

**CONTROLLED DOCUMENT**

## Immunisation Policy

<b>CATEGORY:</b>	Policy
<b>CLASSIFICATION:</b>	Health and Safety - Occupational Health Class D – Information in the public domain
<b>PURPOSE</b>	To protect patients and health care workers from the acquisition and transmission of infectious diseases by the provision of a staff immunisation programme in compliance with Department of Health Guidelines.
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<ul style="list-style-type: none"> <li>• <b>Essential Reading for:</b></li> <li>• <b>Information for:</b></li> </ul>	<p>All Directors, Senior Managers and Department Heads</p> <p>All Staff</p>

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## 1. Policy Statement

- 1.1 University Hospitals Birmingham NHS Foundation Trust (the 'Trust') is committed to ensure compliance with the requirements for Health Care Workers as directed in the Guidance on Immunisation against infectious disease (2014), by providing an immunisation and blood screening programme for all staff who have contact with patients, laboratory specimens or clinical waste.
- 1.2 The purpose of this policy is to ensure the provision of an effective immunisation programme for health care workers in order to protect them and Trust patients from the acquisition and/or transmission of infection that is preventable by immunisation. Immunisation is a very effective health care intervention which forms part of the whole approach to the prevention and control of infection. It is not a substitute for good infection prevention and control practices.
- 1.3 The objectives of this policy are to:
  - 1.3.1 Assess the potential risks of acquisition and transmission of infectious diseases that may be preventable by immunisation;
  - 1.3.2 Implement a staff immunisation programme to reduce the risk of acquisition and transmission of infectious diseases; and
  - 1.3.3 Comply with Public Health England Guidelines Immunisation against Infectious Disease, (2014).

## 2. Scope

This policy applies to all areas and activities of the Trust and to all individuals employed by the Trust including contractors, volunteers, students, locum/ agency staff, bank staff and staff on honorary contracts.

## 3. Framework

- 3.1. This section describes the broad framework for the Immunisation Policy.
- 3.2. Definitions

Exposure Prone Procedure (EPP) – a procedure where a gloved hand of the clinician could come into contact with a sharp object such as an instrument or bone, and where the fingertips cannot be seen, such as during surgical procedures (e.g. by surgeons, scrub nurses, operating department practitioners/assistants).

Health Care workers (HCWs) include all staff including locum/ agency, bank staff, students and volunteers, who have direct patient contact or deal with body fluids.

- 3.3. All prospective staff will complete a health questionnaire prior to commencement. The questionnaire will include questions on the presence of symptoms of tuberculosis.
- 3.4. All HCWs will be restricted from undertaking any EPP work until they have been screened and received clearance of their non-carrier status of Hepatitis B and C. Their status will be communicated to the recruitment and medical staffing departments as part of the clearance process. Any member of staff entering their first EPP post after 2006 must also prove their non-carrier status of HIV.
- 3.5. An assessment of the immunisation needs of staff will be made by the Occupational Health Department (OHD) at the pre-placement stage. Where considered necessary, staff will be identified and advised of the requirement for appropriate immunisations. The immunisation programme will be delivered by the OHD and all identified staff will be pre-assessed in the OHD and advised of all risks of acquiring and transmitting specific infectious diseases that can be prevented by immunisation (see Appendix B).
- 3.6. In order to identify the required appropriate level of immunisation, all HCWs will be divided into three categories according to identified risks of infection (see "Summary of Recommendations" in Appendix B).
- 3.7. All HCWs new to the NHS will be seen by the OHD in the first 2 weeks of employment to commence the immunisation programme.
- 3.8. All other new HCWs must provide evidence of previous immunisations as part of their Occupational Health immunisation screening. If this is not available, they will be seen in the OHD within the first 4 weeks of employment to assess which immunisations and blood tests they require in order to protect them and the patients under their care. Managers will ensure all new HCWs have attended the OHD during local induction. Failure to comply may lead to suspension without pay.
- 3.9. Staff can decline immunisation, however, in this instance they will be made aware of the risks to their health and the potential risks to others; duties may require adjustments. Staff declining Hepatitis B vaccination who would normally carry out EPP will not be permitted to work unless they attend the OHD for annual blood testing and they receive clearance of their non-carrier status of the Hepatitis B virus.
- 3.10. The Human Resources team must inform the OHD of all HCWs who are not directly employed by the Trust (e.g. visiting clinicians), whose Occupational Health is provided externally, to ensure evidence of

immunity status of Hepatitis B, Tuberculosis, Rubella (German Measles) Measles and Varicella (Chickenpox) prior to their commencement. This is particularly important for anyone that may visit Trust sites and conduct EPP work as they must provide evidence of their non-carrier status to HIV, Hepatitis B and C to OHD before being allowed to work. This requirement must be included in any service-level agreements with Universities and Medical/Nursing/AHP/agencies that supply staff to the Trust.

