

Immunisation and Vaccination Screening of Staff Policy (HR-045)

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Executive Lead (name & job title):	Steve McGowan Workforce and OD Director
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>13 January 2023 – Steve McGowan</i>
<i>Date EMT as approving body notified for information:</i>	<i>January 2023</i>

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

Humber Teaching NHS Foundation Trust values the health, safety and wellbeing of staff. This policy will outline how the immunisation of staff helps to reduce the risk of infectious diseases that may be acquired during the course of health care work; and also reduces the risk to as low as is reasonably practicable, of staff spreading infection to patients within their care.

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance states:

Occupational Health services for staff should ensure:

- Staff can access appropriate Occupational Health Services
- That policies are in place on the prevention and management of communicable infections for staff
- That any immunisations that are required based on any local risk assessment from Employers are available free of charge to Employees (COSHH Regulations 2002)
- Records are kept of any relevant immunisations
- Risk-based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment and ongoing health surveillance
- Offer of relevant immunisations; and having arrangements in place for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with immunisation against infectious disease ('The Green Book') Also, the provision of effective staff immunisation arrangements is a statutory requirement under Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- Arrangements for provision of influenza vaccination for healthcare workers where appropriate

This arrangement also helps to meet Regulation 19 from The Health and Social Care Act (2008), Fit and proper persons employed.

The purpose of this policy is to ensure staff employed by the Trust are adequately screened and protected at work from the risks arising from exposure to pathogens/biological agents by appropriately immunising against infectious diseases related to their work, complying with the Health & Safety at Work Act (1974).

2. SCOPE

This Policy applies to all existing and prospective employees of the Trust if applicable to their type of work, but in particular to the following staff groups:

- Health care workers involved in Exposure Prone Procedures (EPP)
- Health Care Workers directly involved in patient care for example, nurses, doctors, health care assistants, occupational therapists and physiotherapists.
- Other staff working in health care settings with social contact of patients for example housekeeping staff, porters, psychologists, receptionists, estates staff or Volunteers directly employed by the Trust

It should be read in conjunction with the OH - Blood Borne Virus Policy (*management and protection of health care workers exposed or infected with BBV (HIV, Hepatitis B/C)*).

3. DEFINITIONS

EPP

An invasive procedure that increases the risk of the staff member's blood coming into contact with any open tissue of the patient (bleed back). This includes where the staff members gloved hand

may be in contact with sharp instruments, needle tips, scalpels inside a patient's open body cavity, wound or confined anatomical space where the fingertips may not be completely visible.

It should be noted that the majority of HCWs do not perform EPPs and that a risk based approach has been taken by Public Health England to establish the risk of bleed back into 3 categories.

Category 1

A procedure where the hands and fingertips of the worker are usually visible and outside the body most of the time and the possibility of injury to the worker's gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the HCW bleeding into a patient's open tissues should be remote. Examples: local anaesthetic injection procedures in dentistry or removal of haemorrhoids.

Category 2

A procedure where the fingertips may not be visible at all times but injury to the worker's gloved hands from sharp instruments and/or tissues are unlikely. If injury occurs it is likely to be noticed and acted upon quickly to avoid the HCW's blood contaminating a patient's open tissues. Examples: routine tooth extraction or colostomy.

Category 3

Procedures where the fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and in which there is a distinct risk of injury to the worker's gloved hands from sharp instruments and/or tissues. In such circumstances, it is possible that exposure of the patient's open tissues to the HCW's blood may go unnoticed or would not be noticed immediately. Examples: hysterectomy, caesarean delivery or open cardiac surgical procedures.

Vaccination

Treatment with a vaccine to produce immunity against a disease

Immunisation

The act of making a person immune typically by vaccination

4. DUTIES AND RESPONSIBILITIES

Executive Management Team

- To ensure the overall Health & Safety of Patients, Staff and Visitors
- To ensure process is in place for implementation, monitoring and effectiveness of the policy
- To ensure adequate resources are allocated for the immunisation needs of the Trust
- To ensure managers are aware of their responsibilities within the policy

Executive Director with responsibility for Infection Prevention and Control (DIPC)

- Chairs the HAIG Meeting and will provide advice as appropriate on the aspects covered in this policy and at HAIG Committee meetings
- Ensure strategies are in place to prevent avoidable health care acquired infections

HAIG Committee

Receive information or reports of infections or infection prevention and control problems occurring across the Trust that may impact patients, staff or visitors

Infection Prevention and Control Lead & Occupational Health Lead

- Discuss the management of any outbreaks of infectious disease that impact or affect staff so suitable testing or vaccinations can be considered
- Provide support to managers around risk assessment for staff not immune

