is the principal potential source of Q fever infection at Monash University. Q fever can be transmitted to staff and students by inhalation of contaminated dust or contaminated droplets when infected material (e.g. sheep placenta) is cut, handled or dropped.

### Should You Have Q Fever Immunisation?

If you are in one of the at-risk groups described above, a risk assessment indicates that you may be exposed to Q fever, or if you are not sure of your need to have Q-Fever vaccination, first speak with your Biosafety Officer or Safety Officer. If further assistance is required, contact the [OHS Health team](#).

### Arranging Q Fever Immunisation

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the “X” on the grid; and
- Follow the accompanying instructions.

### Q Fever Testing

You will need to allocate times for two medical appointments, one week apart;

- **First consultation – you will be checked for evidence of previous Q fever infection by:**
  - Having blood taken for Q Fever antibody testing; and
  - Having a skin test, involving a small intradermal injection in the forearm.

**If you have had Q fever in the past or if you have had the Q fever vaccine already then you should not have Q fever vaccination**
- **Second consultation (exactly one week later) - you will:**
  - Get the results of the blood test; and
  - Have your skin test “read”, to see if there was any reaction

**Immunisation will be given, if indicated.**

### Q Fever Immunisation

If you tested positive to either test or both tests, then you already have immunity to Q fever and will not need any further vaccination. If you tested negative to both then you will be given the Q fever immunisation. The Q fever vaccine is a once-only vaccine given by injection and should give life-long protection.

### Who Pays for the Immunisation Course and the Blood Test?

If you are in one of the at-risk group for Q fever as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the Q fever testing and immunisation. Undergraduate students will be responsible for their own costs associated with immunisation.

### Records of Q Fever Immunisation

Records of Q fever immunisation will be maintained by the treating health provider and by OH&S.

In addition, a record of immunisation is forwarded to Department of Health and Human Services (DHHS) as part of their requirements.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health team](#).

## 8. Procedures for Australian Bat Lyssavirus and Rabies Immunisation

### Australian Bat Lyssavirus and Rabies Risk at Monash University

Australian Bat Lyssavirus (ABL) is closely related to the classic rabies virus. Although Australia is rabies free, ABL has been discovered in recent years in Australia's flying fox and bat populations.

ABL has been found in Victoria, New South Wales, Queensland, Western Australia and the Northern Territory, but experts recommend that people assume all bats are potentially infected.

Those at risk of exposure to Australian Bat Lyssavirus and rabies include staff and students who:

- Work with flying foxes or insectivorous bats including veterinarians and researchers;
- Engage in laboratory work involving Australian bat lyssavirus and rabies;
- Are involved in field and other activities that may lead to direct contact with bats; or
- Are required by Monash University to travel overseas to areas in which rabies is endemic and work with potentially infected animals.

### Should You Have Immunisation?

If you are in one of the at-risk groups described above, a risk assessment indicates that you may be exposed to Australian Bat Lyssavirus or rabies, or you are not sure of your need to have ABL or rabies vaccination, you should first speak with your Biosafety Officer or Safety Officer. If further assistance is required, contact the [OHS Health team](#).

### Arranging Immunisation

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the "X" on the grid; and
- Follow the accompanying instructions

### Immunisation Course

The rabies vaccination covers both rabies and the Australian Bat Lyssavirus.

The course consists of 3 injections over a 4-week period; the second injection 1 week after the first, and the third injection 4 weeks after the first.

### Booster

A booster injection is recommended every 2 years if exposure to Australian bats or travel to endemic countries is continued.

### Who Pays for the Immunisation Course?

If you are in an at-risk group for exposure to Australian Bat Lyssavirus or rabies as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the immunisation course. Undergraduate students will be responsible for their own costs associated with immunisation.

### Records of ABL and Rabies Immunisation

Records of immunisation will be maintained by the treating health provider and by OH&S.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health Team](#).

## 9. Procedures for Tetanus (ADT) Immunisation

Tetanus is a bacterial disease caused by the bacillus *Clostridium tetani*. The bacteria produce toxins that can affect the nervous system. In some cases this can be fatal.

The bacillus can be found in soils and can enter the body via cuts in the skin, especially puncture wounds.