- 3.11. HCWs who do not comply with this policy's requirements and fail to provide evidence of immunisations within the timeframes specified will not be allowed to continue their employment in the Trust and may have their contract of employment terminated.

## **4. Duties**

### **4.1. Chief Executive**

The Chief Executive has overall responsibility for health and safety. Day to day accountability will be delegated to Divisional Directors, Divisional Directors of Operations, Divisional Heads of Nursing, Heads of Departments and Senior and Line Managers.

### **4.2. Directors, Senior and Line Managers**

Directors, Senior and Line Managers in clinical areas are responsible for:

- 4.2.1. Identifying infection risks within their area of responsibility that may be reduced and/or mitigated by appropriate immunisation regimen;
- 4.2.2. Ensuring that all staff working within their areas are screened by the OHD within 2 weeks of starting work and in the event of any changes to their role and/ or responsibility; in the event of non-compliance, the staff member will be restricted from continuing their employment;
- 4.2.3. Ensuring that staff performing EPP (e.g. surgeons, scrub nurses, operating department practitioners (ODPs)), receive full clearance from the OHD before being permitted to carry out EPP work and are not placed on the payroll until clearance is received;
- 4.2.4. Ensuring that OHD are made aware of staff who are not directly employed by the Trust (see 3.8);
- 4.2.5. Ensuring that staff are given time to attend their appointment with OHD for screening and immunisation;

- 4.2.6. Ensuring that, where restrictions on practice are placed on individuals by the OHD, these are implemented (e.g. must not perform EPP); and
- 4.2.7. Informing the OHD when staff are at risk of infection from infectious diseases; this must be in conjunction with advice from the Infection Prevention and Control team.

#### 4.3. **Head of Occupational Health**

The Head of Occupational Health will ensure that the OHD will:

- 4.3.1. Maintain staff immunisation records and recall system to ensure immunisation programmes are completed;
- 4.3.2. Advise managers of the immune status of their employees (Immune Status notification Appendix C);
- 4.3.3. Inform managers of any non-attendance of immunisation appointments. It is the Managers' responsibility to ensure the staff member attends their appointment; Managers are responsible for keeping records of staff that are not immune and therefore should not work in high risk clinical areas. The manager must ensure that individual risk assessments are performed.
- 4.3.4. Provide prompt advice and treatment to staff who receive inoculation injuries;
- 4.3.5. Provide advice to staff who have been exposed to infectious diseases either at work, in the general community or if they've been overseas (for eg. following a foreign holiday; and
- 4.3.6. Provide advice to immuno-compromised and pregnant staff on infection risks/issues and the suitability or otherwise of immunisation in these instances.

#### 4.4. **All Staff**

Staff are responsible for:

- 4.4.1. Seeking immediate confidential advice from the OHD if they have been exposed to the risk of acquiring an infectious disease prior to attending work in a clinical area.
- 4.4.2. Bringing to the attention of their senior/line manager, in confidence, of any restrictions placed on their practice by the OHD;

- 4.4.3. Attending the OHD immunisation/blood testing appointment as and when required and informing the OHD in confidence, if they are a known carrier of any infectious disease; and
- 4.4.4. Reporting to the OHD, or, during the OHD out-of-hours (evenings and weekends), the Emergency Department (ED) of any inoculation incident sustained to allow for prompt appropriate advice and immediate treatment.

## **5. Implementation and Monitoring**

### **5.1. Implementation**

This policy will be available on the Trust's Intranet site. The policy will also be disseminated through the management structure within the Trust;

### **5.2. Monitoring**

Appendix A provides full details on how the policy will be monitored by the Trust.

## **6. References**

Public Health England (2014): "Guidance on Immunisation against infectious disease", (commonly referred to as the 'Green Book')  
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Public Health England (2017): Integrated guidance on health clearance of healthcare workers and the management of healthcare workers infected with bloodborne viruses (hepatitis B, hepatitis C and HIV)

NICE (2016): NICE clinical guidelines NG33: Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control

