



**Vaccination Policy
for DCU Staff Members
(Including Postgraduate and Postdoctoral
Laboratory-Based Staff)**



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Introduction

DCU is obliged, under the [Safety, Health and Welfare at Work \(Biological Agents\) Regulations 2020 \(S.I. No 539 of 2020\)](#), to protect employees, so far as is reasonably practicable, from exposure to Biological Agents in the workplace. Biological Agents are defined as microorganisms, cell cultures or human endoparasites, whether or not genetically-modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health. A hazard is a potential source of adverse health effect.

This requires the application of an infection control programme, which includes vaccination. All staff exposed to (or potentially exposed to) biological agents should be assessed as to their requirements for receiving vaccination. In parallel, the risks from working directly with biological agents or from indirect exposure to them should be fully-discussed with each individual and their supervisor, and the necessary course of action must be taken before exposure to biological agents begins to reduce the biohazard risk (e.g. the likelihood that the person will be harmed, or suffer an adverse health effect upon exposure to a hazard).

This policy must be implemented in conjunction with all other relevant University policies, and the standard precautions to control the risk of occupational infection, as contained in [Appendix A](#). Hand hygiene is one of the most effective methods of preventing infection, and HSE-approved guidelines on good practice pertinent to handwashing can be referenced at [this link](#).

Immunisation provided as a mechanism of protecting staff acts as an adjunct to good infection control procedures and may be an appropriate method of protection, depending on the outcomes of undertaking a risk assessment. Where identified as being necessary by the School / Research Centre / Unit risk assessment, new employees will be provided with guidelines on how to receive vaccination by the University's Contracted Provider.

Purpose

1. To ensure that all staff (including Postgraduate and Postdoctoral laboratory-based staff, and those involved in work-related overseas travel) identified as requiring immunisation are protected by vaccination, and are serologically-tested to show adequate protection.
2. To comply with immunisation Guidelines set by the National Immunisation Advisory Committee (NIAC). The NIAC works to promote effective, evidence-based policies on vaccines and immunisation in Ireland, and Additional information on NIAC policy may be accessed at [this link](#).



Scope

This Policy applies to all units of the University, both academic and support, including its research centres and its wholly owned campus companies. These are all hereinafter collectively referred to as the 'University'.

Roles and Responsibilities

1. Heads of Schools / Research Centres / Units are responsible for ensuring:
 - a) Referral of 'at-risk' employees to the contracted provider for immunisation.
2. The Research Group Principal Investigators (P.I.) are responsible for ensuring:
 - a) Staff members, including Postgraduate and Postdoctoral researchers under their remit, receive appropriate vaccinations and the necessary follow-up procedures.
 - b) The provision of a project sub-cost to support the cost of vaccine administration.
 - c) For ensuring that, in the event that a resource departs a project, that the replacement resource receives appropriate vaccinations and the necessary follow-up procedures.
 - d) Overseeing the completion of a Risk Assessment to determine the necessity for vaccination.
3. 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 immunisation.
 - d) Issuing/managing and retaining a record of consent/decline forms.
4. Employees are responsible for:
 - a) Ensuring they are present for scheduled vaccination appointments and follow-up appointments in line with contracted provider's advice, and as directed by the Schools / Research Centres / Units Risk Assessments.
 - b) Completing a decline form, where they decline immunisation or fail to complete a course of vaccinations identified as being necessary by their School / Research Centre / Unit Risk Assessment.
 - c) To declare visits to high-risk areas that require travel vaccination, be it work-related or for personal travel.



Eligible Staff Members

Staff members for whom vaccination may be recommended (post-consultation with the University’s Contracted Provider) are listed below, in **Table 1**.

Table 1. University Staff for whom Vaccination may be recommended.

Staff Category / Activity	Vaccination Recommendation
Laboratory and technical staff, who have close contact with material of human origin, e.g. tissues, blood or body fluids	<ul style="list-style-type: none"> • Hepatitis B • Tetanus
Clinical laboratory staff	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Vaccinia and related Pox Viruses
Clinical Laboratory staff in contact with specimens potentially contaminated by <i>Mycobacterium tuberculosis</i>	<ul style="list-style-type: none"> • <i>Bacillus Calmette-Guérin</i> (BCG)
Researchers and staff working within the Bio-resource Unit (BRU)	<ul style="list-style-type: none"> • Tetanus
Staff providing cleaning services for laboratories researching with human material	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Tetanus
Maintenance staff and laboratory staff or researchers in contact with human waste	<ul style="list-style-type: none"> • Hepatitis A • Tetanus • Hepatitis B • Polio
Grounds staff	<ul style="list-style-type: none"> • Tetanus • Hepatitis A • Hepatitis B
Staff and researchers travelling abroad on work related business	As recommended by contracted provider



