

Occupational infectious diseases



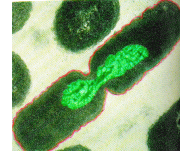
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Overview

- Extent of occupational infectious diseases in Australia
- Risk management for occupational infection risks and the common pitfalls
- Court cases



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Extent of the problem

- Limited information on the incidence of occupational infectious diseases in Australia
- National workers compensation data
 - Between 246-572 claims each year from 1997/98 to 2002/03 for occupational infectious diseases (Driscoll, T. 2006, JOHS-Aust NZ 22(4):315-321)

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Extent of the problem

- These data are likely to be significant underestimates
 - National workers compensation data only reflect more serious cases
 - Some infectious diseases have long incubation periods and so the link to the workplace may not be recognised

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Extent of the problem

- Some infectious diseases may present with non-specific symptoms of illness and so the infected worker may not present to a doctor for diagnosis
- It may be unclear whether a worker's infection was acquired through an occupational or community exposure



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At-risk occupations

- The main at-risk occupational groups include
 - Healthcare workers
 - Childcare workers
 - Agricultural workers
 - Meat and livestock workers
- A wide range of other occupations are also at risk



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Occupational infectious diseases

- Occupational infectious diseases in Australia that are common or serious and/or have a high public profile
- Zoonoses (diseases acquired from animals)
 - Q fever
 - Leptospirosis
 - Brucellosis
 - Anthrax
 - Psittacosis (ornithosis)
 - Newly recognised zoonoses
 - Hendra virus
 - Australian bat lyssavirus



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Occupational infections

- Communicable diseases (diseases spread between people)
 - Hepatitis A
 - Blood-borne viruses
 - Hepatitis B, hepatitis C and HIV/AIDS
 - Tuberculosis
 - Legionellosis
 - Gastrointestinal infections
 - Skin infections

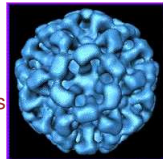


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Priority disease

- Australian Safety and Compensation Council has identified **Infectious and Parasitic Diseases** as a national priority occupational disease
- www.ascc.gov.au



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Risk management



- Employers have an obligation/duty of care to manage occupational infection risks
- Occupational infection risks should be managed using a risk management framework
 - AS/NZS 4360 Risk management
 - OHS authorities risk management COP or guides

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Hazard and risk

- Identify the hazard
- Assess the risk
 - Determine likelihood
 - Determine consequences
 - Rate and prioritise the risk

Risk = severity of consequences x likelihood of occurrence

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Determine likelihood

- Determine the likelihood that a person will acquire an infectious disease at work
 - Exposure risk factors
 - Infectious disease risk factors
 - Workplace risk factors
 - Task risk factors
 - Worker risk factors
 - Australian Immunisation Handbook 9th edition
 - www.immunise.health.gov.au
 - Existing controls

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Determine consequences

- Determine the consequences of a person acquiring an infectious disease at work
- Acute health effects
- Chronic health effects



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Consequences

- Adverse reproductive outcomes
- Psycho-social health effects
- Other consequences
 - Spread of infection to others at the workplace



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Risk control

- Control the risk
 - Outcome of the risk assessment
 - Characteristics of the infectious agent
 - Whether the disease is vaccine preventable



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Hierarchy of control

Higher order controls

Elimination

Substitution

Isolation

Redesign and engineering

Lower order controls

Administrative controls

Personal protective equipment

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Implement and monitor

- Implement control measures
- Monitor and review the effectiveness of the control measures



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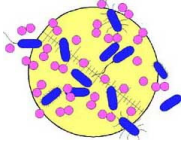
Court cases

- Hughes v SDN Pty Ltd 2002
 - Childcare worker and her son were awarded \$4.65 million after the worker's son was born with severe disability resulting from congenital cytomegalovirus (CMV) infection
- Samardzic v State of NSW 2004
 - Police officer was awarded \$578,000 following occupational infection with hepatitis B
- Worksafe Victoria v Galpac Australia Pty Ltd 2007 W00848821
 - A secondary meat processing plant was fined \$20,000 after four workers acquired Q fever from processing semi-thawed sheep placentas. The workers were not immunised and the use of PPE was not enforced

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• Thank you



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