Staff Screening and Immunisation Policy

Policy: HR17

Policy Descriptor
The policy sets out duties and responsibilities of managers, the Occupational Health Service and individuals with regards to health screening and immunisation, and details the vaccinations required for staff.

If you require this document in a different format or language please speak to a member of Trust staff.

If you would like to provide feedback about our services Contact PALS – 01392 675686 or email dpn-tr.pals@nhs.net

<table>
<thead>
<tr>
<th>Document Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Ref No &amp; Title:</td>
</tr>
<tr>
<td>HR17: Staff Screening And Immunisation Policy</td>
</tr>
<tr>
<td>Version:</td>
</tr>
<tr>
<td>v5.1</td>
</tr>
<tr>
<td>Replaces / dated:</td>
</tr>
<tr>
<td>Previous policy dated February 2018</td>
</tr>
<tr>
<td>Author(s):</td>
</tr>
<tr>
<td>Senior Infection Prevention and Control Nurse</td>
</tr>
<tr>
<td>Occupational Health Nurse Manager</td>
</tr>
<tr>
<td>Ratifying committee:</td>
</tr>
<tr>
<td>Infection Control Committee</td>
</tr>
<tr>
<td>Director / Sponsor:</td>
</tr>
<tr>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Primary Readers:</td>
</tr>
<tr>
<td>All staff working for Devon Partnership Trust</td>
</tr>
<tr>
<td>Date ratified:</td>
</tr>
<tr>
<td>28th January 2020</td>
</tr>
<tr>
<td>Date issued:</td>
</tr>
<tr>
<td>February 2020</td>
</tr>
<tr>
<td>Date for review:</td>
</tr>
<tr>
<td>June 2021</td>
</tr>
<tr>
<td>Date archived:</td>
</tr>
<tr>
<td>CQC Standards met:</td>
</tr>
<tr>
<td>Regulation 12</td>
</tr>
<tr>
<td>Other Relevant Standards met:</td>
</tr>
<tr>
<td>Immunisation against infectious disease (Public Health England 2014)</td>
</tr>
</tbody>
</table>
Contents

1. Introduction........................................................................................................................................... 3
2. Purpose .................................................................................................................................................. 3
3. Responsibilities .................................................................................................................................... 3
4. Pre-Employment Screening and Health Clearance .............................................................................. 4
5. Specific Diseases .................................................................................................................................. 4
6. Honorary Contact Holders .................................................................................................................. 7
7. Voluntary Workers ............................................................................................................................... 8
8. Suspension from Duty to Prevent the Spread of Infection ................................................................. 8
9. Non-Compliance with the Policy .......................................................................................................... 8
10. Miscellaneous Provisions .................................................................................................................... 8
11. Review of the Policy ........................................................................................................................... 8

Appendix 1 – Major Risk Factors for Infection with Blood Borne Viruses ............................................ 9
Appendix 2 – Regulatory Bodies’ Statements on Professional Responsibilities ...................................... 10
1. Introduction

1.1. Devon Partnership Trust acknowledges its responsibilities as an Employer and provider of health care services to do all that is reasonably practicable to reduce the risk of infection to employees and people who use the service and to comply with the Control of Substances Hazardous to Health Regulations (amended) 2002.

1.2. This policy is applicable to all existing and prospective employees of the Trust or any individual who has a contract for services and whose work exposes them to direct contact with people who use the service. This includes:

- Employees who have regular clinical contact with people who use the service and who are directly involved in care of these people such as doctors, psychologists, nurses, occupational therapists, physiotherapists and social workers. Students and trainees in these disciplines and volunteers who are working with people who use the service are also included.

- Non-clinical employees who may have social contact with people who use the service but are not directly involved in care of these people. This group includes receptionists, ward clerks, porters and cleaners.

- Employees who regularly handle pathogens or potentially infected specimens.

1.3. It is a Trust mandatory requirement that employees co-operate with this Policy in line with their obligations under health and safety legislation and submit themselves to screening and immunisation unless it is medically contraindicated. The Occupational Health Service (OHS) will advise in these cases.

