

Policy Title

Name	Immunisation Procedure
Summary	This document sets out the procedure to be followed by the Occupational Health department in relation to staff immunisation.
Associated Documents	Occupational Health Policy
Target Audience	Principally Occupational Health Staff and for information for all NHS Golden Jubilee staff
Version number	Version 0.3
Date of this version	24 January 2020
Review Date	23 January 2023
Date of fairness test	
Approving committee/group	SMT, Partnership Forum
Document Lead	Brenda Proud
Document Author (if different)	

Golden Jubilee Foundation Values Statement

What we do or deliver in our roles within the NHS Golden Jubilee (NHSGJ) is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, NHSGJ have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality care and service across the organisation. These values are closely linked to our responsibilities around Equality.



Valuing dignity and respect

A can do attitude

Leading commitment to quality

Understanding our responsibilities

Effectively working together

Our policies are intended to support the delivery of these values which support employee experience.

Contents

Specific sections will vary depending on the policy topic however the policy must specify:

- Introduction and policy statement
- the scope of procedure (i.e. who it applies to)
- the aim of the procedure
- key roles and responsibilities
- details of how the policy will be monitored
- definition of key terms used to ensure clarity (or a glossary)

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1. Introduction

- 1.1 The NHS Golden Jubilee (NHSGJ) is committed to ensuring compliance with legislation, including the Health and Safety at Work Act 1974 and Control of Substances hazardous to Health (COSHH) Regulations 2002 and the Department of Health's requirements for Healthcare Workers as set out in the Guidance on Immunisation against infectious diseases (the Green Book) Chapter 12. This is ensured through our immunization and blood screening programme for all staff who have direct contact with patients, laboratory specimens and clinical waste.
- 1.2 The purpose of this procedure is to ensure the provision of an effective immunisation programme for healthcare workers to help protect them and the Foundations patients from acquiring or transmitting infections that are preventable through immunisation.
- 1.3 Immunisation is an effective intervention which forms one part of the approach to the prevention and control of infection.
- 1.4 It is not a substitute for good prevention and control of infection practices.

2. Scope of procedure

- 2.1 The contents of this document apply to all employees of NHSGJ including contractors, volunteers, students, locum/agency staff, bank and those holding honorary contracts. It will however be the responsibility of colleges and universities to ensure their students are appropriately immunised before commencing clinical placements. This also applies to agencies supplying temporary staff.
- 2.2 This policy is concerned with the prevention of occupationally acquired infections to staff but will deal solely with immunisation of staff as a method to help reduce risk.
- 2.2 This procedure sits under the main Occupational Health Policy and ensures that all members are treated fairly.

3. Aim of the procedure

- 3.1 To identify and those employees at pre-employment who are likely to require immunisations as set out in the Green Book and Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV for New Healthcare Workers with Direct Clinical Contact with Patient
- 3.2 Implement an immunisation programme to help minimise risk of staff acquiring infections preventable through immunisation.
- 3.3 Compliance with Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV for New Healthcare Workers with Direct Clinical Contact with Patient

4. Key roles and responsibilities

- 4.1 All prospective staff will complete a pre-employment health questionnaire prior to commencement, this will include questions relating to previous immunisation history and questions relating to Tuberculosis(TB) symptoms.

- 4.2 All Healthcare workers (HCWs) will be restricted from carrying out Exposure Prone Procedures (EPP) until they have been screened and received clearance relating to their Hepatitis B, Hepatitis C and HIV status. Those already in an EPP post prior to the introduction of the guidance on HIV in 2006, should be offered this testing on transfer.
- 4.3 The Occupational Health Nurse will check the information on the health questionnaire and identify those requiring any immunisations, including updates and testing for EPP.
- 4.4 Immunisations will be offered based on above guidance, see summary table Appendix A
- 4.5 If no evidence provided to access previous Occupational Health Immunisation records employee should be contacted and asked to provide such evidence or provide written consent to allow the Occupational Health department to request these from their previous OH provider.
- 4.6 Staff can decline immunisation, in this instance they will be made aware of the risks to their health and the potential risk to others, in some cases adjustments may be required to their duties.
- 4.7 Staff declining the Hepatitis B and who carry out EPP will be required to attend OH for an annual blood test to ensure they have maintained their non-carrier/infectious status.
- 4.8 Visiting clinical staff who will be participating in clinical procedures will be required to complete the health questionnaire and provide copies of their immunisation status prior to their visit, failure to comply will result in them not being able to participate in clinical work.