Policy Statement

Vaccination Guidelines

Although vaccination confers additional protection against infection, it must never be considered the primary defence because:

- Not all infections can be treated by vaccination.
- Immunisation may be partial, where some individuals receive inadequate protection.
- Some persons may demonstrate unsuitable side effects to the vaccine.
- There may be contraindications.

Vaccination is not mandatory, but staff should be informed of its benefits and possible disadvantages. Where a staff member (including a postgraduate or postdoctoral laboratory-based staff member) declines vaccination, a consent form must be signed by them. In some cases, where vaccination is identified as being highly-desirable by the university, but is declined by the staff member, and where other risk reduction controls are not reasonably possible to implement practicably, it may be necessary to relocate the individual away from the risk of exposure.

Where vaccination is required, this will be offered free-of-charge to the individual, and arranged and approved by management. This includes the administration of follow-up boosters (to elevate antibody titres), and other relevant measures for as long as the risk of exposure is thought likely.

Where staff have received prior and adequate immunisation before the present risk assessment, the continued efficacy of immunisation will be assessed by a competent person, such as a physician. While pre-employment immunisation will not be required as a condition for employment, pre-employment, pre-exposure vaccination should be offered to staff where the risk assessment indicates such a measure should be implemented. Post-exposure prophylaxis may be occasionally medically-indicated.

When should vaccination be conducted?

The risks from working directly with biological agents, or from indirect exposure to them, must be fully-assessed by the research group Principal Investigator (see Responsibilities, above) and should be fully-discussed with each individual and their supervisor through engagement with the contracted provider. Vaccination must be conducted before exposure to the biological agent(s) begins. However, post-exposure vaccination may occasionally be indicated.



Who conducts the vaccination?

Vaccine administration may only be provided by the University's Contracted Provider.

What if I have already been vaccinated?

If you have received vaccination (as recommended by the guidelines in Table 1), the continued efficacy of immunisation will be assessed by a competent person. This normally requires documentary evidence of the type of vaccine and dates of administration.

Hepatitis B Vaccination

Immunisation (Vaccination) against Hepatitis B is recommended for those who may be exposed to human blood / blood-stained bodily fluids in the course of their work. This includes technical and research staff, and postgraduate students who undertake laboratory-based work with blood samples.

In brief, a researcher is occupationally exposed if his / her allocated activities require him / her to work with any of the following:

1. Human blood or other human blood products.
2. Human bodily fluids (e.g. saliva, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, urine or faeces visually contaminated with blood, semen or 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 or other adventitious agents).
5. Animals infected with Human Immunodeficiency Virus (HIV), Hepatitis B Virus (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 where the individual is using the same laboratory equipment as other individuals select to work 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-aider volunteers



in DCU. Protection conferred through the use of nitrile gloves, resuscitation devices etc. will greatly reduce this risk.

With reference to pregnancy, HBV infection in pregnant women may result in severe disease in the mother and chronic infection of the new-born. Immunisation should not be withheld from a pregnant woman if she is in a high-risk category.

Guidelines issued by the National Immunisation Advisory Committee should be followed, and these are accessible at [this link](#).

The effects of Hepatitis B, indications/contraindications for booster vaccinations are documented in the guidelines.

Tetanus Vaccination

Immunisation against Tetanus is recommended for all work involving the use of animal models. Immunisation is strongly recommended for researchers working directly with tetanus toxin or individuals who culture *Clostridium tetani* or genetically-modified micro-organisms (including bacteria and viruses) engineered to express tetanus toxin or variants / derivatives / fragments that are known to be, or might be, toxic - as determined through the undertaking of a comprehensive Biological Agent Risk Assessment. This vaccination is also recommended for those individuals who work with soil and garden equipment, such as grounds and garden staff.

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 the history of Tetanus vaccination, the type of wound received, whether it is considered to be a 'Tetanus-prone wound' (such as wounds contaminated with dirt, faeces, soil and saliva) and the likelihood of exposure to Tetanus toxin or toxin-expressing organisms in the case of researchers working directly with these agents. The Effects of Tetanus, indications / contraindications for booster vaccinations are documented in the guidelines available at [this link](#), and issues by the National Immunisation Advisory Committee.

