

CONTROLLED DOCUMENT

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 the Department of Health and Social Care (DHSC) Guidelines.
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Version Control

Version	Title	Issue Date
1	Immunisation Policy	06/08/2008
2	Immunisation Policy	19/07/2010
3	Immunisation Policy	19/04/2013
4	Immunisation Policy	23/09/2015
4.1	Immunisation Policy	27/02/2018
5	Immunisation Policy	26/04/2019
6	Immunisation Policy	05/05/2022
6.1	Immunisation Policy	29/02/2024

1. Policy Statement

- 1.1 University Hospitals Birmingham NHS Foundation Trust (the 'Trust') is committed to comply 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 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 Trust has a legal duty to protect the health, safety and welfare of staff and other individuals such as patients and the public. The Trust is required to do whatever is reasonably practicable to achieve this.
- 1.4 This Immunisation Policy is a key part of the Trust's overall strategy and commitment to maintaining a COVID-19 secure workplace in accordance with government guidance. This policy is designed for use together with, and not as a substitute for, other COVID-19 measures.
- 1.5 The objectives of this policy are:
 - 1.5.1 To assess the potential risks of acquisition and transmission of infectious diseases that may be preventable by immunisation;
 - 1.5.2 To implement a staff immunisation programme to reduce the risk of acquisition and transmission of infectious diseases; and
 - 1.5.3 To comply with Public Health England Guidelines Immunisation against Infectious Disease, 2014.
 - 1.5.4 To comply with the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2022.

2 Scope

- 2.1 This policy applies to all staff working for the Trust including employees, bank staff, contractors, volunteers, students/trainees over 18, locum and agency workers and holders of honorary contracts.

3 Definitions

Term	Definition
DHSC	Department of Health and Social Care
Exposure Prone	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 finger tips cannot

Procedures (EPP)	be seen such as during surgical procedures (e.g. surgeons, scrub nurses, operating department practitioners/assistants).
Health Care Workers (HCW)	Includes all staff, agency, bank workers, locum, students, trainees, honorary contracts and volunteers, who have direct patient contact or deal with body fluids.
Staff involved in direct patient care	This includes staff who have regular clinical contact with patients and who are directly involved in patient care. This includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines and volunteers who are working with patients must also be included.
Laboratory and pathology staff	This includes laboratory and other staff (including mortuary staff) who regularly handle pathogens or potentially infected specimens. In addition to technical staff, this may include cleaners, porters, secretaries and receptionists in laboratories. Staff working in academic or commercial research laboratories who handle clinical specimens or pathogens should also be included.
Staff with patient contact	This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.

4 Framework

This section describes the broad framework for this Immunisation Policy.

4.1 Occupational Health and Risk Assessments

- 4.1.1 All prospective employees must complete a health questionnaire prior to commencement. The questionnaire includes questions on the presence of symptoms of tuberculosis.
- 4.1.2 All HCW will be restricted from undertaking EPP work until they have provided evidence of their non-carrier status of Hepatitis B and C. Anyone entering their first EPP after 2006 must also prove their non – carrier status of HIV.
- 4.1.3 An assessment of the immunisation needs of staff will be made by the Occupational Health Service (OHS) at the pre-placement stage. Where considered necessary staff will be identified and advised of the requirement for appropriate immunisations. The immunisation programme is delivered by the OHS and all identified staff will be

seen in OHS and advised of the risk of acquiring and transmitting specific infectious diseases that can be prevented by immunisation (see Appendix B).

- 4.1.4 In order to identify the appropriate level of immunisation, all Employees are divided into three categories (see “Summary of Recommendations” in Appendix B).
- 4.1.5 All HCW in non EPP roles new to the NHS will be seen by the OHS in the first 2 weeks of employment to commence the immunisation programme.
- 4.1.6 All other new HCW in non EPP roles will be asked to provide evidence of previous immunisations. If this is not available, they will be seen in the OHS within the first 4 weeks of employment to assess which immunisations and blood tests they require in order to protect them and the patients in their care. Managers will ensure all new HCW have attended the OHSs part of local induction. Failure to comply may lead to suspension without pay.
- 4.1.7 Staff can decline Hep B immunisation and in this instance will be made aware of the risks to their health and the potential risk to others; their duties may need to be adjusted. Staff declining a hepatitis B vaccination, who would normally carry out EPP will not be permitted to work, unless they attend the OHS for annual blood testing to ensure they have not become a carrier of the virus.
- 4.1.8 Human Resources must inform OHS of all HCW who are not directly employed by the Trust (e.g. visiting clinicians), (whose Occupational Health is provided externally), in order that OHS 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 HIV, Hepatitis B and C to OHS 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. HCWs who do not comply with the above will not be allowed to work in the Trust.
- 4.1.9 Staff are required to follow Government guidance to have the recommended COVID-19 vaccinations. Where staff members are hesitant or are exempt from having the COVID -19 vaccines they should be referred to Occupational Health for advice and recommendations.
- 4.1.10 COVID Risk assessments will need to be reviewed and repeated as necessary in line with changes to individual circumstances, emerging evidence and/or national advice, to ensure the mitigation of workplace risk, the identification of reasonable steps to be taken, and required additional support.

