

DCU Vaccination Policy

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1.0 Policy Statement

The University wishes to ensure, so far as is reasonably practicable, that employees are protected from the health risks associated with biological agents in the workplace. This policy is aimed at ensuring that the University complies with the legislation covering biological agents, namely the Safety, Health and Welfare at Work (Biological Agents) Regulations, 1994 (S.I. No 146 Of 1994) as amended by the Safety, Health and Welfare at Work (Biological Agents) (Amendment) Regulations, and 1998(S.I. No 248 of 1998) will

2.0 Introduction

This policy must be implemented in conjunction with all other relevant University policies and the standard precautions to control the risk of occupational infection contained in Appendix A.

- Hand hygiene is one of the most effective methods of preventing infection – see Appendix B.
- Immunization given to protect staff acts as an adjunct to good infection control procedures and may be an appropriate method of protection depending on risk assessment.
- Where identified as necessary by the School/Research Centre/Unit risk assessment, new employees will be offered an immunization update by the University's Contracted Provider.

3.0 Aims

- To ensure that all staff identified as requiring immunisation are protected by vaccination and serologically tested to show adequate protection (including staff involved in work related overseas travel).
- To comply with the Department of Health & Children Ireland, (2008 Edition) Royal College of Physicians of Ireland Immunization Guidelines.

4.0 Responsibilities

1. Heads of Schools/Research Centres/Units are responsible for ensuring;
 - (a) Completion of risk assessments for categories of staff / activities listed in Table 1 to establish 'at risk' employees and determine immunization requirements.
 - (b) Referral of 'at risk' employees to the contracted provider for immunization.

2. The Contracted Provider is responsible for:
 - (a) Administering appropriate vaccinations and the necessary follow up procedures.
 - (b) Maintaining confidential vaccination records on behalf of the University.
 - (c) Providing guidance and advice on immunization

3. Employees are responsible for:
 - (a) Ensuring that they present for vaccinations and follow up in line with the Schools/Research Centres/Units risk assessments and the contracted provider's advice.
 - (b) Completing a declination form where they decline immunization or fail to complete a course of vaccinations identified as necessary by their School/Research Centre/Unit risk assessment

Staff Category / Activity	Vaccinations recommended
Laboratory researchers and staff who have close contact with material of human origin e.g. tissues, blood or body fluids	Hep B
Researchers and staff who take blood (phlebotomy)	Hep B
Laboratory researchers and staff in contact with material potentially contaminated by TB tissue	BCG
Researchers and staff working within the Bio-resource Unit.	Tetanus
Staff providing cleaning services for research labs researching with human material	Hep B
Staff who may be exposed to contaminated sharps	Hep B
Maintenance staff and laboratory staff or researchers in contact with human waste	Hep A, Hep B, Polio
Grounds staff	Tetanus
Staff and researchers travelling abroad on work related business	As recommended by contracted provider

TABLE 1

5.0 Policy Review

This policy will be reviewed annually or in the event of changes in national guidelines / local practice.

Appendix A

1.0 Standard Precautions to control the risk of occupational infection

Standard precautions outlined below are infection control principles that treat all human blood and other potentially infectious materials as infectious. The risk of exposure to blood-borne viruses and other biological hazardous agents can be significantly reduced by following the guidance in this policy and adhering to the following:

1. Apply good hand washing practices
2. Wear protective clothing, proportionate to the level of risk
3. Cover all breaks in exposed skin with plasters
4. Wear full face visor or safety spectacles combined with mask when there is a possibility of splashing when working with blood or body fluids.
5. Wear waterproof protective clothing (plastic aprons) where splashing of clothing is a possibility
6. Wear rubber boots or plastic disposable overshoes when the floor is likely to be contaminated
7. Avoid contaminating surfaces with blood and body fluids
8. Commence decontamination procedures when contamination occurs (Section 5.1 below)
9. Dispose of contaminated waste according to specified procedures. Refer to Safety statement School of Biotechnology <http://www.dcu.ie/biotechnology/index.shtml>
10. Appropriate and multiple disposal bins must be provided and must not be overfilled. Waste disposal bins should be secure and identifiable according to the second schedule of the Biological Agents Regulations. Bins should be replaced on a regular basis and those members of staff required to handle these bins, should receive adequate information, training and vaccination. Needles must not be resheathed.
11. All staff likely to be exposed must be trained to work safely with biological agents
12. No food or drink shall be consumed in any area where there may be a risk of exposure to blood borne viruses and other hazardous biological agents.