BCG (Bacillus Calmette Guérin) Vaccination

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



accordance with the documented immigration guidelines. The BCG vaccine contains a live attenuated strain derived from *Mycobacterium bovis*.

The BCG vaccine should not be given to those who are pregnant, or to those with positive tuberculin tests.

Guidelines issued by the National Immunisation Advisory Committee should be followed, and these are accessible at [this link](#).

The effects of tuberculosis, indications / contraindications for booster vaccinations are also documented in these guidelines.

Polio Vaccination

At-risk persons include staff travelling to countries or areas where poliomyelitis is epidemic or endemic, and those in contact with specimens that may contain wild poliovirus.

Poliomyelitis vaccine is available as an Inactivated Polio Vaccine (IPV), in combination with other vaccines. Live Oral Polio Vaccine (OPV) is no longer licensed in Ireland or European Union countries, but is used in other parts of the world. Fully-vaccinated individuals at increased risk of exposure to poliovirus should be given a single dose of Tdap / IPV.

Guidelines issued by The National Immunisation Advisory Committee should be followed, and these are accessible at [this link](#).

The effects of poliomyelitis and indications / contraindications for booster vaccinations are documented in the guidelines.

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 maintenance staff 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 Hepatitis A 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, administered 6 – 12 Months later.

Guidelines issued by The National Immunisation Advisory Committee should be followed, and these are accessible at [this link](#).



The effects of hepatitis A, indications and contraindications of the Hepatitis vaccine are documented in the guidelines.

Work-Related Travel Vaccinations

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 member(s) 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.

Contact

Any queries regarding this policy should be directed to DCU Biological Safety Advisor.

Policy Review

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

Version Control

Document Name	Vaccination Policy: DCU Staff Members	
Version Reference	V2.0	
Owner	Health & Safety Office, Biological Safety Committee	
Approved by	DCU Executive	
Date	February 23rd 2021	

End.



APPENDIX A - 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 being 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 by adhering to the following recommendations:

1. Apply good hand washing practices, for example by adhering to the [HSE guidelines](#).
2. Wear protective clothing, proportionate to the level of risk. For laboratory-based staff, Personal Protective Equipment (PPE) guidelines recommend the use of a (i) fully-buttoned laboratory coat, (ii) laboratory glasses, (iii) full-length trousers, (iv) closed-toed shoes and (v) nitrile gloves, removed upon completion of the activity and prior to departing the laboratory (if latex, if deemed appropriate).
3. Cover all breaks in exposed skin with plasters.
4. Wear a full-face visor or safety spectacles (combined with a facemask) when there is a risk of splashing/direct contact when working with blood or bodily fluids.
5. Wear waterproof protective clothing (plastic aprons) where splashing or direct contact with 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 bodily fluids.
8. Commence decontamination procedures immediately after contamination occurs, or is observed.
9. Dispose of contaminated biological waste (e.g. solid, liquid, Genetically-Modified, GM) in accordance with specified and documented local procedures. Here, individuals are referred to their local safety statements, which should issue clear guidelines pertinent to the proper disposal of hazardous waste.
10. Appropriate and multiple Biohazard waste disposal bins (for Biohazardous sharp material, such as syringes, glass etc.) must be provided in all locations where work



with biological agents is to be undertaken. These individual units must be filled to the recommended level, as indicated on the container by a dashed line. Overfilling must be avoided at all times, and individuals should not attempt to reduce the height of accumulated waste by depressing, as this presents a high risk of receiving a needlestick injury / laceration.

11. Biohazard waste disposal bins should be secure and identifiable according to the second schedule of the Biological Agents Regulations, 2013. These bins should be replaced on a regular basis, and those members of staff required to handle these bins in a safe manner should receive adequate information, training and vaccination to ensure a Safe System of Work can be adhered to. Needles **must not** be re-sheathed.
12. All staff likely to be exposed to Biological Agents must be trained to work safely with biological agents, through attending SafeLab Module and Module BE550, coordinated through the School of Biotechnology.
13. 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 bodily fluids must be properly managed, to reduce the risk of the individual – or other individuals working in proximity to the area – being exposed to a potential biohazard.

