The Newcastle upon Tyne Hospitals NHS Foundation Trust

Immunisation for Trust Staff and Protection against Infectious Disease Policy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>8 June 2016</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>8 June 2019</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>5 May 2016</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>IPCC</td>
</tr>
</tbody>
</table>

1 Introduction

For their own protection and that of their patients/service users, all Newcastle upon Tyne Hospitals NHS Trust staff that come into regular contact with patients/service users or their relatives are offered immunisation against certain infectious diseases and screening for Tuberculosis.

The Health Act 2006; Code of Practice for the Prevention and Control of Health Care Associated Infections, Department of Health (2006) places a duty on NHS employers to ensure, that all health care workers (HCWs) must be able to access an Occupational Health Service (OHS).

The Health Act (2006) states that the OHS must include health screening for communicable diseases. The management of exposure to healthcare acquired infections (HCAIs) and the provision of relevant immunisations so that HCWs are free from, and protected from, exposure to communicable infections during the course of their work.

2 Policy scope

The principles contained within this policy apply to all staff employed by The Newcastle upon Tyne Hospitals NHS Foundation Trust. The range of screening and immunisations offered will depend upon the extent of contact with patients/service users.

It is essential for this policy to be effective the measures applied also include people who come into contact with patients/service users who are not NHS employees. This may include personnel such as medical and dental students, research workers and some voluntary personnel.

3 Aim of policy

The purpose/aim of this policy is based on National Guidance and is to provide a framework for managers and employees to identify the risks associated with certain infectious disease and the appropriate action to take to protect themselves, patient/service users.
The range of screening and immunisations offered will depend upon the risk to the health and social care worker including the extent of contact with patient/service user, their relatives or clinical material obtained from patients/service users, and the area of the Trust in which the individual is employed.

4 Duties (Roles and responsibilities)

The Chief Executive has overall responsibility for the implementation monitoring and review of this policy on behalf of the Board of Directors of the Trust. Furthermore this responsibility is delegated to the Director of Infection Prevention Control (DIPC).

Managers Responsibility

Managers should ensure that all staff have access to and have read the Trust's Infection Prevention and Control Policies

It is the responsibility of managers to inform the OHS on the employment or movement of staff into high risk areas.

Managers are responsible for exploring the reasons behind and carrying out a risk assessment for staff that have refused vaccinations. Advice can be accessed from Occupational Health if required.

Employees Responsibility

All HCW's have a professional duty to ensure that they take reasonable steps to avoid putting the health of others at risk.

Staff are responsible for attending vaccination appointments offered via Newcastle OHS.

Staff refusing vaccinations for the purpose of their job should inform their manager so that a local risk assessment can be carried out related to the role.

Responsibility of Newcastle OHS

Newcastle OHS are responsible for the delivery of immunisations to protect staff against potential infectious disease as a result of their employment

Newcastle OHS is responsible for the recording and holding the details of relevant staff immunisation status.

Record any details of refusal of immunisation or blood screening.

Occupational health will assist managers and staff in any queries related to protection against infectious diseases.
5 Definitions

- Bacillus Calmette-Guerin (BCG)
- Department of Health (DOH)
- Director of Infection and Prevention Control (DIPC)
- Exposure-prone procedures (EPP)
- Health Care Worker/s (HCW's)
- Healthcare Acquired Infections (HCAI’s)
- Occupational Health Service (OHS)
- Occupational Health Practitioner (OHP)
- Tuberculosis (TB)

6 Tuberculosis

This section should be read in conjunction with the Trust policy ‘Prevention and Control of Tuberculosis’.

All staff who are in regular contact with patients, and laboratory workers handling clinical specimens, are considered at risk of coming into contact with tuberculosis. This risk of contracting TB is increased if staff have regular contact with patients or specimens infected with tuberculosis.

Staff taking up employment in Newcastle Hospitals, or transferring to the Trust from another part of the country, or undertaking elective placements, will complete a pre-employment questionnaire in which specific questions will be asked related to signs and symptoms possibly indicative of tuberculosis. These include cough, sputum production, swollen glands, fever and weight loss. They will also be asked about any close contact with a known case of tuberculosis.

Staff who neither have any suspicious symptoms nor a history of a recent close contact with a case of tuberculosis, and who will not be working with or will have limited contact with patients or clinical specimens will only be screened for symptoms via a pre-employment questionnaire.

