

Health advice for emergency response workers

Fact sheet

Emergency response workers may be exposed to environmental health risks in the course of their work, including

- trauma from falls
- snake bites
- skin infections, which if not treated, can develop into a blood stream infection
- sunburn
- infections from inhaling, swallowing or other contact with contaminated water/soil, including food poisoning and rarer diseases such as leptospirosis and melioidosis
- mosquito-borne infections.

To reduce these health risks, emergency response workers should

- avoid unnecessary contact with floodwater
- wear appropriate personal protection—including heavy duty gloves if working with water/soil or contaminated items, sturdy enclosed footwear, loose long-sleeved shirts and trousers, sunscreen, hat and sunglasses
- practise high levels of personal hygiene. Wash hands frequently with soap and clean water or alcohol based hand rub (especially prior to eating or smoking, and after contact with contaminated water/soil).
- Cover any cuts and grazes with sterile waterproof dressings.

Emergency response workers who have medical conditions that lower immunity should avoid contact with water/soil to reduce their risk of infection. If an emergency response worker sustains an injury, first aid should be applied and medical attention sought as usual.

Vaccinations

Emergency response workers should keep up-to-date with their vaccinations and be aware of their vaccination history prior to deployment.

Tetanus vaccination

Bacteria that causes tetanus are commonly found in the environment—for example in soil, dust and manure. These bacteria may enter the body through open wounds and produce a toxin which causes tetanus. Antibiotics are not useful for prevention of tetanus—proper immunisation and good wound management play the most important roles.

Tetanus immunisation is highly effective and tetanus is now rare in Australia. People who have completed their childhood tetanus immunisation schedule no longer require 10-yearly booster doses. Routine adult tetanus vaccination is now only recommended for people at 50 years of age who have not had a tetanus vaccine in the previous 10 years.

However, tetanus booster vaccination is required if a person gets a tetanus-prone wound—such as a deep penetrating wound or wound contaminated by dirt or foreign bodies like splinters—if that person has not received a booster in the previous five years. Any person with a tetanus-prone wound should wash the wound thoroughly with clean, fresh water, apply an antiseptic such as iodine solution if possible and seek medical attention.

Hepatitis A

Hepatitis A is not usually a risk for emergency response workers, even if they do come into contact with sewage-contaminated floodwaters. The hepatitis A virus is only present in sewage if hepatitis A is circulating in the community—which is rare in Australian communities. Most cases are acquired overseas by unvaccinated travellers.

Other vaccinations

Hepatitis B vaccination is recommended for healthcare workers and those who provide direct clinical care. It is also recommended for workers such as police, if they are assigned to duties which may involve direct contact with bodily fluids. It is expected that most workers involved in emergency responses, such as flood recovery, would not require hepatitis B vaccination in order to participate in recovery efforts. Other vaccines would only be required in very unusual circumstances.

Mosquito-borne infections

Mosquito-borne infections may become an issue when mosquito breeding increases and mosquitoes are more abundant. Ross River virus and Barmah Forest virus infections both cause inflammation and pain in multiple joints, fever and rash. Emergency response workers who become unwell with such symptoms should seek medical attention.

Dengue mosquitoes breed in water around houses and bite people during the day. Dengue outbreaks have only occurred in north Queensland in the past few decades. This is usually a result of a viraemic traveller returning from overseas with an acquired infection.

To prevent mosquito bites, Queensland Health recommends tropical strength repellent containing the chemical DEET (diethyltoluamide or diethylmethylbenzamide) or picaridin. Users should always read the label and follow the manufacturer's guidelines for application and use.

Sleep in screened areas or use mosquito nets, wear long, loose clothing outdoors, and use other mosquito control products such as coils.

Wound care

Management of abrasions and simple wounds

Clean the abrasion or wound using clean, fresh water. Remove debris using clean or sterile gauze (often contained in first aid kits) if available. Don't scrub at embedded dirt—if there is a lot, seek medical advice.

Apply an antiseptic such as an iodine solution if available. Cover the cleaned wound with a waterproof, sterile dressing. Keep cuts or abrasions clean and dry. If the cut or abrasion becomes red, sore, swollen, painful or discharges pus, seek medical advice.

Seek medical attention for advice on the need for a tetanus booster if the wound contained dirt or is deep and the last tetanus booster was more than five years ago.

Further information

- Department of Health <http://www.health.qld.gov.au/disaster>
- Insect repellent information
<http://medent.usyd.edu.au/arbovirus/mosquit/mosquitoes.htm>
- Tetanus
<http://conditions.health.qld.gov.au/HealthCondition/condition/14/33/139/tetanus>
- Contact your doctor, hospital or health clinic
- Call 13 HEALTH (13 43 25 84) at any time
- Contact 13 QGOV (13 74 68) for your nearest public health unit.

COVID-19

Please ensure you are appropriately vaccinated against COVID -19. Keep yourself and others safe by following the latest Queensland Health advice

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others>