Managers

- Ensure recruitment arrangements are followed to ensure the health & safety of patients, staff and visitors is upheld
- Ensure Trust policy, procedure and guidance is implemented and followed
- Undertake risk assessments of the work area and job role to determine level of risk to infectious diseases for the staff member
- Ensure appropriate clearance is provided prior to employees commencing work
- Ensure EPP workers have the required clearance before they perform these duties
- Ensure staff attend occupational health appointments as required to reach the required level of protection for work including follow up appointments
- Keep records of staff not immune when advised and undertake an individual risk assessment with support from occupational health or infection prevention and control as required, and be aware of these staff in the event of an infectious outbreak
- Contact occupational health and infection prevention and control team for specialised advice if there are any outbreaks in their work areas
- Ensure any staff who are classed as food handlers know how to report any signs of infection and also if they know they have had close contact with another infectious person
- Where immunisation is necessary but not possible due to contraindications such as pregnancy/ breastfeeding, allergy or immunosuppression, individualised risk-based advice will be given by Occupational Health. Some restrictions on practice may be required or redeployment to an area of lower risk. This will be reviewed if the person's personal circumstances

All Staff

- Comply with safe working policies, procedures and guidance within the Trust to protect their own health and safety at work; and to follow appropriate professional codes of conduct to reduce the risk of infection to patients
- Must supply vaccination history as requested by Occupational Health
- Attend appointments as requested by Occupational Health their Manger or Infection, Prevention and Control team or inform Occupational Health if they believe their selves to be infected with a blood borne virus
- Keep their own personal record of vaccination status for future reference
- If they decline a vaccine or do not attend vaccination excluding influenza (this is reported in group anonymised data) then the manger will be informed by letter to undertake a risk assessment and to consider the person not immune in any subsequent infectious outbreaks
- Contact occupational health if they have any concerns regarding infectious disease and immunisation status.

Occupational Health Department

- Will provide a comprehensive immunisation program for new employees and including those who change roles against:
 - Measles, mumps and rubella (MMR)
 - Varicella (chicken pox)
 - Hepatitis B
 - Tuberculosis
- They will form part of the flu team to ensure all staff are offered the opportunity to have a flu vaccine
- Will undertake appropriate screening for the role on employment, advise on vaccinations or immunisation status that is not evident from what the employee has provided
- Only offer clearances for any EPP roles once all testing and immunisation status is known
- Document and update immunisation status on CORITY, inform the staff member of any test results in relation to immunisation and provide appropriate recall systems
- Provide confidential support and advice to any staff with an infectious disease or who is a contact for infectious disease as appropriate

5. PROCEDURES RELATING TO THE POLICY

5.1. Health Screening

5.1.1. Standard HCW Clearance

Staff immunisation and infection screening is a key measure in reducing the risk of potential spread of infectious diseases. This screening is offered when potential new employees are offered a role, or existing staff take on a new role within the Trust; they should complete a pre placement health Questionnaire and provide evidence of previous immunisation status or vaccines and send to the occupational health department. The preplacement health Questionnaire is designed to capture the first elements of this screening to determine if any restrictions should be put in place or if any testing or vaccination for infectious disease is required prior to starting the role.

Accepted evidence is from a Primary Care provider, original document or another NHS OH provider provided it includes the relevant information and detail to give assurance. It may be necessary for the employee to attend an appointment with the Occupational Health team for any further assessment, vaccines or blood tests based on what information we receive.

All staff members who have direct patient contact should have screening and then based on risk immunisation for:

- Tuberculosis (TB) where appropriate
- Hepatitis B where appropriate
- Measles, Mumps and Rubella where appropriate
- Varicella where appropriate
- Availability of Hepatitis B, C or HIV screening

A pre-test discussion for these tests should be offered in the context of their professional responsibilities (declining a test or having positive test results will not affect the employment or training of HCWs who will not perform EPPs).

HCW living with either hepatitis B, hepatitis C or HIV who do not perform EPP do not require ongoing occupational health supervision however the Occupational Health Physician should consider the impact of HIV positivity on the individual's susceptibility to other infections when advising on suitability for particular posts.

5.1.2. Food Handlers

Employees who are defined as Food Handlers at the start of employment or if moving into a new role, should be identified as such by their appointing manager and a further food handler's questionnaire will be completed by occupational health.

5.1.3. EPP Clearance

Staff identified as EPP workers by their appointing manager require additional checks if they are new to the NHS and will be undertaking an EPP role, these include:

- Offer immunisation against Hepatitis B and tests to check their response to immunisation, including investigation of non-response
- Hepatitis B surface antigen
- Hepatitis C antibodies
- HIV antibodies

These tests will be performed and managed as per the Blood Borne Viruses and the management of health care worker Trust Policy within the occupational health department.