1.4. Employees who refuse screening or immunisation should be aware that their employment or deployment within the Trust may be jeopardised by an unreasonable refusal to co-operate with this policy.

1.5. However, the Trust will give careful consideration to any potentially justifiable reason for refusal whether on medical, religious or other potentially reasonable ground, balancing the nature of the concerns of the individual against the health and safety objectives of the policy.

2. Purpose

2.1. To ensure that all staff who have or shall have direct contact with people who use the service are protected in accordance with current national guidance and as advised by the Trust's Occupational Health Physicians (OHP).

2.2. To restrict health care workers infected with infectious diseases within the workplace where their infection may pose a risk to people who use the service in their care or other employees.

3. Responsibilities

3.1. **Heads of Departments/Line Managers** - Heads of departments and line managers are responsible for ensuring their employees comply with this policy. Where employees refuse to comply with the policy line managers will determine what action is required including the possibility of disciplinary action in the case of an unreasonable refusal to co-operate.

3.1.1. Where an individual is not protected by immunisation line managers are responsible for deploying the employee in such a way as to minimise the risk to the employee and/or to users of service and other staff.
3.2. **Occupational Health Service** - The Occupational Health Service is responsible for providing a clinical screening and immunisation service and providing managers with information regarding the immunisation status of their employees.

3.3. **Employees** - Employees are expected to co-operate with this policy and to submit to screening and immunisation unless advised otherwise by the Occupational Health Service.

4. **Pre-Employment Screening and Health Clearance**

4.1. All newly appointed staff shall be made aware of the Trust's policy on screening and immunisation. Those staff appointed to posts involving contact with people who use the service in any form shall be advised that their appointment is subject to their agreement to comply fully with this policy unless there are good medical reasons not to do so. This will be on the advice of the OHS.

4.2. All new staff must be referred to the OHS which will be responsible for ensuring that appropriate pre-employment screening and immunisation procedures are followed in line with national guidance. Line managers will be informed if employees do not attend for screening or immunisations.

4.3. Standard health checks are applicable to all new members of staff who come into clinical contact with people who use the service. These include:

- Checks for TB disease/immunity
- Hepatitis B immunisation
- Immunisation against mumps, measles and rubella if indicated
- The offer of testing for Hepatitis C and HIV in the context of reminding healthcare workers of their professional responsibilities in relation to serious communicable diseases

4.4. These checks should be carried out before health care workers have clinical contact with users of service.

4.5. Any individual found to be infected with a blood borne virus will be referred to the appropriate service for advice on treatment and management of their condition.

4.6. New staff will be provided with information on their professional obligations with respect to serious communicable diseases as issued by the General Medical Council, Nursing and Midwifery Council etc. (Appendix 2)

5. **Specific Diseases**

5.1. **Diphtheria** - The majority of staff will have been immunised in childhood and diphtheria remains rare in the United Kingdom despite the increased prevalence within the former Soviet Union.

5.1.1. Routine boosters are not recommended unless staff handle clinical material that may contain pathogenic corynebacteria or who work with the organism or who may come into contact with infected people who use the service.

5.2. **Hepatitis A** - Immunisation against Hepatitis A is indicated for staff who come into contact with raw sewage. Practically this applies to members of the Estates Department.

5.3. **Hepatitis B** - The Trust Policy in relation to the Hepatitis B Virus (HBV) takes due account of the guidance issued by the Department of Health in the “Green Book” (2013) All staff
who carry out duties involving direct care with people who use the service or who have contact with blood or body fluids must be vaccinated against Hepatitis B.

5.3.1. Immunisation against Hepatitis B consists of three doses of vaccine at 0, 1 and 2 months.

5.3.2. When staff are immunised by the OHS antibody status will be checked after immunisation and non-responders will be investigated for evidence of natural immunity from past infection (anti Hbc). Those who are anti Hbc will be tested for markers of current infection and offered appropriate follow up.