### **Tetanus Risk at Monash University**

Those at risk of exposure to tetanus include staff and students who:

- Work with all types of animals;
- Are gardeners
- Are Buildings and Property staff (not office based); or
- May be exposed to raw sewage during work activities i.e. plumbers, staff involved in water studies.

### **Should You Have Tetanus Immunisation?**

If you are in one of the at-risk groups described above, a risk assessment indicates that you may be exposed to tetanus, or if you are not sure of your need to have tetanus vaccination, you should first speak to your Biosafety Officer or Safety Officer. If further assistance is required, contact the [OHS Health team](#).

### **Arranging Tetanus Immunisation**

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the “X” on the grid; and
- Follow the accompanying instructions

### **Tetanus Immunisation Course**

Tetanus is usually given in combination with diphtheria and pertussis vaccines and is part of the National Immunisation Schedule Program provided to children in Australia. Boosters (tetanus and diphtheria combination only) are normally given every 10 years to the at-risk groups and a booster may be given as a precaution when a penetrating wound occurs.

### **Who Pays for the Immunisation Course?**

If you are in one of the at-risk groups for tetanus as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the immunisation course. Undergraduate students will be responsible for their own costs associated with immunisation.

### **Records of Tetanus Immunisation**

Records of tetanus immunisation courses will be maintained by the treating health provider and by OH&S.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health team](#).

## 10. Procedures for Tuberculosis Screening & Surveillance

### **Tuberculosis (TB) Risk at Monash University**

Tuberculosis (TB) is an infectious disease caused by the organism, *Mycobacterium tuberculosis*. TB can be transmitted by inhalation of airborne droplets exhaled by a person carrying the disease.

Those at risk include staff and students who:

- Have direct clinical contact with hospital or medical centre patients who have or may have active disease;
- Work or study with potentially infected laboratory or post mortem specimens;
- Work or study in positions defined by their faculty/unit as at-risk; or
- Work or study with any animal likely to be a vector for TB, e.g. non-human primates, cattle.

### **Should You Have TB Screening?**

If you are in one of the at-risk groups described above, a risk assessment indicates that you may be exposed to TB, or if you are not sure of your need to have TB screening, you should first speak with your Biosafety Officer or Safety Officer. If further assistance is required, contact the [OHS Health team](#).

### **Arranging TB Screening**

- Refer to the [Immunisation grid](#);
- Download the [form](#) by clicking on the “X” on the grid; and
- Follow the accompanying instructions.

### **TB Screening**

Current TB screening uses a single blood test called QuantiFERON-TB Gold (QFT), which replaces Mantoux testing. QFT is used as an aid in diagnosing TB disease with the benefit of not reacting to prior BCG vaccination and does not boost responses measured by subsequent tests.

If you have been Mantoux tested within the last two years documented results will be considered as part of the TB screening and surveillance.

### **TB Surveillance Program**

It is important that TB testing and surveillance is commenced prior to exposure as part of your work or study.

- If you have had a negative QFT blood test, a repeat test is required every 5 years unless a possible exposure has occurred before this time.
- If you have had a positive QFT blood test, further investigations and clinical assessment will be required.
- If you develop a significant respiratory illness with time off work, a medical assessment (often with chest X-ray) may be required before you resume your normal duties.

An exit QFT blood test just prior to cessation of employment is recommended. If clinically indicated, a chest X-ray and medical follow up should be arranged.

NB: International travel to countries with high incidence of TB may require testing prior to return to work. (High incidence countries can be found on the WHO website). Most travellers are at low risk but for those who visit more than twice a year or visit for over 3 months at a time should contact the [OHS Health team](#) on return.

### **TB Immunisation**

TB immunisation is only indicated for specific groups at increased risk of TB.

### **Who Pays for the TB Screening & Surveillance?**

If you are in an at-risk group for TB as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the TB screening and your involvement in the TB surveillance program. Undergraduate students will be responsible for their own costs associated with TB screening and surveillance.

## Records of Tuberculosis Screening & Surveillance

Records of Tuberculosis Screening & Surveillance will be maintained by the treating health provider and by OH&S.

Please note that Undergraduate students are responsible for their own vaccination records.

For any enquiries contact the [OHS Health team](#).

