# Immunisation Policy

## Category
- Policy

## Classification
- Health and Safety - Occupational Health Class D – Information in the public domain

## Purpose
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 DH Guidelines.

<table>
<thead>
<tr>
<th>Controlled Document Number:</th>
<th>64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version Number:</td>
<td>4.1</td>
</tr>
<tr>
<td>Controlled Document Sponsor:</td>
<td>Executive Chief Nurse</td>
</tr>
<tr>
<td>Controlled Document Lead:</td>
<td>Deputy Head of Occupational Health</td>
</tr>
<tr>
<td>Approved By:</td>
<td>CEAG</td>
</tr>
<tr>
<td>On:</td>
<td>23rd September 2015</td>
</tr>
<tr>
<td>Review Date:</td>
<td>September 2018</td>
</tr>
</tbody>
</table>

### Distribution
- **Essential Reading for:** All Directors, Senior Managers and Department Heads
- **Information for:** All Staff
## Contents

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Monitoring Matrix</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Summary of Recommendations</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Immune Status Notification</td>
</tr>
</tbody>
</table>
1. **Policy Statement**

1.1 University Hospitals Birmingham NHS Foundation Trust (the ‘Trust) is committed to comply with “Department of Health Guidance on the Protection of Staff and Patients from Infectious Diseases” 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 our 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:

1.3.1 To assess the potential risks of acquisition and transmission of infectious diseases that may be preventable by immunisation;

1.3.2 To implement a staff immunisation programme to reduce the risk of acquisition and transmission of infectious diseases; and

1.3.3 To comply with Department of Health (DH) Guidelines Immunisation against infectious disease, 2006.

2. **Scope**

This policy applies to all staff working for the Trust including employees, contractors, volunteers, students, locum and agency staff and holders of honorary contracts.

3. **Framework**

3.1. This section describes the broad framework for Immunisation Policy.

3.2. **Definitions**

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

3.3. An assessment of staff is made by the Occupational Health Department (OHD) at the pre employment stage, where considered necessary staff will be identified and advised of needing appropriate immunisations. The immunisation programme is delivered by the OHD
and all identified staff will be seen in OHD and advised of the risk of acquiring and transmitting specific infectious diseases that can be prevented by immunisation (see Appendix B).

3.4. In order to identify the appropriate level of immunisation, all health care workers are divided into three categories (see “Summary of Vaccinations” in Appendix B).

3.5. All health care workers new to the NHS will be seen by OHD in the first 2 weeks of employment to undertake screening for TB and to commence the immunisation program.

3.6. All other new health care workers will be asked to provide evidence of previous immunisations. 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 to undergo in order to protect them and the patients in their care. This message will be repeated at Trust Induction and by managers at local induction.

3.7. Staff can decline immunisation and in this instance will be made aware of the risks to their health. Staff declining a hepatitis B vaccination, who would normally carry out Exposure Prone Procedures will not be permitted to work, unless they attend Occupational Health for annual blood testing to ensure they have not become a carrier of the virus.

3.8. Staff who are not directly employed by the Trust (e.g. visiting clinicians, specialist registrars, medical and nursing students and student AHPS, whose Occupational Health is provided externally), are to be reported to the Occupational Health Department (OHD), in order that OHD can obtain evidence of their immunity status to Hepatitis B, Tuberculosis, Rubella (German Measles), Measles and Varicella (Chickenpox) prior to their commencement. This is particularly important for anyone that may visit and perform EPPs as they must provide evidence of their non carrier status to Hepatitis B and C to OHD before being allowed to work.

3.9. Staff who entered a training post involving exposure prone exposure, or were new entrants to the NHS involved in exposure prone exposure work post March 2007, are also required to demonstrate to OHD their non carrier status to HIV. This requirement must be included in any service level agreements with Universities and Medical/Nursing/AHP/agencies that supply staff to the Trust.

