Communicable disease

Managing the risks of contagious and infectious diseases in the workplace

Note: This is a reformatted version of the procedure last published in July 2013 with some minor changes (refer to the change history). The procedure is under review.
While the information provided by Roads and Maritime Services (Roads and Maritime) has been compiled with all due care, Roads and Maritime does not warrant or represent that the information is free from errors or omissions, is up to date or that it is exhaustive. Roads and Maritime does not warrant or accept any liability in relation to the quality, operability or accuracy of the information. Roads and Maritime disclaims, to the extent permitted by law, all warranties, representations or endorsements, express or implied, with regard to the information. Users of the information will be responsible for making their own assessment of the information, and Roads and Maritime accepts no liability for any decisions made or actions taken in reliance upon any of the information. Any such decision or action is made or undertaken at the risk of the user of the information. Users wishing to rely on the information should seek their own expert advice.
Contents

Introduction ................................................................................................................. 4
Purpose ......................................................................................................................... 4
Scope ............................................................................................................................ 4

Communicable disease .............................................................................................. 5
  1 Hazard control measures ................................................................................ 5
  2 Blood-borne pathogens .................................................................................... 6
    2.1 Human Immunodeficiency Virus (HIV) ................................................. 6
    2.2 Hepatitis virus strains ........................................................................... 6
      2.2.1 Hepatitis A ................................................................................ 6
      2.2.2 Hepatitis B ................................................................................ 7
      2.2.3 Hepatitis C ................................................................................ 7
    2.3 Typhoid ................................................................................................ 7
  3 Airborne infectious diseases ............................................................................. 7
    3.1 Rubella ................................................................................................. 8
    3.2 Diphtheria ............................................................................................. 8
    3.3 Tuberculosis ........................................................................................... 8
    3.4 Chickenpox and Shingles .................................................................... 8
    3.5 Whooping cough (Pertussis) ................................................................ 9
    3.6 Q fever ................................................................................................. 9
    3.7 Influenza .............................................................................................. 9
  4 Tetanus ............................................................................................................... 10

Roles and responsibilities ....................................................................................... 11

Definitions ................................................................................................................. 12

Records ..................................................................................................................... 13

Document control ..................................................................................................... 13
  Change history ..................................................................................................... 13
  Feedback ............................................................................................................. 13
Introduction

Roads and Maritime Services is committed to the health, safety and wellbeing of all its workers.

Roads and Maritime undertakes a wide range of activities in diverse work environments. As a result, workers may at some time be exposed to a potential infection from the general environment and during the course of their work activities.

Purpose

Roads and Maritime will establish systems that eliminate and/or minimise the risk of transmission of communicable diseases at Roads and Maritime workplaces. This procedure guides managers who have identified (through risk assessment processes) potential risks of transmission at their worksites to develop protocols and systems for infection control.

Successful infection control is critical to maintaining a safe work environment.

Scope

This procedure applies to all workers who may potentially be exposed to disease as a result of a Roads and Maritime operation.
Communicable disease

This section provides guidance for managing specific diseases and illnesses, and includes controls, health facts and vaccination requirements for the management of:

- Conditions from blood-borne transmission
- Conditions from airborne transmission
- Tetanus.

Managers must consult with their workers to identify and assess the risk of any work activities or work environments that may potentially expose workers to illness from contagious or infectious diseases.

Managers must then establish appropriate hazard control measures designed to prevent exposure to illness or disease. This may include:

- Implementing safe working procedures (SWMS) related to specific work activities
- Arranging for workers to be vaccinated (where available)
- Establishing a register of immunity status
- Arranging for training in the prevention of exposure to and transmission of communicable diseases
- Provision of and training in the use of appropriate personal protective equipment.

The risk management process should include:

- Consultation with staff to identify factors that may contribute to exposure and implications
- Direct observation of work environment and tasks such as working in direct contact with the public, handling refuse, outdoor work in exposed terrain, inspecting road trains
- Analysis of occurrence reports and medical advice received from workers
- Review of current hazard controls measures to ensure they are the most relevant and up to date.