## 11. Procedures for Work/Study Related Travel Immunisations

### Risks Associated With Travel at Monash University

When travelling overseas it is important to consider health risks within the country you are visiting as part of your work or study. Health risks can vary from one region to another and over time, and within each country there may be new outbreaks. New vaccines may be available and if a period of time has lapsed since your past vaccinations, you may need boosters. For these reasons it is important you visit your doctor, travel clinic or the Monash University Health Services well before your trip to discuss the vaccines you might need.

### Who Pays For Work/Study Related Travel Immunisations

If you are in an at-risk group as part of your work or Postgraduate/Honours study with Monash University, your faculty/unit pays for the travel vaccinations associated with your work/study.

For any enquiries contact the [OHS Health team](#).

## 12. Responsibility for Implementation

A comprehensive list of OHS responsibilities is provided in the [OHS Roles, Committees and Responsibilities Procedure](#). A summary of responsibilities with respect to immunisation is provided below.

### Occupational Health & Safety (OH&S):

With regard to immunisation, OH&S will:

- Provide advice and information to heads of academic/administrative units, supervisors, Biosafety and Safety Officers, local OHS committees and individuals;
- Coordinate the authorisations and course(s) of work-related immunisations;
- Maintain records of individuals who have completed a course(s) of work-related immunisations (where applicable).

### Head of Academic/Administrative Unit:

It is the responsibility of the Head of academic/administrative unit to:

- Identify all staff and students who are potentially at risk of exposure to vaccine-preventable diseases;
- Ensure that adequate resources are provided for the immunisation of staff, students and visitors.

**Supervisors:** Supervisors are responsible for identifying all staff and students, under their supervision who are potentially at risk of exposure to vaccine-preventable diseases.

**Individuals:** Each staff member or student who is in one of the at-risk groups, for whom a risk assessment has indicated that they are likely to require an immunisation for work/study or work related travel, or is not sure if they need to have a work related immunisation, must:

- First speak to their Biosafety Officer or Safety Officer
- And if further assistance is required, contact the [OHS Health team](#).

**Biosafety Officer:** The Biosafety Officer is responsible for providing advice about immunisation at the local level and acting as a liaison between their area and OH&S.

**Safety Officer:** In areas where a Biosafety Officer has not been appointed, the Safety Officer is responsible for providing advice about immunisation at the local level and acting as a liaison between their area and OH&S.

## 13. Tools

The following tools are associated with this procedure:

[Immunisation Grid and Consent Forms](#)

## 14. Records

For OHS Records document retention please refer to: [Monash University OHS Records Management Procedure](#).

<b>Status</b>	Revised
<b>Approval Body</b>	<b>Monash University OHS Committee</b>
<b>Legislation Mandating Compliance</b>	Occupational Health and Safety Act 2004 (Vic) Public Health and Wellbeing Act 2008 Australian Immunisation Guidelines 10 <sup>th</sup> edition 2013
<b>Related Policies</b>	<a href="#">OHS Policy</a>
<b>Related Documents</b>	<b>Monash University documents</b> <ul style="list-style-type: none"> <li>• <a href="#">First Aid Procedure</a></li> <li>• <a href="#">Using Biologicals and Animals Procedure</a></li> </ul>

## 15. Document History

<b>Version</b>	<b>Date of Issue</b>	<b>Changes made to document</b>
4	February 2013	Procedures for Immunisation, v.4
5	May 2015	<ol style="list-style-type: none"> <li>1. Removed the section on Internal Documents as they do not form part of the OHSMS.</li> <li>2. TB information QuantiFERON-Gold blood test changed to 5 years</li> <li>3. TB information to include overseas travel</li> <li>4. Removed sections from definitions that did not relate to the definition of the term.</li> <li>5. Changed the footer template.</li> <li>6. Changed requirements for the details that need to be recorded in the Document Register.</li> <li>7. Added travel vaccinations to document</li> </ol>
5.1	July 2015	<ol style="list-style-type: none"> <li>1. Updated hyperlinks throughout document to new OH&amp;S website.</li> </ol>
5.2	August 2017	<ol style="list-style-type: none"> <li>1. Updated logos in header</li> </ol>
5.3	June 2018	<ol style="list-style-type: none"> <li>1. Updated Abbreviations section</li> <li>2. Updated hyperlinks to forms in each section</li> <li>3. Clarified recordkeeping requirements for Undergraduate student records.</li> <li>4. Minor wording changes throughout document</li> </ol>