5. Responsibilities

- 5.1 The Chief executive has overall responsibility for Health and Safety, with the day to day accountability being delegated to Directors, Department Heads, Senior/Line Managers.
- 5.2 Directors, Senior and Line Managers
 - 5.2.1 Identifying infection risks, through their COSHH risk assessments, within their areas of responsibility that may be reduced by appropriate immunisation.
 - 5.2.2 Alerting OH in the event of any change in a staff member's role/responsibilities that may change their risk of exposure.
 - 5.2.3 Ensuring staff who perform EPP are fully cleared for this role before they are permitted to carry out EPP work.
 - 5.2.4 Ensuring OH are made aware of any clinical visitors who will be participating in clinical procedures timeously to ensure they have been given the correct clearance.
 - 5.2.5 Ensuring any restrictions on practice placed on any individual by OH is implemented e.g. Must not perform EPP.
 - 5.2.6 Informing OH when staff are at risk of infection from an infectious disease, this should be in discussion and agreement with the Prevention and Control of Infection Team.

5.2.7 Ensuring staff are given time to attend appointments, within their working hours with the OH department for screening and immunisations.

5.3 Occupational Health

5.3.1 OH will deliver vaccination programmes as required through government guidelines

5.3.2 OH Nurses will work from Patient Group Directives (PGDs) for the administration of vaccines

5.3.3 OH Nurses will ensure they are competent in the administration of the vaccinations they are administering and regularly update their knowledge.

5.3.4 OH Nurses will attend annual anaphylaxis and basic life support updates.

5.3.5 OH will ensure accurate records are maintained and a recall system is in place to ensure immunisation programmes are completed.

5.3.6 Inform managers of any non-attendance by staff for immunisation appointments.

5.3.7 Providing prompt advice and treatment to staff who have inoculation injuries (see Needlestick policy).

5.3.8 Provide advice to staff who may have been in contact with infectious diseases and advise of any need to refrain from work or seek further advice and treatment from other services e.g. GP.

5.3.9 OH will have access for guidance and updates to "the Green Book", PGD's and product safety and patient information leaflets.

5.3.10 Reporting any adverse reactions and recording in the employees OH record. Further administration of the vaccine causing the adverse should reaction should not be given without discussion with an OH Physician.

5.3.11 Serious adverse reactions including anaphylaxis should be reported immediately and yellow card completed and sent to the Medicines and Healthcare Products Regulatory Agency(MHRA).

5.3.12 Vaccine storage:

All vaccine will be ordered through pharmacy to help ensure cold chain storage is assured.

On receipt of vaccines, they should be transferred to a lockable, vaccine fridge and expiry dates checked. Temperature should be maintained between 2 and 8degrees Celsius. Records should be kept for a minimum of 2 years.

Vaccines should be rotated to ensure those with shortest expiry dates are used first.

Vaccine fridge temperature should be checked and recorded twice a day.

Stored vaccines expiry dates should be checked at least monthly, any expired stock should be returned to pharmacy.

In the event of a power failure of vaccine fridge – vaccines should be quarantined. Pharmacy contacted and advised of issue and advice sought regarding next steps. Do not use vaccines unless advised safe to do so by pharmacy.

Note duration of power failure if possible and fridge temperature.

5.4 All Staff are responsible for:

5.4.1 Attending appointments as advised by the OH service

5.4.2 Seeking immediate, confidential advice from OH if they have been exposed to and risk acquiring an infectious disease, this should be done prior to attending work to reduce risk to other staff and patients.

5.4.3 Advising their manager of any restrictions that may have been placed on their practice by OH.

5.4.4 Advising OH if they are a known carrier of any infectious disease or are currently receiving treatment or being investigated for this.

6. Monitoring

6.1 Attendance and Non-attendance statistics will be monitored on an annual basis.

6.2 Managers will be advised when staff fail to attend or contact OH to arrange appointments following email/letters x 2.

6.3 An electronic recall system is used to help ensure timely recall for follow up appointments.

7. Refusal of an immunisation

7.1 If an individual declined an immunisation, this should be recorded in their OH Record and the employee asked to sign a disclaimer form.

7.2 Individual must be advised of the potential risks of their ongoing exposure to infectious agent.

7.3 There may be occasions when refusal means restrictions on areas an individual may be able to work e.g. some lab areas in relation to BCG. In these cases, the manager must be made aware in writing of the decision, this will allow the manager to carry out a suitable risk assessment regarding risk of exposure and any health risks that may arise from that.

8. References

Guidance on Immunisation against infectious disease (commonly referred to as The Green Book).

Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV for new healthcare workers with direct clinical contact with patients (Scottish Government 2008)

NICE guideline (NG 33) – Tuberculosis 2016, updated 2019.

9. Statutory compliance.

Control of Substances Hazardous to Health regulations 2002(as amended)

Health and Safety at Work Act 1974

Equality Act 2010

General Data Protection Regulations (GDPR)