Biohazard spillages should be managed in accordance with specified and documented local procedures. Here, individuals are referred to their local safety statements, which should issue clear guidelines pertinent to the proper management of biological spillages (inclusive of blood and bodily fluids).

1.2 Gloves and skin protection

Guidelines on the correct use of gloves (which confer skin protection, if used correctly) should be managed in accordance with specified and documented local procedures. Here, individuals are referred to their local safety statements, which should issue clear guidelines pertinent to the proper use of personal protective equipment (PPE).



APPENDIX B - HEPATITIS B VACCINATION SAMPLE CONSENT or DECLINE FORM

Name (please print) _____
Staff I.D. Number _____
School / Research Centre _____
Line Manager _____
Office # _____

CONSENT TO HEPATITIS B VACCINATION

I have read the information about Hepatitis B and the Hepatitis B vaccine available at [this link](#).

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: _____ Print Name: _____

Date Signed: _____

DECLINE OF HEPATITIS B VACCINATION (SAMPLE)

I have read the information about Hepatitis B and the Hepatitis B vaccine available at [this link](#).

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.

YES / NO Check here if you are declining vaccination because you previously received the tetanus vaccination series elsewhere.

Signature: _____ Print Name: _____

Date Signed: _____



APPENDIX C - TETANUS TOXOID VACCINATION SAMPLE CONSENT OR DECLINE FORM

Name (please print) _____
Staff I.D. Number _____
School / Research Centre _____
Line Manager _____
Office # _____

CONSENT to Tetanus VACCINATION

I have read the information about tetanus vaccine at [this link](#).

I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of tetanus 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: _____ Print Name: _____

Date Signed: _____

DECLINE of Tetanus VACCINATION (SAMPLE)

I have read the information about tetanus vaccine at [this link](#).

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.

YES / NO Check here if you are declining vaccination because you previously received the tetanus vaccination series elsewhere.

Signature: _____ Print Name: _____

Date Signed: _____



APPENDIX D - BCG VACCINATION SAMPLE CONSENT OR DECLINE FORM

Name (please print) _____
Staff I.D. Number _____
School / Research Centre _____
Line Manager _____
Office # _____

CONSENT to BCG VACCINATION

I have read the information about Tuberculosis and the BCG vaccine at [this link](#).

I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of BCG vaccination. 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: _____ Print Name: _____

Date Signed: _____

DECLINE of BCG VACCINATION (SAMPLE)

I have read the information about Tuberculosis and the BCG vaccine at [this link](#).

I UNDERSTAND that due to my occupational exposure to specimens contaminated with *Mycobacterium tuberculosis*, 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 the bacterium 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.

YES / NO Check here if you are declining vaccination because you previously received the BCG vaccination series elsewhere.

Signature: _____ Print Name: _____

Date Signed: _____



APPENDIX E - POLIO IMMUNISATION SAMPLE CONSENT OR DECLINE FORM

Name (please print) _____
Staff I.D. Number _____
School / Research Centre _____
Line Manager _____
Office # _____

CONSENT to Polio VACCINATION

I have read the information about poliomyelitis and the inactivated Polio Vaccine at [this link](#).

I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of poliomyelitis vaccination. I understand the risks and benefits of the vaccine, and consent to vaccination with inactivated polio 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: _____ Print Name: _____

Date Signed: _____

DECLINE of Polio VACCINATION (SAMPLE)

I have read the information about poliomyelitis and the inactivated Polio Vaccine at [this link](#).

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

YES / NO Check here if you are declining vaccination because you previously received the polio vaccination series elsewhere.

Signature: _____ Print Name: _____

Date Signed: _____



APPENDIX F - HEPATITIS A SAMPLE IMMUNISATION CONSENT OR DECLINE FORM

Name (please print) _____
Staff I.D. Number _____
School / Research Centre _____
Line Manager _____
Office # _____

CONSENT to Hepatitis A VACCINATION

I have read the information about hepatitis A and the Hep A Vaccine at [this link](#).

I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis A vaccination. I understand the risks and benefits of the vaccine, and consent to vaccination with Hep A 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: _____ Print Name: _____

Date Signed: _____

DECLINE of Hepatitis A VACCINATION (SAMPLE)

I have read the information about hepatitis A and the Hep A Vaccine at [this link](#).

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

YES / NO Check here if you are declining vaccination because you previously received the hep A vaccination series elsewhere.

Signature: _____ Print Name: _____

Date Signed: _____



References

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End.