## **7. Associated Policy and Procedural Documentation**

Infection Prevention and Control Policy and Procedures

Patient Group Directions

COSHH Procedure

Staff Health Procedure – Communicable Infections

Disciplinary Policy QEHB

Disciplinary Policy HGS

**Appendix A**

**Monitoring Matrix**

<b>MONITORING OF IMPLEMENTATION</b>	<b>MONITORING LEAD</b>	<b>REPORTED TO PERSON/GROUP</b>	<b>MONITORING PROCESS</b>	<b>MONITORING FREQUENCY</b>
<p>The immunisation programme is provided for staff according to the risk of their job. Letters will be sent to all new starters and members of staff who change their role or responsibilities.</p> <p>Attendance at initial OH appointment will be monitored from a register of staff attending corporate induction.</p>	<p>Lead Nurse Occupational Health</p>	<p>Infection Prevention and Control group (IP&amp;C group)</p>	<p>An audit of attendance at OHD</p> <p>OH data – held by OHD</p>	<p>Annually</p>
<p>A record of staff immunity to the list of infectious diseases will be maintained where this is required for the job.</p> <p>Immunisation status reports will be sent to Managers (Appendix C)</p>	<p>Lead Nurse Occupational Health</p>	<p>IP&amp;C group</p>	<p>Audit of OH records</p>	<p>Annually</p>
<p>Non-attendance of a scheduled appointment for immunisation.</p>	<p>Lead Nurse Occupational Health</p>	<p>Line Managers</p>	<p>Audit of OH records</p>	<p>As and when required</p>
<p>A recall system is in place to ensure staff receive a full course of vaccines and booster doses where required. All staff identified as non-compliant will be identified and line Managers informed</p>	<p>Lead Nurse Occupational Health</p>	<p>IP&amp;C group</p>	<p>Audit of OH records</p>	<p>Annually</p>

## Appendix B – Summary of Recommendations

Immunisation	Reason	Cat 1 HCWS	Cat 2 Lab Staff	Cat 3 Staff with patient contact
BCG (a *) (Protection against Tuberculosis)	National Policy (UK) and HCWs	✓	✓	✓
Diphtheria/Tetanus/ Polio (a) (combined vaccine)	National Policy, those involved in care of patients with diphtheria	✓	✓	✓
Hepatitis A	Work with immunocompromised or in institutions for learning impaired, handling faeces in microbiology laboratory	N/A	✓	N/A
Hepatitis B	Direct exposure to blood, body fluids, blood stained fluids, tissues	✓	✓	✓
Influenza	National Policy for 'risk groups', & HCWs to protect vulnerable patient groups	✓	✓	✓
Measles/Mumps/ Rubella (MMR) (a)	To protect immunocompromised patients	✓	✓	✓
Meningococcus	Handling organism	N/A	✓	N/A
Pneumococcus (a)	Protect immunocompromised	N/A	✓	N/A
Smallpox (b)	Administering Small pox vaccine/ Handling organism	N/A	N/A	N/A
Typhoid	Handling organism	N/A	✓	N/A
Varicella Zoster (Chickenpox) (c)	Protect immuno- compromised and pregnant women	✓	✓	✓

(a) Indicates vaccines offered as part of the National Childhood Programme in the United Kingdom. Staff from other countries where this is not part of a Public Health programme would be screened and offered vaccination where indicated according to the risks of their work area and job role. \* BCG vaccination no longer part of the National Childhood Programme.

(b).Smallpox vaccine is administered by a regional centre in the event of a biological attack.

(c) Offered to staff that are non-immune who work with immuno-compromised patients only (usually only 10% of people have no immunity to Chickenpox)

✓ Indicated for healthcare workers

N/A Not applicable

**Appendix C – Immune status notification**

<b>STAFF DETAILS:</b>	
<b>SURNAME:</b>	
<b>FORENAMES:</b>	
<b>DOB:</b>	<b>JOB TITLE:</b>
	<b>TRUST:</b>
<i>Or affix label</i>	

**Exposure Prone Worker (EPP)**  
 This is defined as a worker whose gloved hands may come into contact with sharp objects whilst undertaking invasive procedures on a patient where the gloved hands are not always visible; e.g. surgeon, midwife, dentist.

**HEPATITIS B**

**IMMUNE**                       **NON-IMMUNE**

**MUST** attend for annual serology if EPP worker and seek OHD advice **URGENTLY** if in receipt of an inoculation injury.

**Five Year Booster: Required/Not Required**

**MEASLES, MUMPS, RUBELLA (German Measles)**

**IMMUNE**                       **NON-IMMUNE**

Report to OHD if in contact with known case.

**TUBERCULOSIS (TB)**

**IMMUNE**                       **NON-IMMUNE**

Report to OHD if in contact with known case.

**VARICELLA (Chicken Pox)**

**IMMUNE**                       **NON-IMMUNE**

Report to OHD if in contact with chicken pox or shingles.

**Suitable to perform exposure prone procedures    YES / NO / NOT APPLICABLE**

**Signature:** ..... **Date:** ..... **Time:** .....

**Print Name** ..... **Designation**.....

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