

Guidelines for the Prevention and Control of Communicable and Notifiable Diseases

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Description	These guidelines describe the University's obligations and commitment to staff, students and other relevant persons, in managing the risk of contracting and/or spreading an infectious disease.

Related documents

[Code of Conduct](#)

[First Aid Guidelines](#)

[GSafe](#)

[Health and Safety Policy](#)

[Individual Grievance Resolution Procedure](#)

[Reporting and Recording Procedures for Incidents, Injuries, Illness, Hazards or Near Misses](#)

[Resolution of Complaints of Workplace Harassment, Bullying and Discrimination Procedures](#)

[Student Misconduct Policy](#)

[Student Review and Appeals Policy](#)

[Student Review and Appeals Procedures](#)

[Workplace Harassment, Bullying and Discrimination Policy](#)

[University Biosafety Committee](#)

External Links

[AS/NZS 2243.3 Safety in Laboratories](#)

[Australian Immunisation Handbook](#)

[Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Virus](#)

[Department of Health Queensland Notification Criteria Guidelines for Laboratories 2014](#)

[Guideline for the Management of Occupational Exposure to Blood and Bodily fluids \(QLD Department of Health, Centre for Healthcare Related Infection Surveillance and Prevention \(CHRISP\)\)](#)

[Health Regulation 1996 \(Qld\)](#)

[Management of Human Immunodeficiency Virus \(HIV\), Hepatitis B Virus, and Hepatitis C Virus Infected Healthcare Workers \(Queensland Health\)](#)

[National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2010\) \(National Guidelines\)](#)

[Work Health and Safety Act 2011 \(Qld\)](#)

[National Safety and Quality Health Service \(NSQHS\) Standards Guide for Dental Practices and Services](#)

[Biosecurity Act 2014 \(Qld\)](#)

[NSW Health Infection Control Policy Amendment](#)

1. INTRODUCTION

This guideline details the prevention and control of infectious diseases whereby Griffith University staff, students and other relevant persons have an obligation and duty of care for the safety of themselves and to others under both common law, the *Workplace Health and Safety Act 2011 (Qld)* and the *Public Health Act 2005 (Qld)*. These persons must ensure, so far as is reasonably practicable, the health and safety of all persons, which includes to minimise the risk of spreading or contracting infectious diseases and to manage occupational exposures to infectious diseases as a result of involvement in such areas as (the list is not intended to be exhaustive):

- working with infectious organisms;
- working with human blood or body fluids;
- clinical work with humans (including work undertaken by students on work-integrated placement in either University-run clinics or facilities, including healthcare facilities, run by external organisations);
- working with animals;
- First Aid;
- cleaning and maintenance;
- overseas travel on University business; and
- environmental work.

2. SCOPE

These guidelines apply to all staff, students and other relevant persons engaged in University business that are, or may be, required to undertake activities as part of their work, research or study which may cause them to come into contact, either on-campus or off campus, with potentially infectious diseases. The guidelines also include those persons who are aware that they have a notifiable disease or acquire such a disease during their study or employment at the University.

Staff/students working in a clinical setting must also refer to their Element, School, Discipline, Research Unit and local Area Health Service guidelines for infection control procedures.

3. DEFINITIONS AND TERMS

Communicable diseases – are spread from one person to another or from an animal to a person, usually via airborne viruses or bacteria, but also through blood and other bodily fluid.

Exposure:

- a. Definite exposure: skin penetrating injury with a needle contaminated with blood or body fluid: injection of blood/body fluid not included under 'Massive Exposure'; laceration or similar

wound which causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid; in laboratory setting, any direct inoculation with HIV tissue or material or material likely to contain Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) not included in 'possible exposure'.

- b. Possible exposure: intradermal ('superficial') injury with a needle contaminated with blood or body fluid; a wound produced with an instrument contaminated with blood or body fluid not associated with visible bleeding; prior (not fresh) wound or skin lesion contaminated with blood or body fluid; mucous membrane or conjunctival contact with blood; human bite with blood exposure or scratch.
- c. Doubtful exposure – intradermal ('superficial') injury with a needle considered not to be contaminated with blood or body fluid; a superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid; prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood e.g. urine; human bite with no blood exposure (e.g. saliva).
- d. Massive exposure – involves transfusion of blood; injection of large volume of blood/body fluid (>1mL); parenteral exposure to laboratory specimens containing high titre of virus.
- e. Non-exposure – intact skin visibly contaminated with blood or body fluid; needlestick with non-contaminated (clean) needle or sharp.
- f. Occupational exposure – is an incident that exposes a healthcare worker to another person's blood or body fluid during their work, which may place them at risk of blood borne virus infection.

