

STANDARD PROCEDURE INSTRUCTION

Title		SPI
Immunization for employees working with sewage		34-48
Department	Supersedes SPI Dated	Effective Date
Safety, Health & Environment	New	January 22,2013

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1. PURPOSE

1.1 To ensure that Vale employees are protected against the risks associated with the handling of sewage that may contain human waste.

2. RESPONSIBILITY TO REVIEW AND IDENTIFY

2.1 Departments Managers in consultation with the Departmental Safety and Health Committee will identify and determine if any employees for whom they are responsible and who work with sewage that may or does contain human waste and have an occupational risk of contracting a vaccine -preventable potentially infectious disease.

3. PROVISION OF INFORMATION

3.1 All employees at occupational risk shall be made aware of this immunization standard and be provided with the opportunity to safeguard their health through safer work practices, immunization and/or counselling. Advice and guidance is available from the Safety, Health and Environment Department.

3.2 Additionally, all employees are advised and encouraged to consult with their personal health care provider to ensure that their general immunization status meets with current Manitoba Health/Canadian Immunization Guidelines.

3.3 All employees will be provided with information about any vaccine recommended in the Canadian Immunization Guide published under the authority of the Minister of Health (Canada) and information about any associated risks.



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4. ACCESS TO IMMUNIZATION

4.1 With the employee's consent, Vale will arrange for the employee to receive the recommended vaccine and will pay all associated costs not covered by Manitoba Health.

5. REFUSAL TO ACCEPT IMMUNIZATION

5.1 If at risk Vale employees refuse to accept immunization, an informational session with the health care provider will be arranged. If employee continues to refuse the immunization, documentation must be obtained and filed in the employee's personal file. See Appendix I for Refusal Form.

5.2 Vale employees that refuse to safeguard their health through immunization shall be provided with the appropriate PPE to protect the employee from the risks associated with the sewage. In no case shall an employee be placed at serious risk of contracting a vaccine preventable potentially infectious disease without the appropriate control measures in place.

5.3 Departments will confirm that employees have met the conditions of this procedure before beginning work with any of the identified vaccine-preventable potentially infectious material. See Appendix II for Confirmation Letter.

5.4 Employees are encouraged to initiate discussions with supervisors regarding any immunization concerns they may have.

6. IMMUNIZATION ADVISORY PANEL

6.1 The Manager of Safety, Health and Environmental shall establish and maintain an Immunization Advisory Panel comprised of individuals with expertise and/or experience in the field of infectious diseases as well as representatives of the workforce. The purpose of the Advisory Panel shall be to provide advice on:

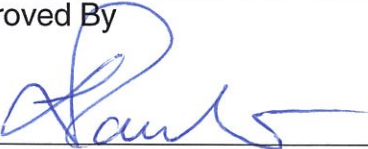


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- a) the need to have an immunization to protect against potentially infectious diseases;
- b) potential situations in which a vaccination may not be advisable;
- c) potential reasonable accommodations for those who are unable to have a vaccination;
- d) additions or deletions to the list of required vaccinations.
- e) at minimum this advisory panel shall include: an industrial hygiene coordinator, the SHE worker safety representative, and an occupational medicine representative.

Approved By 	Title Vice President Manitoba Operations
Date Jan 22/13	





IMMUNIZATION FITNESS CERTIFICATE

LOCATION: Morneau Shepell Ltd. - Thompson
EMPLOYEE NAME:
EMPLOYEE NUMBER:
DATE OF EXAMINATION:
EMPLOYER: Vale Limited – Manitoba Operations

I consider the applicant:

FIT

To perform the duties of a(n)

Limitations/Recommendations (if applicable): _____

Provider Name: Susan Crawford-Murray RN
(Please Print)

Provider Signature: _____

Date: _____

Refusal to Receive Vaccination

Employee's Name: _____ Employee's ID # _____

My health care provider, _____ has advised me that I should receive the following vaccines:

Recommended		Refused
<input type="checkbox"/>	Td (Tetanus & Diphtheria)	<input type="checkbox"/>
<input type="checkbox"/>	Havrix Vaccine (Hepatitis A) or	<input type="checkbox"/>
<input type="checkbox"/>	Twinrix Vaccine (Hepatitis A & B)	<input type="checkbox"/>

I understand:

- The **purpose** of and the need for the recommended vaccine(s).
- The **risks and benefits** of the recommended vaccine(s).
- My health care provider, the Immunization Advisory Panel, and my employer Vale, all strongly recommend that the vaccine(s) be given.
- If I do not receive the vaccine(s), the **consequences** may include increased risk of:
 - Getting sick from the illness the vaccine could prevent
 - In the event I become infected with either Hepatitis A or Hepatitis B, spreading the diseases to others who could become ill, be hospitalized, or die as a result.

Nevertheless, I have decided to refuse the vaccine(s) recommended above by checking the appropriate box under the column titled "Refused".

I know that my failure to follow these recommendations for vaccination may endanger my health or the health of people I come in contact with.

I know that, even though I refuse to be vaccinated now, I can **change my mind at any time** and accept vaccination in the future.

I acknowledge that I have read this refusal form in its entirety and fully understand it.

Signature _____ Date: _____

Witness: _____ Date: _____