5 Duties

5.1 Chief Executive

The Chief Executive has overall responsibility for health and safety.

5.2 Chief Nurse

The Chief Nurse has overall responsibility for infection control and will sponsor this policy as well as provide assurance to the Board of its effective monitoring and implementation.

Day to day accountability is delegated to Site Directors, Site Directors of Operations, Site Directors of Nursing, Heads of Departments and Senior and Line Managers.

5.3 Directors, Senior and Line Managers

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

- 5.3.1 Identifying the infection risks within their area of responsibility that may be reduced and/or controlled by appropriate immunisation regimen;
- 5.3.2 Ensuring that staff working in their areas are screened by the OHS within 2 weeks of starting work and in the event of any change in role or responsibility; In the event of non-compliance, the individual will be restricted from work
- 5.3.3 Ensuring that staff performing EPP e.g. surgeons, scrub nurses, Operating Department Practitioners (ODP), Midwives, have full clearance from OHS before being permitted to carry out EPP and are not placed on the payroll until clearance is received;
- 5.3.4 Ensuring that staff are given time to attend their appointment with OHS for immunisation and screening;
- 5.3.5 Ensuring that, where restrictions on practice are placed on individuals by OHS, these are implemented e.g. must not perform EPP; and
- 5.3.6 Informing OHS when staff are at risk of infection from infectious diseases. This must be in conjunction with advice from the Infection Prevention and Control team.

5.4 Head of Operational HR

- 5.4.1 Ensuring that OHS are made aware of staff working in the Trust, who are not directly employed by the Trust. (see 4.1.8)

5.5 Head of Occupational Health

The Head of Occupational Health will ensure that the OHS shall:

- 5.5.1 Maintain staff immunisation records and recall system to ensure immunisation programmes are completed;
- 5.5.2 Advise managers of immune status of employees (Immune Status notification see OH intranet page;
- 5.5.3 Inform managers of any non-attendance of immunisation appointments. It is the Managers responsibility to ensure the employee 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.
- 5.5.4 Ensure the provision of prompt advice and treatment to staff who receive inoculation injuries in working hours; Out of hours staff must be directed to the nearest Emergency Department.
- 5.5.5 Provide advice to staff who have been exposed to infectious diseases either at work, in the community or following a holiday; and
- 5.5.6 Provide advice to immuno-compromised and pregnant staff on infection issues and the suitability or otherwise of immunisation in these instances.

5.6 All Staff

All staff are responsible for:

- 5.6.1 Seeking confidential advice from the OHS at the earliest opportunity, if they have been exposed to the risk of acquiring an infectious disease
- 5.6.2 Bringing to the attention of their senior/line manager, in confidence, any restrictions placed on their practice by OHS.
- 5.6.3 Attending the OHS for immunisation/blood testing as indicated and informing OHS in confidence, if they are a known carrier of any infectious disease.

- 5.6.4 Reporting to OHS, or the Emergency Department (ED) during evenings and weekends when OHS closed, any inoculation incident sustained in order for prompt appropriate advice and treatment to be implemented.
- 5.6.5 Providing evidence of their COVID-19 immunisation status. Staff are expected to provide this evidence on request, whether from Recruitment, their Line-Manager, OHS, HR or any other relevant department or external body (such as the CQC).
- 5.6.6 Ensuring their own health and safety, and that of others, by attending their vaccination appointments
- 5.6.7 Co-operating with other staff and the Trust to help everyone meet their legal requirements.

6 Implementation and Monitoring

6.3 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;

6.4 Monitoring

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

7 References

Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2022.

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>

Please note regular updates are recorded online

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

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

UK Health Security Agency (2021): Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)

8 Associated Policy and Procedural Documentation

Infection Prevention and Control Policy and Procedures

Patient Group Directions

COSHH Procedure

Staff Health Procedures – Communicable Infections

Disciplinary Procedure

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITOR FREQUENCY
Staff receive the correct vaccinations at the correct time and appropriate records are kept	Lead Nurse Occupational Health	IP&C Group	A report which covers the following: <ul style="list-style-type: none"> • Number of letters sent to new starters (by site) • Number of immunization status reports sent to managers (by site) • Number of non-attenders and escalation status (by site) • Number of recall invitations sent (by site) • Any issues for escalation 	Quarterly

Appendix B – Summary of Recommendations

Immunisation	Reason	Staff involved in direct patient care	Laboratory and pathology staff	Staff with patient contact
BCG (a *) (Protection against Tuberculosis)	National Policy (UK) and HCWs	✓	✓	✓
COVID – 19	National Policy (UK)	✓	✓	✓
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
Pertussis	National Policy for those working with Expectant Mothers and New born babies	✓	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