GSafe – the University's on-line incident report system.

Infectious diseases – are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi that can be spread, directly or indirectly, from one person to another.

Notifiable and Communicable Diseases are defined for each of the following Government Departments on line –

- a) [Office of the Department of Agriculture and Fisheries Qld \(DAF\)](#).
- b) [Office of the Gene Technology Regulator \(OGTR\)](#)
- c) [Queensland Health – Communicable Disease Unit / Public Health Unit](#)
- d) [Work Health and Safety Queensland \(WHSQ\)](#)

Other relevant persons – including, but not limited to, visitors, patients/clients and members of the public with whom they may be in contact through the course of their University activities.

University Biosafety Committee (UBC) – advises Griffith University on policies, procedures and compliance related to Genetically Modified Organisms (GMOs), Security Sensitive Biological Agents (SSBAs), biosecurity, other biological materials, carcinogens and radiation.

Workers – for the purposes of this guideline these are staff, students (including those undertaking work experience, placements and practicum), volunteers, contractors, sub-contractors, outworkers, apprentices and trainees.

Zoonotic agent - is directly transmitted from animals to humans through bites or saliva and may also be a bacterium, virus, fungus, prion or other communicable disease agent/s.

4. ROLES AND RESPONSIBILITIES

4.1 Head(s) of Element and Research Centres/Institutes

All Heads are responsible for ensuring that infection control procedures are developed, implemented and communicated within their area of authority. This includes the provision of appropriate facilities and equipment, ensuring risks are identified, assessed and controlled in consultation with staff and students exposed to the risk, and the development of Standard Operating Procedures (SOPs). Staff, students and other relevant persons must be advised of the risk of occupational exposure to micro-

organisms, infectious agents and diseases to which they may not be immune if the risk exists within the area of authority.

4.2 Research Supervisors / Laboratory Managers

Supervisors and managers of laboratories must ensure that risk assessments and SOP's relative to their working environments are completed and these are disseminated to workers and other relevant persons through induction and training. In addition, they are to ensure the allocation of sufficient time and resources to ensure procedures are current and effective. Where a zoonotic agent or human pathogen is in use, the laboratory manager and/or the researcher supervisor shall ensure a documented system is in place to:

- report accidents and exposures to micro-organisms;
- monitor worker absenteeism; and
- provide medical surveillance of illness that are potentially associated with the dealings conducted in the facility.

4.3 Workers and Other Relevant Persons

All staff, students and other relevant persons are responsible for ensuring they comply with all infection control procedures that are implemented by the University within their local area along with complying with the directions of the laboratory manager and/or research supervisor. This includes following SOPs, eliminating or minimising risks and the reporting of all incidents and hazards to the relevant supervisor.

4.4 The University Biosafety Committee (UBC)

The University Biosafety Committee (UBC) is responsible for reporting to the relevant Government Department(s) of any accidents, exposures or illnesses associated with microorganisms, infectious agents and diseases as soon as reasonably possible.

5. REQUIREMENTS FOR THE PREVENTION AND CONTROL OF INFECTIOUS DISEASES

5.1 Standard Precautions

These are work practices required to achieve a basic level of infection control and include the use of:

- documented risk assessment and implementation of appropriate control measures;
- good microbiological practices, such as aseptic technique, including use of skin disinfectants;
- good personal hygiene practices, particularly washing and drying hands before and after patient and specimen contact;
- use of personal protective equipment (which may include the wearing of gloves, gowns, plastic aprons, masks face shields and eye protection);
- waterproof coverings over any break in the skin;
- ensuring appropriate first aid resources are readily accessible /available;
- documented procedures for the handling and disposal of sharps; and
- documented procedures for the handling and disposal of contaminated wastes.

For the following areas, standard precautions must be used in addition to specific work practices:

- Physical Containment Level 2 Facility (PC2); and

- Physical Containment Level 3 Facility (PC3).