5.3.3. A single booster dose of vaccine at 5 years is recommended with no further booster required on a routine basis.

5.3.4. Employees who following investigation are found to be infectious carriers will be treated like any other member of staff suffering illness. Opportunities for job modification or temporary redeployment whilst treatment of carrier status will rarely be required but would be explored as necessary. Should such treatment prove unsuccessful, options for permanent re-deployment will be investigated including retraining if necessary.

5.3.5. Staff infected with Hepatitis B have the same rights of confidentiality as any user of service seeking or receiving medical care. The OHS works within strict guidelines with respect to confidentiality and the OHP acts as advisor to the Trust and is responsible for testing staff, providing immunisation and monitoring continuing immunity to Hepatitis B. However, the OHP also acts as advocate for the employee and should ensure that no information regarding their Hepatitis B status will normally be disclosed without the consent of the member of staff.

5.3.6. Where people who use the service are or have been at risk it may be necessary, in the public interest, for the employer to have access to confidential information held by the OHS. The employee will be fully involved in the decision making process.

5.4. Hepatitis C - Currently there is no vaccination available to protect staff from Hepatitis C (HCV), but there is medical evidence that early treatment of acute infection may prevent chronic carriage of the virus.

5.4.1. HCV testing is available to clinically based staff, relating to their professional responsibilities on appointment to the NHS.

5.4.2. Employees who are infected with the HCV virus will be treated like any other member of staff suffering illness. Opportunities for job modification or temporary redeployment whilst treatment of carrier status will rarely be required but would be explored as necessary. Should such treatment prove unsuccessful, options for permanent redeployment will be investigated including retraining if necessary.

5.5. HIV - All clinical health care workers (HCW) new to the NHS will be offered an HIV antibody test on employment. A positive test or declining a test will not affect the employment or training of HCWs who will not perform Exposure Prone Procedures (EPPs). However, the OHS will advise on the individual’s suitability for particular posts especially if duties may involve exposure to known or un-diagnosed TB.

5.5.1. HCWs infected with HIV will be treated like any other member of staff suffering illness. Opportunities for job modification or redeployment are rarely required but would be explored including retraining if necessary.
5.5.2. The Department of Health require HIV infected HCWs to be under regular review by the OHS in relation to their working practices. It is therefore essential that employees who know they are HIV positive seek the advice of the Trust’s OHP about their working practices and must adhere to the advice given to them. Normally there will be consultation with the UK Advisory panel on HIV positive employees before definitive advice is given.

5.5.3. Employees are reminded of their professional obligation to seek advice from the OHS about testing for HIV infection if they may have been exposed to HIV in the past (see Appendix 1).

5.6. Polio - All health care staff should have received a primary course of three doses of polio and two subsequent boosters at five and fifteen years following completion of the primary course. Those who have not received this will be immunised with Tetanus/Diphtheria/Inactivated Polio Vaccine (Td/IPV). Oral polio vaccine (OPV) is no longer available for routine use, but is available and will be used in the unlikely event of a polio outbreak.

5.7. Measles, Mumps and Rubella (MMR)

5.7.1. Measles infection can cause severe illness in children and adults alike. The incidence of measles has declined over recent years but small outbreaks do occur. The illness is more severe in very young children, adults and those who are chronically sick or immunocompromised.

5.7.2. Mumps outbreaks are occurring in the community particularly in young adults who may not have received two doses of MMR vaccine in childhood.

5.7.3. Rubella infection is normally mild in children but can cause arthritis in adults. Maternal rubella infection during the first trimester causes congenital rubella syndrome in up to 90% of infants.

5.7.4. In order to protect HCWs from these diseases and to prevent serious illness in People who use the service particularly those who are immunocompromised or pregnant, all staff in clinical contact with people who use the service should be adequately protected against these three diseases. Protection of healthcare workers is especially important in the context of their ability to transmit measles or rubella infections to vulnerable groups. While they may need MMR vaccination for their own benefit, on the grounds outlined above, they also should be immune to measles and rubella for the protection of their patients. Those who do not have documentary evidence of two doses of MMR vaccine or cannot provide documentary evidence of their immunity to these diseases will require immunisation to protect them and the people they care for.