4. Duties

4.1. Chief Executive

The Chief Executive has overall responsibility for health and safety. Day to day accountability is delegated to Divisional Directors, Divisional
Directors of Operations, Associate Directors 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 the infection control risks of their area of responsibility that may be reduced and/or controlled by appropriate immunisation regimes;

4.2.2. Ensuring that staff working in their areas are screened by the OHD prior to starting work and in the event of any change in role or responsibility;

4.2.3. Ensuring that staff performing exposure prone exposure e.g. surgeons, scrub nurses, Operating Department Practitioners (ODP), have full clearance from OHD before being permitted to carry out exposure prone exposure and are not placed on the payroll, until clearance is received;

4.2.4. Ensuring that Occupational Health 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 immunisation and screening;

4.2.6. Ensuring that, where restrictions on practice are placed on individuals by OHD, these are implemented e.g. must not perform Exposure Prone Procedures; and

4.2.7. Informing 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 Occupational Health Department shall:

4.3.1. Maintain staff records and recall system to ensure immunisation programmes are completed;

4.3.2. Advise managers of immune status of employees (COSHH report Appendix C);
4.3.3. Inform managers of any non-attendance of immunisation appointments, it is the managers responsibility to ensure the employee attends their appointment;

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 community or following a holiday; and

4.3.6. Provide advice to immuno-compromised and pregnant staff on infection issues and the suitability or otherwise of immunisation in these instances.

4.4. **All Staff**

Staff are responsible for:

4.4.1. Bringing to the attention of their senior/line manager, in confidence, any restrictions placed on their practice by OHD;

4.4.2. Attending the OHD for immunisation/blood testing as indicated and informing OHD in confidence, if they are a known carrier of any infectious disease;

4.4.3. Reporting to OHD, or A&E during evenings and weekends when OHD closed, any inoculation incident sustained in order for prompt appropriate advice and treatment to be implemented; and

4.4.4. Seeking advice from OHD, if in contact with a known case of infectious disease prior to attending work in a clinical area.

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

Department of Health Guidance on Immunisation against infectious disease, commonly referred to as the ‘Green Book’

NICE clinical guidelines CG117: Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control 2011

7. Associated Policy and Procedural Documentation

Infection Prevention and Control Policy and Procedures

Patient Group Directions

COSHH Procedure

Staff Health Procedure – Communicable Infections
### Appendix A

#### Monitoring Matrix

<table>
<thead>
<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITOR FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The immunisation programme is provided for staff according to the risk of their job. Letters are sent to all new starters; Induction presentations are scheduled monthly.</td>
<td>Deputy Head of Occupational Health</td>
<td>IP&amp;C group</td>
<td>An audit of the number and type of vaccines administered OH data – held by OHD Induction presentation by OHD</td>
<td>Annually</td>
</tr>
<tr>
<td>A Record of staff immunity to the list of infectious diseases is maintained where this is required for the job. Immunisation status reports sent to managers (Appendix C)</td>
<td>Deputy Head of Occupational Health</td>
<td>IP&amp;C group</td>
<td>Audit of OH records</td>
<td>Annually</td>
</tr>
<tr>
<td>Non-attendance of a scheduled appointment for immunisation</td>
<td>Deputy Head of Occupational Health</td>
<td>Line Managers</td>
<td>Audit of OH records</td>
<td>As and when required</td>
</tr>
<tr>
<td>A recall system is in place to ensure staff receive a full course of vaccines and booster doses where this is indicated.</td>
<td>Deputy Head of Occupational Health</td>
<td>IP&amp;C group</td>
<td>Audit of OH records</td>
<td>Annually</td>
</tr>
</tbody>
</table>
### Appendix B – Summary of Recommendations

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations</th>
<th>National Policy (UK) &amp; HCWs</th>
<th>Indicated for healthcare workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>*<em>BCG (a <em>)</em></em> (Protection against Tuberculosis)</td>
<td>National Policy, those involved in care of patients with diphtheria</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Diphtheria/Tetanus/Polio (a)</strong> (combined vaccine)</td>
<td>Work with immunocompromised or in institutions for learning impaired, handling faeces in microbiology laboratory</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>Direct exposure to blood, body fluids, blood stained fluids, tissues</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>National Policy for ‘risk groups’, &amp; HCWs to protect vulnerable patient groups</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>To protect immunocompromised patients</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Measles/Mumps/Rubella (MMR) (a)</strong></td>
<td>Handling organism</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Meningococcus</strong></td>
<td>Administering Smallpox vaccine/ Handling organism</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Pneumococcus (a)</strong></td>
<td>Protect immunocompromised</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Smallpox (b)</strong></td>
<td>Handling organism</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Typhoid</strong></td>
<td>Handling organism</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Varicella Zoster (Chickenpox) (c)</strong></td>
<td>Protect immunocompromised and pregnant women</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

(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) UHB OHDD is the nominated Regional Centre for administering Smallpox vaccine to response teams 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

STAFF DETAILS:

SURNAME: 

FORENAMES: 

DOB: JOB TITLE: 

TRUST: 

Or affix label

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

Exclude from working where high risk of TB and/or immunocompromised patients.

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: ........................................