Staff who will have regular contact with patients or clinical specimens will be asked for evidence of BCG vaccination. Evidence would include:

- documented evidence of previous BCG immunisation
- Visual evidence of a BCG scar
- Documented positive Mantoux Test (with an induration measured between 6mm-15mm) within the last five years

Staff who are unable to provide the required evidence will undergo further testing.
BCG Vaccination will be offered to staff. In the absence of available vaccination due to national shortage PHE advice and guidelines will be followed.

If a member of staff refuses to have a BCG or cannot be immunised for other reasons, this fact should be recorded and the risks explained to him/her. This explanation should be supplemented by written advice. Workers in mortuaries and in high 'patient risk' areas, e.g. paediatrics, neonatal and maternity units, respiratory medicine wards, and those units treating immunocompromised patients should have an individual risk assessment carried out by an OHP and in extreme circumstances restrictions to the role may be implemented.

6.1 Measles

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.

Satisfactory evidence of protection would include documentation of:
- having received two doses of vaccine covering Measles and Rubella (for example the MMR), or
- positive antibody tests for measles and rubella

Unless there is a reliable history of appropriate immunisation, individuals should be assumed to be unimmunised and appropriate recommendations followed.

Measles is spread by airborne or droplet transmission. Individuals are infectious from the beginning of the prodromal period (when the first symptom appears) to four days after the appearance of the rash.

MMR vaccination is recommended when protection against measles, mumps and/or rubella is required. MMR vaccine can be given irrespective of a history of measles, mumps or rubella infection or vaccination. There are no ill effects from immunising such individuals because they have pre-existing immunity that inhibits replication of the vaccine viruses.

6.2 Rubella

Rubella is a mild disease spread by droplet transmission. Individuals with rubella are infectious from one week before symptoms appear to four days after the onset of the rash.

All health care staff, both male and female should be screened for immunity to rubella if they are unable to provide documentary evidence of two doses of rubella containing vaccine. Those who are considered susceptible should be offered immunisation with the MMR vaccine.
6.3 Diphtheria

Diphtheria is an acute infectious disease affecting the upper respiratory tract and occasionally the skin. The incubation period is from two to five days. Patients with untreated disease may be infectious for up to four weeks but carriers may potentially transmit the infection for longer.

The object of the national UK immunisation programme is to provide a minimum of five doses of a diphtheria containing vaccination at appropriate intervals for all individuals. For most circumstances a total of five doses of vaccine at the appropriate intervals are considered to give satisfactory long term protection.

Staff at continued risk are those working in microbiology laboratories or clinical infectious disease units. These staff will be individually risk assessed and offered vaccination as required.

6.4 Tetanus

Tetanus is an acute disease caused by the action of tetanus toxin. Tetanus cannot be passed from person to person.

The objective of the tetanus immunisation programme is to provide a minimum of five doses of tetanus – containing vaccine at appropriate intervals for all individuals. In most circumstances, a total of five doses of vaccine at the appropriate intervals are considered to give satisfactory long term protection.

Most NHS staff are at no greater risk of tetanus than members of the general public, but tetanus immunisation should be encouraged for all staff as a general principle. This is especially desirable for gardeners and estates department staff where the risk of contaminated minor wounds is greatest.

Where required according to staff group regular vaccination every 10 years will be offered by Occupational Health.

6.5 Poliomyelitis:

Poliomyelitis is an acute illness. The incubation period ranges from three to 21 days. Cases are most infectious immediately before, and one to two weeks after the onset of symptoms.

The objective of the polio immunisation programme is to provide a minimum of five doses of polio – containing vaccine at appropriate intervals for all individuals. In most circumstances, a total of five doses of vaccine at the appropriate intervals are considered to give satisfactory long term protection.
Staff at continued risk are those working in microbiology laboratories or clinical infectious disease units. These staff will be individually risk assessed and offered vaccination as required.

6.6 Typhoid

Typhoid fever is a systemic infection. Immunisation is unnecessary except for HCW’s who are likely to be exposed to infection, i.e. microbiology laboratory workers, staff on Infectious Disease units and those travelling to work in high incidence countries.

Staff should be offered one dose of the Vi antigen vaccine. Immunisation should be repeated at three yearly intervals for those staff that remain exposed to infection (see above).

6.7 Varicella

Varicella (chickenpox) is a highly infectious disease that is transmitted directly by droplet spread. The incubation period is between one and three weeks. It is most common in children. Varicella is more serious in adults, in particular pregnant women.