5.2 Requirements for Immunisation or Health Certification for at risk persons

As a part of an area's specific infection control requirements, staff, students or other relevant persons, may be required to provide evidence of immunisation or another form of health certification, specific requirements set down by these areas may include, but are not limited to:

- documentary evidence signed by a medical practitioner that the person has received required immunisations and/or achieved required levels of immunity against relevant infectious diseases.
- requiring the person to take responsibility for maintaining ongoing awareness of their own infectious disease status and taking appropriate action to ensure their own health and safety and the health and safety of others in the event that they contract an infectious disease.
- maintaining evidence of immunisations records.
- where the person has failed to comply with an area's infection control requirements, they may be prevented from undertaking or continuing certain activities.
- students are responsible for all costs associated with meeting the immunisation/vaccination requirements specified for their program.
- where staff require screening or administration of vaccines as a requirement of their employment, it is the responsibility of the Group or Element to cover costs.
- where there are persons at risk, for example, persons who are immune-suppressed, immune-compromised or otherwise unduly vulnerable to infection, (e.g. diabetics), they should advise their supervisor or other relevant person(s) so that appropriate actions may be taken to ensure their ongoing health.
- laboratory managers or other relevant person(s) must inform all females of known risks to the unborn child or pregnant women of occupational exposure. Medical practitioner advice should also be sought by the staff member or student.

5.3 Practicum and Placements

Staff and students undertaking practicum experiences and/or work-integrated placements either on a University campus or external to the University are required to comply with the infection control and immunisation requirements of the host organisation.

Staff and students undertaking, or who reasonably expected to undertake, invasive or exposure-prone procedures as a part of their work or study must:

- have their infectious disease status determined prior to commencing their studies and clinical placement.
- students must complete all documentation as specified (refer to the relevant Placement Website) relating to infectious disease management;
- report any instance where they have been at risk of acquiring a blood borne virus and arrange further blood borne virus testing at an appropriate interval after any exposure (infective status at 6 weeks and 3 months). They must also refrain from participating in exposure-prone procedures until they have been definitely determined not to be infected;
- take all reasonable steps to protect other staff, students, patients/clients and members of the community with whom they interact from adverse outcomes including the acquisition of avoidable infectious diseases.

5.4 General Preventative Measures

The University promotes ongoing risk assessment and management of exposure to infectious diseases according to the National Health and Medical Research Council (NHMRC) Guidelines.

To this end, Elements, Schools, Research Centres/Institutes shall:

- complete a risk assessment of each task/activity including courses and programs, student placements and research projects or consultancy activities in which staff members and/or students are engaged.

- establish Standard Operating Procedures (SOP's) in accordance with AS/NZS 2243.3 Safety in Laboratories that should include:
 - cleaning, disinfection and sterilisation;
 - hand hygiene and hand washing practices;
 - handling and disposal of potential infectious / hazardous material (biological);
 - safe handling and disposal of sharps;
 - management of spills and handling and cleaning of soiled laundry;
 - provision and use of protective clothing and equipment (PPE) masks, gloves, gowns, eyewear, face shields.
 - requirements for immunisation of staff and students;
 - processes to be followed in the event of occupational exposures via percutaneous and non-percutaneous injury (e.g. needle stick injury or body fluid exposure), including follow-up procedures;
 - incident /emergency contact details in case of an occupational exposure
 - conduct training safely by carrying out activities to minimise the risk of infection.

6. NOTIFICATION OF COMMUNICABLE AND NOTIFIABLE DISEASES

For the reporting of communicable and notifiable diseases refer to the Flow Chart - [Appendix 1](#)

6.1 Reporting

Government regulators have different reporting requirements of communicable and notifiable diseases. Some regulators require notification of '*notifiable incidents*' i.e. Work, Health and Safety Queensland (WHSQ), Office of the Gene Technology Regulator (OGTR), the Department of Agriculture and Fisheries (DAF), and others require notification of '*notifiable and communicable diseases*' i.e. Department of Health (QLD) and QLD Public Health.

Regardless of this requirement, if the incident is notifiable, the Senior Manager, Health Safety and Wellbeing (HSW) and immediate Supervisor/Manager must be contacted.

The information required for notifiable incidents/disease include:

- name of person
- location of incident
- communicable illness
- exposure date and time
- other persons potentially affected
- circumstances surrounding exposure/infection and
- contact details of supervisor/manager.

The Senior Manager HSW will notify the applicable Government regulator, Executive Management within Griffith University and Griffith University Biosafety Committee, as required.

6.1.1 Communicable Disease Unit Contact Process for Department of Health (Qld):

If a worker presents with a communicable disease, the Senior Manager (HSW) will undertake the steps outlined in Appendix 1:

- Patient details required: staff/student name, staff/student number, address, phone, email, program of study.