1.1 Cleaning and Disinfection

Spillages of blood or other body fluids should be cleaned down using sodium hypochlorite or disodium dichloroisocyanurate powder (10,000 ppm available chlorine, equivalent to household bleach 1 part to 10 parts water) and disposable paper towels or cloths (see disposal below). Gloves and eye protection should be worn.

Reusable equipment which is visibly contaminated should be washed in warm (not hot or cold) soapy water prior to disinfection.

Laboratory clothing should be washed at a high temperature ideally at least 60°C. For clothing accidentally contaminated with blood which cannot be washed at these temperatures bleach should be included in the washing process

1.2 Gloves and skin protection

Disposable gloves must be worn when handling body fluids or materials which may have been contaminated with body fluids. Gloves must be of a type suitable for the activity, further guidance on this is available from <http://www.hse.gov.uk/latex/labs.htm>

Powdered latex (rubber) gloves must NOT be used because of the high risk of causing allergic reactions.

If latex gloves are used they must be powder free and have a low level of extractable proteins (.e.g. less than 50 µg/g). Users must be made aware of the potential for developing allergy and measures should be in place for identifying others (e.g. clients, research subjects) who have a pre-existing allergy.

Nitrile gloves are often a good alternative to latex.

Glove wearing does not replace the need for hand washing – hands must be washed after wearing gloves.

Alcohol-based hand rubs (minimum alcohol content 60%) may be used as an alternative to hand washing when hands are not visibly contaminated e.g., between research subjects and after removing gloves.

1.3 Waste Disposal and sharps

All sharps must be placed in a designated plastic puncture-proof sharps container for disposal by incineration. The University system for biological waste disposal is co-ordinated via the School of Biotechnology department, which has secure storage (contact Patricia Carty, ext 5583). See **Appendix C** for sharps injury prevention.

Needles should not be removed from the syringe or re-sheathed before disposal into sharps boxes. Sharps boxes must not be overfilled.

Syringe packaging should not be placed in sharps boxes

All contaminated material, e.g. cloths, swabs and paper towels containing blood and other body fluids, should be put into plastic yellow (to be confirmed) bags, preferably in lidded bins. If use of lidded bins creates a risk of contamination small open bins may be used provided the contents are transferred to a larger bin on a frequent basis (e.g. every hour or two).

After double bagging and sealing these large bags will be taken for disposal using the University system for disposal of biological waste.

Blood-stained waste generated by first aid incidents must be disposed of properly. For schools and centres which have a system of clinical/biological waste disposal already in place, this can be used. In other centres, it is acceptable for such waste to be disposed of via sanitary bins.

2.0 Vaccination Guidelines

2.1 Hepatitis B Vaccination

Immunisation (Vaccination) against hepatitis B is recommended for those who may be exposed to human blood/blood stained body fluids in the course of their work e.g. research staff and postgraduate students who take blood and/or carry out tests on blood samples; Vaccination schedules should ensure that the full course of injections has been taken and an immune response must be proven by a testing laboratory.

A full course of hepatitis B vaccine consists of 3 injections at intervals of 0, 1 and 6 months. A single booster is required if at continued risk after 5 years.

The vaccine is effective in around 80-95% of people, a blood test is required 2 months after the third dose of vaccine to ensure good immunity has been achieved.

Schools and centres where there is a known risk of exposure to blood should maintain records of staff immunity to hepatitis B. If an individual who is not immune to hepatitis B is exposed to risk, a course of immunisation started at that time will provide good protection.

All workers should have antibody to hepatitis B surface antigen (anti-HBs) levels checked if previously vaccinated against hepatitis B and response is not known.

Routine vaccination against hepatitis B is not normally considered necessary for first aiders. Protection with gloves, resuscitation devices etc will greatly reduce risk. There are no instances recorded of HIV or HBV being passed through mouth to mouth resuscitation.

There is no immunisation available to protect against hepatitis C and HIV. Therefore, good practice as outlined in this policy is of paramount importance at all times.

See appendix D for Hepatitis B vaccination consent or decline form to be completed by occupational risk worker

2.2 Tetanus Vaccination

Immunisation against **Tetanus** is recommended for all who work with animals. It is also recommended for those who work with soil and garden equipment such as grounds and garden staff.

Initial immunisation consists of a course of 3 doses of vaccines given over a three month period. This has been available for all children born in Ireland and the UK since 1960s. Boosters are then given 10 years and 20 years later. 5 doses of tetanus vaccine (i.e. an initial course and two boosters) provide immunity for life.