5.8. Tetanus - Most staff should have had a primary course of immunisation in childhood with a reinforcing dose during their teens. A total of 5 doses is usually sufficient to provide lifelong protection. Those staff who are in occupations which expose them to tetanus will be offered immunisations to complete the above-recommended course. Staff who require this immunisation are primarily estates workers but this applies to other staff such as gardeners or technical instructors who come into contact with soil and/or manure during gardening activities.

5.9. Tuberculosis - All staff in regular contact with people who use the service and laboratory workers are at risk of contracting tuberculosis (TB). The risks are increased for staff in regular contact with people who use the service with tuberculosis or who handle tuberculous material. Protective measures are the same for both groups and the OHS is responsible for implementing these measures and maintaining records.
5.9.1. Employees working in clinical areas will be screened on commencement of employment and prior to undertaking their clinical duties.

5.9.2. Screening will be undertaken in line with current national guidelines and may include chest x-ray examination, skin testing and examination for a characteristic BCG scar. Regardless of their age, those found to be susceptible to TB will be given BCG to protect them against contracting TB and the risk such an infection may pose to people who use the service.

5.9.3. HCWs who as a result of screening are suspected of having latent TB will be referred to the Respiratory Physicians for consideration of chemoprophylaxis, irrespective of age.

5.9.4. Immunocompromised staff are at increased risk of contracting TB within the workplace and should not be deployed to care for people who use the service with open TB. The OHS will advise in these cases.

5.9.5. Staff TB contact tracing will be undertaken by Occupational Health after discussion with Infection Control and/or Respiratory Medicine, for those staff who have been exposed to a known case of TB.

5.10. **Varicella Zoster (chicken pox)** - Staff who have direct contact with people who use the service and who do not have a clear history of infection with chickenpox or shingles will be screened for immunity to Varicella Zoster (VZ) on commencement of employment. Those who are susceptible to VZ will require immunisation to protect the member of staff and vulnerable people who use the service against this disease.

5.10.1. Those HCWs who were born or raised in tropical or sub-tropical countries will have serological screening regardless of their clinical history. Tropical areas are those between the Tropic of Cancer and the Tropic of Capricorn. Tropical climates have high temperatures throughout the year. Sub-tropical climates are found adjacent to the tropics. Temperate climates have mild to warm summers and cool winters and include most European countries. The following link identifies the tropical areas in the world [http://www.worldatlas.com/aatlas/printpage/imagee.htm](http://www.worldatlas.com/aatlas/printpage/imagee.htm).

5.10.2. Consideration will be given to using VZ vaccine as post-exposure Prophylaxis (PEP) for any susceptible member of staff who is exposed to chickenpox or shingles in an attempt to prevent or reduce the impact of infection. Staff exposed to chickenpox should contact the OHS as soon as possible after exposure.

5.11. **Influenza** - Influenza vaccination for HCWs has been shown to reduce morbidity and mortality in people who use the service in certain health care settings. For this reason the Department of Health (DH) recommends influenza vaccination for all HCWs to protect them from contracting influenza as a result of caring for infected people who use the service and to reduce the likelihood of illness and associated sickness absence.

5.11.1. Trust staff who have direct contact with people using the service will be encouraged to receive an annual flu immunisation in line with current guidance from the Department of Health and the Trust's annual influenza prevention strategy.

6. **Honorary Contact Holders, Medical Students, Locum or Bank Staff, Agency Staff, Contract Ancillary Workers**

6.1. This Policy is applicable to these groups of staff, who shall be expected to undergo the same screening procedures as other staff. The individual is responsible for providing the appropriate documentary evidence confirming their screening and immunisation status. The OHS can provide advice if this is not available.
7. Voluntary Workers

7.1. Volunteers who are in direct contact with people who use the service should be made aware of the Trust Policy on screening and immunisation. They should complete an Occupational Health questionnaire prior to their induction and be advised that it will be a requirement of their continued voluntary service to undergo screening and immunisation in line with this policy via the Occupational Health Service.

