

Tetanus

PROTECT YOURSELF AGAINST BIOLOGICAL HAZARDS



TETANUS

Tetanus is a **serious disease** caused by a bacillus that releases a **poisonous substance (toxin)** in the body. The toxin affects the nervous system, heart and lungs, and causes severe muscle contractions. It can be fatal in 30% of cases.

The bacillus is commonly found in soil and dust, and can contaminate open wounds. It enters the body through breaks in the skin, even small ones (splinters, nail punctures, stings, bites, etc.). Wounds caused by an object puncturing the skin are more likely to get infected with tetanus, because it isn't possible to thoroughly clean the wound.

While everyone is at risk of contracting tetanus, some workers are at higher risk because of the nature of their work:

- People who work outdoors, where there is contact with soil
- Those whose tasks are more likely to cause injuries
- Workers whose tasks put them at risk of injury caused by sharp objects

Included are garbage collectors, sewer men, workers in recycling facilities, construction workers, firefighters, police officers, correctional services officers and farmers.

THE VACCINE

The tetanus vaccine is combined with the diphtheria vaccine. It can also be combined with pertussis vaccine. There are no live bacteria in the vaccine, and you can't get the disease from it. **The vaccine is very effective** and protects over 95% of people who are properly vaccinated. The vaccine must be given in the arm muscle for maximum effectiveness.

It isn't necessary to restart a vaccine series begun during childhood, but it has to be **completed** accordingly.

It is also essential to avoid overvaccination, that is, getting too many doses of vaccine within a short period of time; **this is why it is important to be aware of prior doses of vaccine received.**

Based on current knowledge and with hindsight, it is acknowledged that a person who has been properly vaccinated only needs a booster shot at 50 years of age. In certain situations, after an injury, a booster shot will be required if the last dose is more than five or ten years old.

SIDE EFFECTS

The vaccine can cause **local reactions** such as redness, swelling or pain at injection site. If this occurs, a cold compress should be applied. Some people develop fever. To relieve those symptoms, it is important to rest, drink plenty of fluids and take **acetaminophen** (e.g. Tylenol, Tempra).

A small lump (nodule) may develop at the injection site. It disappears on its own in the weeks following vaccination. A person who has received too many doses of vaccine can have a more serious side effect called an "Arthus reaction". If the symptoms listed above persist or if more serious reactions develop, see a doctor and notify the person who administered the vaccine.

There is a very low risk of severe allergic reaction. If such a reaction should develop, the staff administering the vaccine have been trained to deal with it immediately.

The vaccinator should absolutely be informed of any adverse reactions to prior vaccination.

VACCINATION AUTHORIZATION

FILE No. _____

NURSE'S NAME _____

Worker Identification

Last name: _____ First name: _____

SIN: _____

Health Ins No.: _____

Date of birth: _____ Sex: F M

Address: _____

City: _____ Province: _____ Postal code: _____

Tel. (home): _____ Tel. (work): _____

Last and first names of parents

Father: _____ Mother: _____

Work place

Company name: _____

Company no.: _____

Job title: _____ Start date: _____

Vaccination Authorization

I want to get the tetanus vaccine.

I don't want to get the tetanus vaccine.

Notes: _____

Signature: _____ Date: _____

Authorization to disclose information to the employer

I agree that information about this vaccination be given to my employer.

I refuse that information about this vaccination be given to my employer.

Signature: _____ Date: _____

INFORMATION ON TETANUS VACCINATION

**1st
dose**

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

**2nd
dose**

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

**3rd
dose**

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

**Booster
dose**

File no.: _____ Contraindications: _____

DATE	VACCINE ADMINISTERED	DOSAGE	SITE AND METHOD OF INJECTION	LOT NO.	EXP. DATE	PLACE

Notes: _____

Vaccinator's signature: _____

**THE ABOVE INFORMATION IS CONFIDENTIAL AND CANNOT BE RELEASED
WITHOUT THE WORKER'S AUTHORIZATION.**

**This pamphlet includes a vaccination
authorization form.**

IMPORTANT

You must indicate if you agree
or refuse to get the tetanus vaccine.

You must sign the form after having
read and understood the information.
in this pamphlet.

If you would like more information, or to talk with a health professional, please contact your regional occupational health team.



To contact us
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