2.3 BCG (Bacillus Calmette Guerin) Vaccination

All occupational workers should have pre-employment base-line Mantoux tuberculin testing performed if there is no BCG scar present or no documented evidence of having received BCG vaccination. If there is an inadequate response, then personnel should be referred to the occupational medical advisor and BCG offered. Persons coming from countries with a high incidence of TB should be screened according to the protocol for immigrants.

2.4 Polio Vaccination

Immunisation against **polio** is recommended for those who may come into contact with human waste such as cleaners, estates staff etc.

Initial immunisation consist of 3 doses of vaccine given over a three month period, this has been available for all children born in Ireland and the UK since 1958.

2.5 Hepatitis A Vaccination

Immunisation against **hepatitis A** should be considered for those who may be exposed to raw sewage. In the university this applies to employees who may be required to enter drains or to clear sewerage blockages with a risk of back splash. Personnel in this category may be checked for hepatitis A immunity. If not immune, they may be offered hepatitis A vaccination.

This would also apply to laboratory researchers who culture hepatitis A virus. Those who clean toilets or clean up spillages of human waste do not require vaccination as adequate protection can be provided by the use of protective clothing and good hygiene practices.

Immunisation consists of an initial dose, followed by a booster dose 6 – 12 months later.

3.0 Post exposure incident procedure

A significant exposure occurs in the following circumstances:

1. A cut or skin penetration by a sharp which has been used on a patient or been in contact with a patient's blood, blood components or other body fluids.
2. Aspiration or ingestion of blood, blood components or other body fluids.
3. Splashing of blood, blood components or other body fluid into the face, particularly the lips, mouth or eyes.
4. Extensive splashing of blood, blood components or other body fluids over large areas of unprotected body surface or clothing, or on a skin surface that is broken.
5. Bites and scratches that break the skin or mucous membranes.

Refer to Appendix C for sharps injury prevention

3.1 Needlestick injury

In the event of a needlestick injury (e.g. penetration of the skin with a used needle) or any other possible exposure to blood (e.g. through eye splash, or via broken skin), the injury site should be washed under running water and gently encouraged to bleed. All appropriate first aid should be given.

Advice may be sought from School / Research Centre Safety Officers; alternatively the injured party should contact their GP as soon as possible.

The DCU injury /Incident Report Form should be used to ensure adequate reporting and follow up on these types of incidents. All incidents must be reported to University Safety Officer.

Every exposure incident should be reported to the University Health & Safety Officer on the standard form available from all School Safety Officers. Incidents and injuries of this nature must be investigated and appropriate risk control measures put in place by the Head of School.

3.2 Specific policies for experimental work

General

Laboratory coats or side-fastening gowns must be worn at all times

Protective eye wear should always be worn during procedures that are likely to generate splashes of any body fluids containing visible blood.

Training

Venepuncture and cannulation and withdrawal of blood from a cannula must only be carried out by staff or postgraduate students who have been trained and assessed. A list of competent persons will be held in the Faculty and reviewed annually.

Fingerprick testing may be carried out by undergraduate students who have received suitable training, including the risks of BBV and how to protect themselves. There must be supervision by a competent member of staff.

Skin preparation

Provided skin is visibly clean, skin disinfection prior to venepuncture or fingerprick testing is not usually required.

If a cannula is to be left in place, the skin should be cleaned with 70%isopropyl alcohol and allowed to dry (30 seconds) before venepuncture.

Exclusion of infected subjects

Where volunteer subjects are sought for research involving blood sampling, steps must be taken to exclude those who know they carry a blood borne virus or whose partner has a BBV. This can be achieved discreetly by including advice to this effect on research information documents which are given to potential subjects.

Ethical approval Where blood samples are taken for the purposes of research, this is subject to approval by the university ethics committee, and a suitable application must be submitted.

http://www.dcu.ie/research/research_ethics.shtml

APPENDIX B GOOD HANDWASHING TECHNIQUE

Wash your hands:-

Before you eat, drink, take medicine, smoke, put on make up etc
After any work activity where you may have become contaminated
After removing gloves

Use soap and warm running water (Hot water increases the risk of skin damage)

Wash all surfaces thoroughly including wrists, palms, back of hands and thumbs and under fingernails

Rub hands together for at least 10 – 15 seconds

Rinse and dry hands well (on paper, towels, or hand dryers – not on clothes!)

