

Staff Screening and Immunisation Policy

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1. Introduction

Avon and Wiltshire Mental Health Partnership NHS 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.

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, social workers, nurses, occupational therapists and physiotherapists. 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.

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.

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.

2. Aim

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).

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.

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

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.

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.

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

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

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.

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.

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.

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

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involving direct care with people who use the service or who have contact with blood or body fluids should be vaccinated against Hepatitis B.

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

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.

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

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.

Staff infected with Hepatitis B has 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.

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.

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

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 re-deployment 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) the OHS will advise on the individual's suitability for particular posts especially if duties may involve exposure to known or un-diagnosed TB.

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.

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.

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 page 9).

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)

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.

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

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.

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. 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 be offered 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 gardeners 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.

Employees working in clinical areas will be screened on commencement of employment and prior to undertaking their clinical duties.

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.

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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.

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 active TB. The OHS will advise in these cases.

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 be offered immunisation to protect the member of staff and vulnerable people who use the service against this disease.

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>.

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 and 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.

AWP 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

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

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.

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

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

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. Miscellaneous Provisions

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 C) for HCWs in the course of their work. Further advice on the scheme should be sought from the Human Resources Department.

11. Review of the Policy

It is the responsibility of the Executive Director of Nursing / DIPC and Members of the Trust Infection and prevention of Infection Control to review and monitor the progress of this Policy in the light of changes in legislation and of recommended practice.

12. Appendix 1 Major Risk Factors for Infection with Blood Borne Viruses

12.1 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

12.2 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

12.3 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

13. Appendix 2 Regulatory Bodies' Statements on Professional Responsibilities

13.1 General Medical Council (GMC)

GMC Good Medical Practice 2006

43 You must protect users of service from risk of harm posed by another colleague's conduct, performance or health. The safety of people who use the service must come first at all times. If you have concerns that a colleague may not be fit to practice, you must take appropriate steps without delay, so that the concerns are investigated and users of service protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures.

78 You should protect your people using the service, your colleagues and yourself by being immunized against common serious communicable diseases where vaccines are available.

79 If you know that you have, or think that you might have, a serious condition that you could pass on to people using the service, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to users of service.

13.2 Health Professions Council

Health Professions Council Standards of Conduct, Performance and Ethics 2008

Para 11

You must take appropriate precautions to protect people using the service and yourself from infection. In particular, you should protect your service users from infecting one another. You must take precautions against the risk that you will infect someone else.

Para 13

This is especially important if you suspect or know that you have an infection that could harm other people. If you believe or know that you may have this kind of infection, you must get medical advice and act on it. This may include the need for you to stop practising altogether, or to change your practice in some way in the best interests of your service users.

13.3 Nursing and Midwifery Council

The Council's Code of Professional Conduct

19 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 accounts 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.

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Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety – Health and Safety Executive. You can find more information at www.hse.gov.uk

Version History				
Version	Date	Revision description	Editor	Status
Final Version.	17 th February 2017.	This policy has been updated as a result of the guidance not being Clear when staff refuse immunisations.	LB/AS	For Approval at GNG.
1.0	20 June 2018	Approved by GNG – no changes	JS	Approved