Herpes zoster (shingles) is caused by a reactivation of the individual's varicella virus. Virus from lesions can be transmitted to susceptible individuals to cause chickenpox, but there is no evidence that herpes zoster can be acquired from another individual with chickenpox.

All staff should be questioned about past infection with varicella as part of the pre-employment screening process. Those who are UK born with a good history of chickenpox or shingles can be considered immune to varicella. Those who do not have such history or were born outside of the UK will be offered serological testing (blood test) to check for antibodies to varicella; in the vast majority of cases, they will be found to be immune.

Those staff who are found to be susceptible will be offered immunisation against varicella in line with DoH (2003) recommendations, provided immunisation is not contra-indicated in that individual.

6.8 Influenza

Influenza is an acute viral infection of the respiratory tract. There are three types of influenza virus: A, B and C. Influenza A and influenza B are responsible for most clinical illness. Influenza is highly infectious with a usual incubation period of one to three days. Transmission is by aerosol, droplets or through direct contact with respiratory secretions of someone who is infectious.

Influenza immunisation should be offered to all Trust staff who carry out direct patient care. Staff should be encouraged to receive influenza vaccination to:
• Protect staff who may come into contact with patients with influenza
• Protection of staff may also benefit their close family contacts
• To reduce the spread of influenza within the Trust, particularly to vulnerable patients
• And to reduce the impact on service provision to the Trust following outbreaks of influenza

Immunisation is organised annually by the Trust OHS.

6.9 Meningococcal Infection

Meningococcal disease occurs as a result of a systemic bacterial infection. Transmission is by aerosol, droplets or direct contact with respiratory secretions of someone carrying the organism. The incubation period is from two to seven days.

Immunisation against meningococcal infection is not normally indicated for health service staff in the UK. It may be indicated in staff intending to work in high incidence countries, and (rarely) following exposure to a case of meningococcal disease. In the latter case the decision to offer immunisation would normally follow discussion with the local Health Protection Unit.

Microbiology laboratory staff will have risk assessment and a regular vaccination of specific meningitis vaccine will be offered by Occupational Health.

6.10 Hepatitis B

This section should be read in conjunction with the Trust policies for the management of patients with blood-borne virus infections and guidelines for needle stick injuries, and for the management of HCW’s infected with Hepatitis B, Hepatitis C or HIV.

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). The virus is transmitted by parenteral exposure to infected blood or body fluids.

Any member of Trust staff, including those working in General Practice and other independent contractor environments, who have direct contact with patient’s blood or blood-stained body fluids or with patient’s tissue, are at increased risk of Hepatitis B, Hepatitis C and HIV infection.

In the health care setting, transmission of Hepatitis B, Hepatitis C and HIV most commonly occurs after a significant needle stick or other sharp injury with exposure to blood or body fluids. It may also follow exposure of mucous membranes, including the eyes or mouth, or exposure of broken skin, or bites that puncture/break the skin.

HCW’s working in the following categories are likely to have a higher risk of contracting hepatitis B than other health care workers:
- Staff working in clinical laboratory areas where there is an increased risk of contact with Hepatitis B positive patients or other body fluids
- Staff at risk of frequent or extensive blood and body fluid contamination (particularly in emergency situations), or at high risk of inoculation injury.

Standard Health Clearance for serious communicable diseases DOH (2007) recommends that all categories of new HCW's employed or starting training (including students) in a clinical care setting, either for the first time or returning to work in the NHS, are offered Hepatitis B immunisation with post immunisation testing of response and the offer of testing for Hepatitis C and HIV.

Additional clearance screening applies for those staff undertaking exposure prone procedures (EPP). This is covered in more detail in the Trust policy Hepatitis B, Hepatitis C and HIV policy for Healthcare Workers.

6.10.1 Immunisation course

Newcastle OHS will provide the rapid Hepatitis B vaccination course. This consists of immunisation at month 0,1,2. At month 4 a blood test will be taken to check the immunity level. To complete the course for long term immunity the staff member must receive a 1 and 5 year booster.

6.10.2 Management of staff who are vaccine non-responders

Hepatitis B vaccine non-responders should be counselled by a senior member of staff in the occupational health department. Vaccine non-responders who perform EPP should be tested, with informed consent, for evidence of Hepatitis B infection.

Staff found to be infected with Hepatitis B should be managed according to current Department of Health guidance. Staff who are found not to be infected with Hepatitis B should be given further counselling which should include risk assessment and consideration of ways in which the potential risk of acquiring Hepatitis B may be reduced.