APPENDIX C SHARPS INJURY PREVENTION

A sharps injury (most frequently a needlestick injury) is one in which the skin has been punctured by a sharp which has been used on a patient or has been in contact with a patient's blood or body fluids. A sharps injury could also be caused by a scalpel or a fragment of broken glass in laboratory work or in the transport of specimens. Also included in this category are splashes of blood or body fluids onto broken skin, eyes or other mucous membrane. A sharps policy must include a risk assessment. This risk assessment must be in writing as required by Regulation 10 of the Safety, Health and Welfare at Work (General Application) Regulations, 1993. The prevention of sharps may be achieved by using:

- needle-less connections
- safe intravenous catheters
- plastic microbore capillary tubes
- plastic vacuum blood collection tubes
- blunt suture needles
- automatic retracting finger/heelstick devices
- blood drawing devices with integrated safety features
- injection equipment with safety features

The hollow bore needle presents the greatest risk.

All researchers who are exposed to blood, blood products and body fluids must be trained in the safe use and disposal of sharps. Refer to **SAFETY AND HEALTH POLICY STATEMENT SCHOOL OF BIOTECHNOLOGY**
<http://www.dcu.ie/biotechnology/index.shtml>

APPENDIX D

HEPATITIS B VACCINATION CONSENT or DECLINE FORM

How the vaccine works: When the vaccine is introduced into your body, the viral proteins it contains stimulate a protective immune response (involving the production of antibodies specifically against Hepatitis B virus (HBV)). If you are later exposed to the virus, this mechanism will again be triggered to provide protection against Hepatitis B.

Hepatitis B vaccine is around 80-50% effective in preventing HBV infection. A blood test is required 2 months after the third dose of vaccine to ensure good immunity has been achieved. The vaccine also protects against Hepatitis D viral infection, as HDV requires the co-existence of HBV infection for viral replication.

There is no confirmed evidence that indicates that hepatitis B vaccine can cause chronic illnesses. In practice 10-15% of those vaccinated fail to respond to hepatitis B vaccines. Natural immunity should be excluded as a reason for non response. Non responders at risk of occupational exposure need to report promptly any inoculation injury as passive prophylaxis with specific hepatitis B immunoglobulin (HBIG) is required in these cases. HBIG (Hepatect) if required should be given within 48hours of exposure but not later than a week after exposure. An accelerated schedule of hepatitis B vaccine may be considered if more than one week has elapsed since exposure.

Uses of the vaccine: The vaccine is used to provide protection against Hepatitis B, especially in people who are “occupationally exposed”. An “occupationally exposed worker” may be defined as one who, having carried out a risk assessment, **reasonably** anticipates skin, eye, mucous membrane or parenteral contact with human blood, body fluids or tissues that may result from performance of an employee’s duties (e.g. research staff and postgraduate students who take blood and/or carry out tests on blood samples; laboratory-associated cleaning staff, estates staff who may be exposed to contaminated sharps and waste in the course of their work).

Occupationally exposed workers are required to submit a risk assessment to the School/ Unit Safety Officer and to have it signed by the principal investigator / supervisor to confirm the information. Records of staff immunity to hepatitis B must also be submitted to the University Health Centre. All records will be maintained by the University Health Centre as per directions from the University Safety Officer and HR.

In brief, a researcher is occupationally exposed if his / her job tasks requires him /her to work with:

1. Human blood or other human blood products
2. Human body fluids (saliva, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, urine or faeces visually contaminated with blood, semen, vaginal secretions)

3. Unfixed human tissues or organs
4. Human cell lines (primary human cell lines or continuous human cell lines that have not been shown to be free of blood borne pathogens)
5. Animals infected with HIV, HBV or other blood borne pathogens (including field work with exposure to ticks or other vectors)
6. Animal or human cells, tissues or organs infected with HIV, HBV or other blood borne pathogens
7. Non human primates or unfixed material from non human primates
8. Non human materials, but he/she is using the same lab equipment as others use with human blood or other potentially infectious material

If an individual declines vaccination for hepatitis B but is subsequently exposed to risk (e.g. by needlestick injury) vaccination started at that time will provide good protection.

Routine vaccination against hepatitis B is not normally considered necessary for first aiders in DCU. Protection with gloves, resuscitation devices etc will greatly reduce risk.

Hepatitis B vaccine in pregnancy: HBV infection in pregnant women may result in severe disease in the mother and chronic infection of the newborn. Immunisation should not be withheld from a pregnant woman if she is in a high risk category.