1 Hazard control measures

The hazards of communicable diseases and illness in Roads and Maritime workplaces must be addressed. The following control measures will assist with this process. More than one control may be required to reduce the risk of infection. Examples include:

- Elimination of work tasks not considered to be part of duties (such as not picking up syringes)
- Substitution of more suitable work methods, such as using a shovel when clearing drains instead of using only hands even when wearing gloves
- Engineering controls, like towing a blood stained vehicle instead of driving it to a depot
- Administrative controls, such as inspecting work areas for sharp objects that could cut the skin. Use of standard precautions and basic infection control (for example, hand washing and coughing etiquette)
- Personal protective equipment (PPE), such as appropriate overalls and gloves.
A high standard of personal hygiene is an important factor in protection against transmission of any disease.

2 **Blood-borne pathogens**

Managers must ensure that SWMS are developed and maintained for the tasks to be undertaken where there may be a risk of infection from any blood-borne disease. Supervisors are to ensure that SWMS are implemented and any required PPE is provided, worn and maintained correctly.

All workers are to be provided with training in SWMS relevant to tasks where there is a risk of exposure, before implementation of those tasks and SWMS.

2.1 **Human Immunodeficiency Virus (HIV)**

HIV is present in blood and other body fluids. HIV is not spread through casual contact at the workplace and cannot be transmitted through air or water, sharing cups or cutlery or through insect bites.

To control the risk of transmission paths of HIV all at-risk staff need to recognise the potential risks and implement safe work methods in their work activity and follow standard precaution procedures.

Standard precaution procedures include:

- Routinely wearing impervious gloves and other protective clothing
- Safe work methods for handling potentially infected waste
- Procedures for using tongs to pick up syringes.

2.2 **Hepatitis virus strains**

2.2.1 **Hepatitis A**

The virus is usually transmitted by swallowing food handled by an infectious person, touching nappies, linen and towels soiled with faeces of an infected person and direct contact (including sex) with an infected person.

Who is at risk?

- People who have not had hepatitis A or have not been vaccinated against it and are exposed to the disease
- Workers who have the potential to be exposed to faeces in the course of their work
- People who have poor hygiene practices, for example not thoroughly washing hands, sharing eating or drinking utensils.

Vaccination is available and is recommended for high risk workers who may be exposed to sewage in the course of their work.
2.2.2 Hepatitis B

The Hepatitis B virus is transmitted when blood or body fluids (e.g., saliva, semen and vaginal secretions) that contain the virus, enters the body through broken skin, mucous membranes and the bloodstream. Hepatitis B is not transmitted by casual contact such as hand shaking, coughing, or sharing food.

If a worker is exposed to a potential hepatitis B risk (e.g., after a needle stick injury, body fluid splash to the mucous membrane) immediate medical advice must be sought to protect against infection.

Vaccination is available and is recommended for high risk workers who may be exposed to blood-to-blood contact in the course of their work. Vaccination consists of three injections over six months and it is recommended that a register is maintained of immunisation status for high risk workers.

2.2.3 Hepatitis C

The hepatitis C virus is transmitted by blood-to-blood contact with someone who is infected. This can occur through sharing drug injecting equipment, unsafe tattooing or skin piercing, needle-stick injuries, or unsterile medical procedures.

There is no vaccine to prevent Hepatitis C.

2.3 Typhoid

In Australia most typhoid fever infections are acquired overseas. The diagnosis is made through blood and/or stool sample requested by a medical practitioner.

Typhoid vaccination is recommended for people travelling to developing countries.

A worker with a confirmed diagnosis of typhoid will be excluded from work until cleared by the local public health unit.

3 Airborne infectious diseases

Managers must ensure that SWMS are developed and maintained for tasks to be undertaken where there may be a risk of exposure to infectious diseases that are spread through the air:

- From person to person by droplets from the nose or mouth
- By direct contact
- Through inhaling dust with infected particles.