5.2. Non-Substantive Staff

5.2.1. Agency staff, students, honorary contracts, work placements and contractors.

The Trust requires any staff in these categories to comply with the health screening and immunisation part of this policy. Those within the Trust who have responsibility for contracting these staff groups should ensure the necessary checks are in place to assess the risk and that there is compliance with this policy and the Department of Health guidance for employing into health care settings.

The checks for workers from agencies, educational establishments, honorary contract workers or those on work placement who will have patient contact or contact with clinical samples or waste should meet the same standard as our substantive staff checks. The organisation responsible for the individual must ensure this standard is met.

If EPP work is to be performed by any of the groups listed, evidence of or a full EPP screen is required, if this is accessed from another Occupational Health provider they should meet the Trust and Department of Health guidance.

If prior agreement is in place for the Trust Occupational Health Department to provide this for any of these groups, then it will be provided for these groups, it is mandatory for any employees working with patients to have Occupational Health screening and immunisation in place.

5.2.2. Volunteers

Volunteers would be highly unlikely to spend prolonged time with patients or those that are very vulnerable or infectious within the Trust. A letter is sent on appointment for volunteers to check they are up to date with immunisations with their own General Practitioner. Certain individual cases may require further risk assessment, and this should be done by the manager responsible for appointing Volunteers and then discussed with Occupational Health.

5.3. Immunisation and Screening for Staff Groups

5.3.1. Measles, Mumps and Rubella (MMR)

All staff that have social or direct patient care in a health care setting should have evidence of suitable vaccine or positive antibody response evidence of immunity for Measles and Rubella. Staff joining the NHS or changing role that do not have this will be offered antibody screening or 2 MMR doses.

5.3.2. Varicella (Chickenpox)

All staff that have social or direct patient care in a health care setting should have either a verbal history of chickenpox or herpes zoster (shingles), a suitable vaccine record or serology evidence of immunity for chickenpox. Staff with no or unclear verbal history, no prior record of vaccine and/or negative varicella antibody should be offered 2 doses of the varicella vaccine.

5.3.3. Tuberculosis Screening and BCG Vaccine

New entrants to the NHS should be screened for symptoms of TB prior to work and this is assessed currently by questionnaire as part of the health clearance process at recruitment. Staff with any positive responses to questions suggestive of TB infection or contact will not be cleared to work until this has been clinically assessed by occupational health.

A check is also made for a previous BCG scar (or documented evidence of this) or documented evidence of previous BCG vaccine. If this is not evident and the risk of TB infection from work is deemed high risk then usually a Mantoux test would be the first line of testing (this is being re-introduced after ceasing in 2015 in March 2021) or a QuantiFERON-TB Gold blood test may be performed. This is an interferon-gamma release assay also commonly referred to as IGRA and is currently the testing used.

For staff coming from overseas to work within the Trust an assessment is also made of the risk of TB incidence in the country of residence and if risk is identified IGRA testing is undertaken to detect active or latent TB.

Positive IGRA test result

Staff are referred for a chest X-ray by the occupational health doctor and then referred by letter to the TB clinic at HUTH with the X-ray result. If X-ray is abnormal then an urgent referral to the TB Team on 01482 344211 is made and work practices will be restricted until clinical assessment is made.

Negative IGRA result

BCG vaccine is recommended but is being re-introduced in March 2021 a referral can be made to the TB clinic for any very high risk staff.

Offering the BCG vaccine to staff should be based on the risk of them acquiring TB in the day to day work they undertake for the Trust. Individuals in the following occupational groups who are most at risk of acquiring TB according to the Green Book, Chapter 32 (DH, 2013 updated 2018) should be offered the BCG vaccine if they have no evidence of previous vaccine and are tuberculin-negative:

- HCW or laboratory staff, with direct TB patient contact or contact with infectious materials for TB or derived isolates.
- Staff working in maternity and paediatric departments and departments in which the patients are likely to be immunocompromised, e.g. transplant, oncology and HIV units

The following occupational groups should also be considered for BCG vaccination if previously unvaccinated or tuberculin- negative and aged under 35 years, as the groups of people they may work with are more likely to acquire or develop active TB.

- Staff working with prisoners, homeless persons, persons with drug and alcohol misuse and those who work with refugees and asylum seekers.

Routine vaccination is not recommended for most staff other than those listed above, as the risk for those staff is unlikely to exceed the background risk of TB in the general population. However the manager should consider the risk of the work area and patient contacts when deciding on risk.

5.3.4. Hepatitis B

Hepatitis B vaccination is recommended for any healthcare workers who may have direct contact with patients' blood or blood-stained body fluids. This includes any staff that may be at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients. However, the evidence of transmission from a bite of an infected person is low.

A primary course is offered based on risk and for HCWs is usually an accelerated course at 0, 1 and 2 months, however doses are never repeated and the course can be completed at any stage. Antibody levels are checked at least 4 weeks after the completion of primary course. The Green Book suggests HCW's should receive a reinforcing dose at 5 years; however temporary recommendations that are still in place from Public Health England (2018) states on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), boosters will no longer be routinely required in healthy, immunocompetent adults who have completed a primary course of vaccine, including healthcare workers who are known responders.