7.2. Volunteers who may be immunocompromised should seek the advice of their GP to ensure that their health is such that they are not unduly vulnerable to infection. If there are concerns regarding this referral can be made to the OHS for advice.

8. Suspension from Duty to Prevent the Spread of Infection

8.1. If an employee is suspended from duty for the purpose of preventing the spread of infection the Trust shall, during the period of suspension, pay the salary and allowances to which the employee would have been entitled had they been on duty.

9. Non-Compliance with the Policy

9.1. Any employee who unreasonably refused to comply with the requirements of this policy shall be treated as unprotected against infection and should be aware that they place their continued employment in jeopardy.


10.1. Compensation may be payable under the terms of the NHS Injury Benefit Scheme to any employee who contracts a prescribed industrial disease (such as Hepatitis B for HCWs) in the course of their work. Further advice on the Scheme should be sought from the Personnel Department.

11. Review of the Policy

11.1. It is the responsibility of the Nurse Manager, Exeter Occupational Health Service and the working group members to review and monitor the progress of this Policy in the light of changes in legislation and of recommended practice.
Appendix 1 – Major Risk Factors for Infection with Blood Borne Viruses

1. Hepatitis B

The major risk factors for Hepatitis B infection are:

- Sharing of injecting equipment while using drugs
- Occupational exposure to the blood or body fluids known to be or deemed to be at high risk of infection by any inoculation/contamination injury
- Transmission has also rarely followed bites from infected persons
- Receiving medical or dental treatment in countries where Hepatitis B is common and infection control precautions may be inadequate
- Sexual transmission after vaginal or anal intercourse with Hepatitis B infected individual
- Prenatal transmission from mother to child

2. Hepatitis C

The major risk factors for Hepatitis C infection are:

- Receipt of unscreened blood or untreated plasma products (in the UK before September 1991 and 1986 respectively)
- Sharing of injecting equipment while using drugs
- Having been occupationally exposed to blood or body known to be infected with Hepatitis C or deemed to be at high risk of infection by any inoculation/contamination injury (and not subsequently screened and shown to be non-infectious)
- Receiving medical or dental treatment in countries where Hepatitis C is common and infection control precautions may be inadequate
- Other, less common routes of Hepatitis C transmission include sexual exposure, mother-to-baby, tattooing, body piercing and the sharing of toothbrushes and razors

3. HIV

The major risk factors for HIV infection are:

- If they are male engaging in unprotected sexual intercourse with another male
- Having unprotected intercourse in, or with a person who had been exposed in, a country where transmission of HIV through sexual intercourse between men and women is common
- Sharing injecting equipment while using drugs
- Having a significant occupational exposure to HIV infected material in any circumstance
- Engaging in invasive medical, surgical, dental or midwifery procedures, either as a practitioner or user of service, in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HIV infection
- Engaging in unprotected sexual intercourse with someone in any of the above categories
Appendix 2 – Regulatory Bodies’ Statements on Professional Responsibilities

1. **General Medical Council (GMC)**


   **GMC Good Medical Practice 2013**

   25c. If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.

   28. If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.

   29. You should be immunized against common serious communicable diseases (unless otherwise contraindicated).

2. **Health Professions Council**


   **Health Professions Council Standards of Conduct, Performance and Ethics 2016**

   6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.

   6.2 You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk.

   6.3 You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.

3. **Nursing and Midwifery Council**

   [https://www.nmc.org.uk/standards/code/](https://www.nmc.org.uk/standards/code/)

Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)

19.3 keep to and promote recommended practice in relation to controlling and preventing infection, and

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.

References:

The Control of Substances Hazardous to Health Regulations 2002

Public Health England (2013a) Immunization against Infectious Diseases
The Green Book - online with periodic updates of individual chapters
Available at: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book