A worker with a confirmed diagnosis of an infectious disease will be excluded from work until cleared by a medical practitioner.
3.1 Rubella
Rubella is a viral infection which has a contagious period from seven days before a rash occurs until four days later. Anyone who is not immune (either by past infection or vaccination) is at risk.

A combined vaccination MMR (measles, mumps and rubella) is usually given to children at 12 months and 18 months of age. Vaccination is important for women and men of child bearing age if they have not been previously infected or vaccinated against Rubella.

3.2 Diphtheria
Diphtheria is usually spread from person to person after an infected person has sneezed or coughed. Without treatment people with diphtheria can be infectious for up to four weeks from the onset of symptoms. Anyone who is not immune (either by past infection or vaccination) is at risk. A worker with a confirmed diagnosis of diphtheria is excluded from the workplace until medical advice is received stating they are no longer infectious.

A combined vaccination DTP (diphtheria, tetanus and pertussis) is usually given to children at 2, 4 and 6 months and booster doses at four years and 15 years of age.

3.3 Tuberculosis
Tuberculosis (TB) is a disease caused by a bacterial infection which is spread through the air when a person with TB in the lungs or throat coughs or sneezes, sending germs into the air.

TB germs can be ‘inactive’ in the body and cannot be spread to others but may become active when the body’s defences are lower. People who spend long periods of time in close contact with a person with infectious TB of the lung or respiratory tract and those who have a chronic illness that affects their immune system are at risk.

People with TB in their lungs and throat can be infectious to others. If a diagnosis of infectious TB is confirmed, treatment consists of medication and isolation until tests prove they are no longer infectious.

A worker with a confirmed diagnosis TB will be excluded from work until medical advice is received stating they are no longer infectious.

3.4 Chickenpox and Shingles
Chickenpox is a common viral infection that can reappear later in life as shingles. The virus is spread by coughing early in the illness and direct contact with the fluid in the blisters later in the infection. Anyone who is not immune (either by past infection or vaccination) is at risk.

Shingles is caused by the reactivation of the chickenpox virus and is spread by direct contact with the skin rash.

A vaccination is usually given at 18 months of age and again in the first year of high school if not previously immunised or had chickenpox.

A worker with a confirmed diagnosis of chickenpox will be excluded from work until at least five days after onset of rash and all the blisters have dried.
3.5 **Whooping cough (Pertussis)**

Whooping cough is spread when an infectious person coughs bacteria into the air, which can be inhaled by people nearby. People who are not treated can be infectious for the first three weeks of their illness. After five days of antibiotics a person is usually not infectious but the cough may continue. Anyone is at risk of contracting whooping cough.

A worker with a confirmed diagnosis of whooping cough will be excluded from work for five days from their starting a course of antibiotics.

A combined vaccination DTP (diphtheria, tetanus and pertussis) is usually given to children at 2, 4 and 6 months and booster doses at four years and 15 years of age. The vaccine provides good protection against infection but immunity fades over time so a booster for adults is available.

3.6 **Q fever**

Q fever is an illness caused by a bacteria spread to humans from infected animals through contaminated dust. People who are exposed to inhaling dust from infected animals are at risk of contracting Q fever. The spread of Q fever from person to person has been reported but is extremely rare. Medical advice will provide any exclusion requirements on an individual basis.

A vaccination is available for Q fever and is recommended for high risk workers – see Q Fever Factsheet – NSW Health.

3.7 **Influenza**

Influenza, or flu, is a highly contagious respiratory illness caused by influenza viruses. Adults are most infectious in the first 3–5 days of their illness. Anyone can get influenza but the following are at a higher risk of complications from the infection and are eligible for free vaccination under the National Influenza Vaccination Program:

- Individuals over 65 years of age
- Aboriginal and Torres Strait islander peoples over 15 years of age
- Pregnant women
- People with chronic medical conditions.

Seasonal influenza vaccination is available to minimise risk. A new vaccine is developed annually to best match the strains predicted for the coming flu season.

A high standard of personal hygiene is an important factor in protection against transmission of flu virus. In particular, covering the face when coughing and sneezing and thoroughly washing hands.