The Communicable Disease Unit will request pathology confirmation on all tests that have been undertaken.

6.1.2 Notifiable illness process for WHSQ:

If a worker presents with a notifiable illness, the Senior Manager (HSW) will undertake the steps outlined in Appendix 1.

6.1.3 Notifiable illness process for OGTR and /or DAF:

The Team Leader (Biosafety, Chemical and Radiation), Health, Safety and Wellbeing (HSW) will notify the relevant Agent on behalf of the UBC where there has been a human exposure resulting, or potentially resulting, in illness.

6.2 Disclosure

In accordance with State legislation, staff and students of the University are not required to disclose notifiable diseases they may have to the University; however they are required to disclose them to the appropriate State Health Department. Disclosure to the University is encouraged so that appropriate steps can be taken to support staff and students and minimise the risk of harm to others. Regardless, individuals have an obligation under the *Work Health and Safety Act 2011* to ensure that their actions or inactions do not impact on the health and safety of others. Therefore those with a notifiable disease must take precautions not to put others at risk.

Staff and students involved in programs in which Hepatitis B immunization is mandatory, are required to disclose to their School if they have a Hepatitis B infection. Disclosure is necessary as many clinical institutions in which students attend placements have a mandatory requirement for Hepatitis B immunity and confidential negotiation may be required between the School and placement provider for an appropriate placement to be arranged. This information will be held in the strictest confidence.

7. MANAGEMENT STRATEGIES – INFECTIOUS DISEASE EXPOSURE

The following steps are to be followed in the event of an infectious disease exposure:

7.1 Procedure for dealing with exposures

Where a person is possibly or definitely exposed to blood, other body fluids, infectious persons or agents, the Manager/Supervisor is to ensure:

- the affected person seeks immediate, appropriate medical advice/treatment;
- a screening schedule, as directed by Queensland Health, is to be undertaken in conjunction with the NHMRC, Queensland Health Communicable Disease Unit protocols and/or medical advice. This is recommended for Massive/Definite/Possible exposures;
- or doubtful exposures, the affected person contacts their treating general practitioner to conduct baseline screening as per the Queensland Department of Health – CHRISP, with follow up testing at 6 weeks and 3 months. The possibility of further counselling may still be required.
- the incident is immediately reported to the Supervisor or Manager and through GSafe.
- if applicable, the work area must be cleaned and decontaminated.

7.2 Known use of biological infectious agents

Where a known biological infectious agent is being used by staff or students (e.g. in research activities), a standard protocol must be developed. This is to be referenced and communicated to all workers and stored within the facility. This includes:

- the procedural steps for containment (including where relevant PC2 or PC3 laboratory containment of infectious agents);
- management protocol for exposure; and
- procedures for reporting exposure.

7.3 Incidence of infectious disease

When involving a University staff member or student, of which the University is made aware, the University (via the Health, Safety and Wellbeing Team) will immediately contact the relevant

domestic state or territory health department. In international incidents the Health Department of that country is to be contacted by the staff member.

When the incidence involves a University staff member or student of which the University is not made aware, it is the responsibility of the infected person(s) to immediately contact their manager/supervisor.

7.4 Incident involving occupational exposure

Elements must have procedures in place for dealing with occupational exposures, which are relevant to their workers. These procedures include up to date risk assessments, safe operating procedures (SOPs), reporting procedures and must be communicated to all staff regularly.

Examples of exposure-prone activities include those undertaken in:

- the clinical context (e.g. needle stick/sharps injury, bodily fluid exposure, splashes, aerosols, contact transmission); and
- the laboratory and/or practical class context (e.g. use of equipment, splashes, aerosols from bodily fluids, sharps injury).
- An exposed person/s must:
 - follow the required protocol and procedures of the local area.
 - report the incident immediately to their manager/supervisor;
 - have a medical evaluation at a health care facility e.g. Griffith University Health Service, Hospital Emergency Department or their own medical practitioner; and
 - complete an on-line GSafe Incident/Injury Report Form as soon as practicable after the incident.

7.5 Counselling

- Students on placement are to be encouraged to seek counselling through the relevant agency service where the incident occurs, or through the Griffith University Health Service. Notification should be put through to their course co-ordinator.
- Counselling is available for all staff by contacting the University Employee Assistance Program (EAP).
- Queensland Health, Public Health Unit provides information, advice and some counselling services for non-work related exposures.

Appendix 1 - Prevention and Control Flow Chart for Communicable and Notifiable Diseases