The importance of following the Trust Policy on the management of needlestick injuries should be highlighted. Staff who perform EPP procedures should undergo annual testing for HbsAg and HbcAb to ensure that they continue to be free of disease.

Vaccine non-responders who do not perform EPP work should be counselled by a senior member of staff in the OHS about possible reasons for their vaccine non-response, as well as further vaccination, and possible further investigation or referral for follow up.
7 Training

There are currently no training requirements/elements related to this policy. However it is important to emphasize that all staff must adhere to all relevant trust policies and procedures related to infection prevention and control.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

The Equality Act came into force from October 2010 providing a modern, single legal framework with clear, streamlined law to more effectively tackle disadvantage and discrimination. It replaces previous legislation (such as the Race Relations Act 1976 and the Disability Discrimination Act 1995) and ensures consistency is needed make the workplace a fair environment and to comply with the law.

9 Monitoring compliance with the policy

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td></td>
<td>Method</td>
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<td></td>
<td>By</td>
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<tr>
<td>Monitoring will include reporting of information from Cohort (OHS) staff records to identify:</td>
<td>Recall of staff requiring vaccination.</td>
</tr>
<tr>
<td>Influenza vaccination uptake</td>
<td></td>
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<tr>
<td>Monitoring of Immunisations delivered to clinical new starters. Including MMR</td>
<td>Reporting of vaccination uptake by directorate /staff group</td>
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<tr>
<td></td>
<td>Reporting of vaccinations</td>
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<tr>
<td></td>
<td>Committee</td>
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<td></td>
<td>Reports will be sent to the Trust Board in respect of compliance issues.</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Frequency</td>
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<tr>
<td></td>
<td>Reported Monthly between October – January</td>
</tr>
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<td></td>
<td>6 monthly</td>
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</table>
10 Consultation and review

This policy document is reviewed on an annual basis to ensure that it continues to reflect current priorities and Department of Health guidelines. The OHS service is responsible for the review of this policy document.

11 Implementation of policy (including raising awareness)

There is a need for robust mechanisms for infectious disease prevention, management and control. Audit plays an important role evidencing effectiveness of this policy.

Policies and procedures related to the OHS are available via the Trust intranet.

12 References

These recommendations are based on national guidance including:


Updates to the Green Book are available on the department of health web site: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133118.pdf


www.dh.gov.uk/cmo


13 Associated documentation

Hepatitis B, Hepatitis C and HIV policy for Healthcare Workers

Needlestick Injuries and Blood Borne Virus Exposure: Code of Practice

Prevention and control of tuberculosis trust policy
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. Assessment Date: 26.04.16

2. Name of policy / strategy / service:
   Immunisation for Trust Staff and Protection Against Infectious Diseases

3. Name and designation of Author:
   Laura McKenna / Chris Wright

4. Names & designations of those involved in the impact analysis screening process:
   Chris Wright Clinical Lead Manager Newcastle OHS

5. Is this a: Policy X Strategy Service
   Is this: New Revised X
   Who is affected Employees X Service Users Wider Community

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)
   The aim is to give guidance to both managers and employees on the necessary screening and immunisation required to prevent the spread of certain infectious diseases to others they work with or for the patients /service user's to whom they provide care.

7. Does this policy, strategy, or service have any equality implications? Yes No X
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   The decision to offer immunisations will be based on a risk assessment performed on the role not the individual. All staff will be offered immunisation as per risk assessment unless they can provide evidence of previous immunity.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
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<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
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<td></td>
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<tr>
<td>Sex (male/ female)</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Religion and Belief</td>
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<td></td>
<td></td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
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<td></td>
<td></td>
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<tr>
<td>Age</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>No</td>
<td></td>
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<tr>
<td>Gender Re-assignment</td>
<td>No</td>
<td></td>
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<tr>
<td>Marriage and Civil Partnership</td>
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<td></td>
<td></td>
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<tr>
<td>Maternity / Pregnancy</td>
<td>No</td>
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</table>

9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

   No

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

   Do you require further engagement? [ ] Yes [ ] No [x]

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?**

   Yes - The choice of immunisation is not mandatory and the choice to receive immunisations is ultimately the decision of the individual. The organisation will not force immunisations on staff but they are advised to inform their manager if they decline
immunisations so that the manager can take necessary steps to protect staff and patients.

PART 2

Name: Chris Wright

Date of completion: 26.04.2016

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)