Before you receive your vaccination: This vaccine may cause side-effects. You should inform the DCU contracted provider if you have any allergies, or are feeling unwell or feverish.

How are you given the vaccine? The DCU contracted provider will administer the vaccine. The vaccine is a series of three injections given intramuscularly. The second dose is given 1 month after the first. The third dose is given 5 months after the second. Remember: All three shots must be given for the vaccination to be complete. Employees must be tested for antibody to Hepatitis B surface antigen 1 to 2 months after the completion of the series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Non responders must be medically evaluated. A complete course of hepatitis B vaccine can provide protection for up to five years. Hepatitis B vaccine prevents both HBV infection and those diseases related to HBV infection.

The first Hepatitis B vaccine (licensed in early 1980s) was made from inactivated human sera from people with chronic HBV infections. This vaccine is no longer available.

The newer synthetic vaccines (first licensed in 1987) are much safer. Recombinant DNA technology enabled the Hepatitis B surface antigen (HBsAg) gene to be inserted into common baker's yeast cell DNA. These altered yeast cells produce HBV protein markers but no complete virus particles. It is virtually impossible to become infected with blood borne pathogens from the vaccine. No whole or live particles or human sera are used in the vaccine preparation.

Side-effects: Local effects at the site of injection such as redness, soreness may occur after vaccination. Fever, rash, malaise and influenza-like symptoms are less common reactions.

DCU HEPATITIS B IMMUNIZATION CONSENT OR DECLINE FORM

Name (please print)

Staff I.D. Number

School / Research Centre

Line Manager

Building

Office #

CONSENT TO HEPATITIS B VACCINATION

I have read the information about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that **I must have 3 doses of the vaccine to obtain immunity**. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

Signature of Employee

Date Signed

DECLINE OF HEPATITIS B VACCINATION

I UNDERSTAND that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can contact the DCU contracted provider and receive the vaccination series at no charge to me.

Check here if you are declining vaccination because you previously received the Hepatitis B vaccination series elsewhere.

Signature

Date Signed

Appendix E

TEATNUS TOXOID VACCINATION CONSENT or DECLINE FORM

Tetanus Vaccine

Individuals who have wound injuries should be medically assessed to determine what treatment is needed to prevent tetanus. The treatment recommended by the DCU contracted provider will depend on history of tetanus vaccination, type of wound and whether it is considered to be a 'tetanus prone wound' (such as wounds contaminated with dirt, faeces, soil and saliva). The vaccine is made of inactivated toxins from the bacteria, this is called a toxoid preparation. Vaccination stimulates the body to produce serum anti-toxin. A total of five doses of tetanus toxoid containing vaccine at the appropriate intervals are considered to give lifelong immunity.

INDICATIONS: (reason to get immunized)

To produce active immunization against tetanus and diphtheria.

CONTRAINDICATIONS: (Do not take the vaccine if one or more of these conditions exist)

1. Moderate to severe acute illness
2. History of allergy to component of vaccine, especially Thimerosal
3. Significant allergic or neurologic reaction to previous immunization with this vaccine
4. Pregnancy

ADVERSE REACTIONS (common):

1. Soreness at injection site
2. Redness and/or swelling around injection site
3. Fever (uncommon)
4. Rash and lymphadenopathy (occasionally occur)

Guide to tetanus prophylaxis:

History of Tetanus Toxoid (doses)	Clean wounds	Tetanus Prone wound
≥3, last dose within 10 y	Nil	Nil Booster if last dose >5 y
<3, or last dose >10y	Booster	Booster
Not immunised	Full 3 dose course	Tetanus Immune Globulin plus full 3 dose course

**DCU TETANUS TOXOID IMMUNIZATION CONSENT OR
DECLINE FORM**

Name (please print)

Staff I.D. Number

School / Research Centre

Line Manager

Building

Office #

CONSENT TO TETANUS TOXOID VACCINATION

I have read the information about tetanus and the tetanus toxoid vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of tetanus toxoid vaccination. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

Signature of Employee

Date Signed

DECLINE OF TETANUS TOXOID VACCINATION

I UNDERSTAND that due to my occupational exposure to animals, I may be at risk of acquiring tetanus infection. I have been given the opportunity to be vaccinated with tetanus toxoid plus adult diphtheria toxoid (Td) vaccine, at no charge to myself. However, I decline Tetanus vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring tetanus, a serious disease. If in the future I continue to have occupational exposure to animals or soil and I want to be vaccinated with Td vaccine, I can consult the DCU contracted provider and receive the vaccination series at no charge to me.