Hygiene control, such as disposable face masks, hand sanitisers and tissues can be considered for Roads and Maritime workplaces that have a higher exposure to the general public (for example the customer service centres).

Workers should stay at home until well and at least 24 hours post fever symptoms.

---

4 Tetanus

Managers must ensure that safe work method statements (SWMS) are developed and maintained for the tasks to be undertaken where there may be a risk of exposure to a tetanus prone wound.

Tetanus may result when bacteria from soil sources enter an open skin site. Tetanus is not passed on from person to person.

Suitable treatment should be sought after an open wound injury. The types of wounds where there is a potential for the tetanus organism to grow include:

- Compound fractures
- Bite wounds
- Wounds containing foreign bodies (especially wood splinters).

All occurrences must be reported to the WHS Reporting Line where a work injury results in a tetanus prone wound. The affected worker should seek immediate medical attention, including assessment for a tetanus vaccination.

Supervisors are to ensure that SWMS are implemented and any required PPE is provided, worn and maintained correctly and is supported with training.

The following table gives guidance on the use of vaccines in wound management.

<table>
<thead>
<tr>
<th>History of tetanus vaccination</th>
<th>Time since last dose</th>
<th>Type of wound</th>
<th>Tetanus booster vaccine</th>
<th>Tetanus immunoglobulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 doses</td>
<td>&lt; 5 years</td>
<td>All wounds</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>≥ 3 doses</td>
<td>5 – 10 years</td>
<td>Clean minor wounds</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>≥ 3 doses</td>
<td>5 – 10 years</td>
<td>All other wounds</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>≥ 3 doses</td>
<td>&gt;10 years</td>
<td>All wounds</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>&lt; 3 doses, or uncertain</td>
<td>Clean minor wounds</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>&lt; 3 doses, or uncertain</td>
<td>All other wounds</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
## Roles and responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Managers        | - Identify hazards that may result in an exposure to infection  
  - Handling of waste products (for example, harbour and road side refuse)  
  - Workers reporting to work after being exposed to a potentially infectious disease or after overseas travel  
  - Ensure all hazards identified are subject to a risk assessment process to eliminate the risk. If the risk cannot be eliminated then it must be minimised, so far as is reasonably practicable  
  - Ensure that safe work methods (SWMS) are developed, implemented and maintained for any duties to be undertaken where there may be a risk of exposure to an infection or disease  
  - Assess the situation if an exposure is identified and if there are effects to workers and others. Plan the intervention required, such as ensuring workers potentially exposed to infection are provided with relevant information, advice and training on the communicable disease (eg available from NSW Health)  
  - Ensure workers are informed of the availability of a vaccination program through Roads and Maritime for all work activities that may result in exposure to infection  
  - Ensure that infection control measures, including appropriate facilities, training and review of procedures are implemented  
  - Review any recommendations, outcomes and instructions provided by medical practitioners, particularly for return to work schedules and any future management requirements  
  - Maintain records relevant for infection control  
  - Ensure that any workers who are known to have a communicable disease are treated in accordance with privacy and anti-discrimination guidelines  
  - Manage fitness for duty matters according to the HR Fitness for Duty procedure.                                                                                      |
| Workers         | - Assist management in identifying workplace hazards  
  - Report any exposure or incidents related to an communicable disease  
  - Comply with any reasonable direction from their manager to reduce the risk of exposure to an communicable disease.                                                                                                     |
| First aiders    | - Apply the instruction received in the course of their training in standard hygiene and first aid priorities for dealing with exposure to blood or body fluids  
  - Report any exposure or occurrences related to communicable diseases to the WHS reporting line 1300 131 469.                                                                                                              |
## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable disease</td>
<td>Refers to both contagious disease (transmitted by physical contact) and infectious disease (transmitted via microorganisms in the air or water).</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Personal health information must not be shared without permission of the individual. It may only be shared if there is a health and safety reason for that information to be given.</td>
</tr>
<tr>
<td>Infection control</td>
<td>Refers to the procedures and activities which aim to prevent or minimise the risk of transmission of infectious diseases. These include vaccination and standard precautions.</td>
</tr>
<tr>
<td>Manager</td>
<td>A person responsible for planning and directing the work of a worker or group of workers, monitoring their work, and taking corrective action.</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal protective equipment.</td>
</tr>
<tr>
<td>Standard precautions</td>
<td>A method of risk control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV or Hepatitis. It includes personal hygiene practices, particularly hand washing, use of personal protective equipment (PPE) – such as gloves, overalls and masks – and safe disposal systems for sharp and/or contaminated matter.</td>
</tr>
<tr>
<td>SWMS</td>
<td>Safe work method statements</td>
</tr>
<tr>
<td>Worker</td>
<td>Any person who carries out work in any capacity at a Roads and Maritime workplace – Roads and Maritime employees (including labour hire, apprentices and trainees); professional services contractors and consultants; contractors, subcontractors and their employees; outworkers; students gaining work experience; and volunteers.</td>
</tr>
</tbody>
</table>