Responders are those with antibody levels >100mIU/ml as this gives confidence that a good response has been achieved. For those that have a response of 10-100mIU a booster dose will be considered. For those with no response a further primary course is offered.

Staff and managers are informed of the results as per COSHH (2002). Such information allows appropriate decisions to be made concerning post-exposure prophylaxis following known or suspected exposure to the virus.

5.3.5. Influenza

The Influenza vaccine is offered to all Trust staff every flu season. A plan is in place each year to ensure the correct Influenza vaccine is ordered and delivered to the front line staff to ultimately protect patients including peer to peer vaccination.

6. CONSULTATION

This policy will be sent for consultation to the HAIG group, IPC lead and Occupational Health team for comment.

7. IMPLEMENTATION AND MONITORING

This policy will be implemented at QPaS and will be reviewed in line with any emerging or new evidence and if any service delivery occurs.

8. TRAINING AND SUPPORT

All staff undertaking immunisation should be trained and maintain practice to National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners PHE (2018)

9. REFERENCE TO ANY SUPPORTING DOCUMENTS

Department of Health (reviewed 2015) The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance

Department of Health (2013) Immunisation against Infectious Disease 'The Green Book'. Public Health England: London Latest online updates - <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Health & Safety Executive (2002-amended 2004), Control of Substances Hazardous to Health.

Public Health England (2020) Integrated guidance on health clearance of healthcare workers living with blood borne viruses (Hepatitis B, Hepatitis C and HIV). PHE: London

NICE (NG330 Tuberculosis. NICE guideline Published: 13 January 2016.updated September 2019 Available on line at <https://www.nice.org.uk/guidance/ng33/resources/tuberculosis-pdf-1837390683589>

Public Health England (2018) Plan for phased re-introduction of hepatitis B vaccine for lower priority groups in 2018. PHE: London

10. MONITORING COMPLIANCE

Yearly audit of health screening process in occupational health will ensure that immunisation and vaccination screening of staff is in line with this policy.

APPENDIX 1: DOCUMENT CONTROL SHEET

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	To ensure screening for Immunisation and vaccination for staff new to the NHS, the Trust and those changing roles meet the mandatory standards.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	20.08.20	Debbie Davies IPC Lead	
	20.08.20	Louise Rose, Kate Wilkin, Nicola Gibb OHA nursing team	
	December 2020	HAIG	
Approving Committee:	QPAS	Date of Approval:	17 December 2020
Ratified at:	N/A	Date of Ratification:	
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	Annual training requirement of immunisation training for all staff delivering vaccinations.	Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/> *]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	Once this has gone to all for comments and HAIG team it will go to QPAS for ratification. Once Mantoux and BCG vaccine is reintroduced changes will be made accordingly. This policy will be used alongside OH guidance and competency for each vaccine discussed in this policy.		
Monitoring and Compliance:	Monitoring will be annually unless new evidence emerges or new vaccines are introduced.		

Document Change History:			
<i>Version Number / Name of procedural document this supersedes</i>	<i>Type of Change i.e. Review / Legislation</i>	<i>Date</i>	<i>Details of Change and approving group or Executive Lead (if done outside of the formal revision process)</i>
1	New policy	December 2020	New policy
1.1	Review	January 2023	Minor amendments made. Approved by director sign-off (Steve McGowan – 13/01/23).

APPENDIX 2: EQUALITY IMPACT ASSESSMENT (EIA) TOOLKIT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Immunisation and Screening of Staff Policy
2. **EIA Reviewer (name, job title, base and contact details):** Catrina Hughes, Occupational Health Manager
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** Policy

<p>Main Aims of the Document, Process or Service To ensure screening for Immunisation and vaccination for staff new to the NHS, the Trust and those changing roles meet the mandatory standards</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	Applies to all staff and is based on risk.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	Low	Applies to all staff and is based on risk.
Sex	Men/Male Women/Female	Low	Applies to all staff and is based on risk.
Marriage/Civil Partnership		Low	Applies to all staff and is based on risk.
Pregnancy/Maternity		Low	Applies to all staff and is based on risk.
Race	Colour Nationality Ethnic/national origins	Low	Applies to all staff and is based on risk.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Applies to all staff and is based on risk.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	Applies to all staff and is based on risk.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Applies to all staff and is based on risk.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
This policy refers to immunisation and vaccinations of staff working in health care roles, it applies to all and is based on risk. The only time age or pregnancy is considered is if the risk to the person outweighs the benefit.	
EIA Reviewer: Catrina Hughes	
Date completed: 04.01.23	Signature: C. Hughes