Check here if you are declining vaccination because you previously received the Tetanus vaccination series elsewhere.

Signature

Date Signed

Appendix F

BCG VACCINATION **CONSENT or Decline FORM**

BCG Vaccine

Bacille Calmette Guerin (BCG) vaccine contains a live attenuated strain derived from *Mycobacterium bovis*. The efficacy of BCG in preventing tuberculosis has varied in reported studies over the years, but is probably most consistently effective against tuberculosis meningitis and military tuberculosis, with protection lasting approximately 15 years. Irish studies have indicated a protective efficacy of the vaccine against childhood tuberculosis. Subjects who give a history of previous BCG immunisation should only be given BCG if there is no characteristic scar and they are tuberculin negative. If reimmunisation with BCG is being considered expert advice should be sought. The vaccine is indicated for prophylactic immunisation in tuberculin negative individuals.

Contraindications:

BCG vaccine should not be given

1. to those who are pregnant
2. those with positive tuberculin tests

See the National Immunisation Guidelines of Ireland 2002, Chapter 16 for more detailed information on BCG vaccination and contraindications at

<http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/Publications/ImmunisationGuidelines/#d.en.937>

Adverse reactions:

Local: Side effects include local induration, pain and occasionally ulceration, lupoid reaction, inflammatory and suppurative adenitis.

General: Rash, fever, and rarely generalised lymphadenopathy can occur.

Interactions:

The vaccine should not be given within 3 months of blood or plasma transfusion or administration of human serum globulin in excess of 0.01 ml/kg body weight.

DCU BCG IMMUNIZATION CONSENT OR DECLINE FORM

Name (please print)

Staff I.D. Number

School / Research Centre

Line Manager

Building

Office #

CONSENT TO BCG VACCINATION

I have read the information about Tuberculosis and the BCG vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of BCG vaccination. I have read the above information and have had an opportunity to ask questions. I understand the risks and benefits of the vaccine, and consent to vaccination with BCG vaccine. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

Signature of Employee

Date Signed

DECLINE OF BCG VACCINATION

I UNDERSTAND that due to my occupational exposure to human body fluids, I may be at risk of acquiring tuberculosis infection. I have been given the opportunity to be vaccinated with BCG vaccine, at no charge to myself. However, I decline BCG vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of contracting tuberculosis, a serious disease. If in the future I continue to have occupational exposure to human body fluids and I want to be vaccinated with BCG vaccine, I can consult with the DCU contracted provider and receive the vaccination at no charge to me.

Check here if you are declining vaccination because you previously received the BCG vaccination series elsewhere.

Signature

Date Signed

Further reading:

APPENDIX G

Work Related Travel Vaccinations

Travel Vaccination

Individual travel vaccination requirements may differ and cannot be assumed. Travel health advice and vaccination will be delivered by the contracted provider to protect the health of the staff involved in work related overseas travel. The contracted provider will assess each individual's requirements upon referral from Head of School, Unit or Research Centre. Travel vaccinations will be provided by the contracted provider in accordance with professional regulations.

APPENDIX H

References

Department of Health & Children, Ireland (2008 Edition) Immunisation Guidelines for Ireland, Royal College of Physicians of Ireland.

Department of Health UK (2006) Immunisation against Infectious Disease, (The Green Book) 3rd Ed. London: The Stationery Office

Safety, Health and Welfare at Work (Biological Agents) (Amendment) Regulations, 1998 (S.I. No 248 of 1998)
<http://www.irishstatutebook.ie/1998/en/si/0248.html>

Safety, Health and Welfare at Work Act 2005 (No.10 of 2005) Irish Statute Book. <http://www.irishstatutebook.ie/2005/en/act/pub/0010/index.html>

Blood-borne viruses in the workplace: Guidance for employers and employees HSE 2004 (INDG342)
<http://www.hse.gov.uk/pubns/indg342.pdf>

Guidance for Clinical Health Care workers: Protection against infection with Blood borne viruses
DOH 1998 (available on-line from Department of Health)
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4002766&chk=sjOK8W

Further Reading:

Health Protection Surveillance Centre: [http://www.ndsc.ie/A-Z/HepatitisHIVAIDS and STIs/HepatitisB/Factsheet/index.html](http://www.ndsc.ie/A-Z/HepatitisHIVAIDS%20and%20STIs/HepatitisB/Factsheet/index.html)

Hepatitis B <http://www.irishhealth.com>