## References

### Roads and Maritime documents

<table>
<thead>
<tr>
<th>Doc no</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBA</td>
<td>Procedure Emergency management</td>
</tr>
<tr>
<td>PN066P05</td>
<td>Procedure Injury management and return to work</td>
</tr>
<tr>
<td>PN243P05</td>
<td>Human Resources Fitness for Duty Procedure</td>
</tr>
<tr>
<td>PN243P06</td>
<td>Human Resources Reasonable Adjustment Procedure</td>
</tr>
</tbody>
</table>

### External documents

<table>
<thead>
<tr>
<th>Document name</th>
<th>Source</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Health infectious diseases fact sheets</td>
<td>NSW Health – <a href="http://www.health.nsw.gov.au">www.health.nsw.gov.au</a></td>
<td>Fact sheets</td>
</tr>
</tbody>
</table>
## Records

Any health information collected must be directly related to reducing workplace risks and infection control. The worker must acknowledge the sharing of any information and content must be on a need to know basis. Immunisation records will support the infection control strategy and inform staffing decisions.

The table lists the records and forms you need to access when using the procedure.

<table>
<thead>
<tr>
<th>Name of document</th>
<th>Location</th>
<th>Document type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical certificate</td>
<td>RMS records</td>
<td>Procedure PN 208P02</td>
</tr>
<tr>
<td>Immunisation status</td>
<td>Personal record and RMS database</td>
<td></td>
</tr>
<tr>
<td>Risk assessments</td>
<td>In accordance with WHS procedure</td>
<td>PN 066P02</td>
</tr>
</tbody>
</table>

## Document control

<table>
<thead>
<tr>
<th>Owner</th>
<th>Health and Wellbeing Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
<td>General Manager Work Health and Safety</td>
</tr>
<tr>
<td>File name</td>
<td>procedure-pn066p22.pdf</td>
</tr>
<tr>
<td>Online location</td>
<td>Home (<a href="http://www.rms.nsw.gov.au">www.rms.nsw.gov.au</a>) → Safety → Work Health &amp; Safety → OneRMS safety management system → Procedures, forms and guidance</td>
</tr>
<tr>
<td>Objective ID</td>
<td>A13836341</td>
</tr>
<tr>
<td>Publication n°</td>
<td>16.585</td>
</tr>
<tr>
<td>Template</td>
<td>Objective ID: A10508605</td>
</tr>
<tr>
<td></td>
<td>Objective label: WHS procedure template</td>
</tr>
</tbody>
</table>

## Change history

<table>
<thead>
<tr>
<th>Issue</th>
<th>Date</th>
<th>Description of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>18/10/2016</td>
<td>• Applied current template&lt;br&gt;• Updated terminology&lt;br&gt;• Updated definitions</td>
</tr>
<tr>
<td>1.0</td>
<td>11/07/2013</td>
<td>Initial release</td>
</tr>
</tbody>
</table>

## Feedback

Contact WHS Branch with feedback on this document at: onermssms@rms.nsw.gov.au