

## Guideline for the Immunisation of New and Existing Health Care Workers

<b>For use in:</b>	Workplace Health and Wellbeing
<b>By:</b>	Occupational Health Nursing and Medical Staff
<b>For:</b>	All New and Existing Health Care Workers
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<b>If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?</b>	No

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## 2. Definitions of Terms Used / Glossary

### Exposure Prone Procedure (EPP)

*EPPs are defined as those where there is a risk that injury to the worker may result in the exposure of the patients open tissues to the blood of the worker. These procedures include those where the workers gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (spicules of bone or teeth) inside a patients open body cavity, wound or confined anatomical space, where the hands or finger tips may not be visible at all times.*

**Reference: UK Advisory Panel sited in Aids/HIV Infected Health Care Workers: Guidance on the management of infected health care workers and patient Notification**

### New Health Care Worker

For the purpose of this guidance a new health care worker is considered if they are a:

- Healthcare worker new to the NHS.
- Healthcare worker moving into training or posts involving epps for the first time.
- Healthcare worker returning to the NHS- this includes any staff who have been on electives spent in countries of high prevalence for Tuberculosis (TB) / bbvs, voluntary service with medical charities, sabbaticals, exchanges, locum and agency work or periods of unemployment outside of the UK.

### Existing Health care worker

- A Health care work who has had continuous NHS Service with no break in employment / overseas placement.
- A Health care worker who is undertaking a retire / return programme with limited gap in service would **not** require new full clearance but should be based on previous employment screening requirements.

### Working only in renal unit

- Dialysis procedures are not classed as EPP but UKAP (Public Health England) recommends that the possibility of transmission cannot be entirely ruled out because renal patients having haemodialysis have repeated bloodstream access. Therefore the guidance recommended to test all those with 'clinical contact with this patient group (i.e. are concerned directly with the haemodialysis process)' for Hepatitis B surface Antigen (2017). It is recognised that the definition is a little confusing because 'clinical work' does not always directly equate with haemodialysis process, common practice among Occupational Health services is to test those involved in any aspects of haemodialysis work

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### 3. Quick reference

<b>Quick Reference 1.1 - Health Care Worker (HCW) Immunity to Infectious Disease Work Requirements</b>					
<b>Infectious Disease</b>	<b>New Clinical HCW undertaking EPPs / Undertaking clinical duties in Renal unit</b>	<b>New Clinical HCW non EPP</b>	<b>New Laboratory and Pathology HCWs</b>	<b>Existing Clinical HCW</b>	<b>Non Clinical HCW with social patient contact</b>
<b>Hepatitis B</b>	Mandatory for all new HCWs to provide evidence they are non-infectious for Hep B - IVS blood sample for antibody and surface antigen prior to employment	All HCWs advised to be protected if at risk from blood and or body fluids	All HCWs advised to be protected if at risk from blood and or body fluids	EPP / Renal workers- mandatory Hep B and evidence of non-infectivity All others advised Hep B protection	Advised to be protected if at risk from blood and or body fluids – not normally at risk with just social contact
<b>Hepatitis C</b>	Mandatory blood test for all new HCWs who commenced EPPs after Jan 2003 / undertaking EPPS for first time. This is not required for HCW who are undertaking clinical duties in Renal Units	Not a work requirement but to offer blood test for Hep C	Not a work requirement but offer blood test for Hep C	EPP - recommend blood test for Hep C All others not a requirement	Not at risk - but can offer blood test for Hep C if requested
<b>HIV</b>	Mandatory blood test for all new HCWs who have commenced EPPs after 2008 and undertaking EPPs for the first time, This is not required for HCW who are undertaking clinical duties in Renal Units	Not a work requirement but to offer blood test for HIV	Not a work requirement but offer a blood test for HIV	EPP - recommend blood test for HIV All others not a requirement	Not at risk - but can offer blood test for HIV if requested
<b>TB</b>	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	No risk – Not required
<b>Measles Mumps Rubella (MMR)</b>	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	All HCWs to have evidence of immunity	Evidence of immunity required on commencing employment
<b>VZV- Chicken Pox</b>	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	All HCWs to have evidence of immunity	Evidence of immunity required on commencing employment
<b>Diphtheria Tetanus Polio</b>	Advised full protection - GP	Advised full protection - GP	Immunity required if risk identified - OH	Advised full protection - GP	Advised full protection - GP
* <b>TB (higher risk area)</b> - Mortuary, Histopathology, Microbiology, Thoracic surgery, Respiratory medicine (including outpatients), Aerosol generating procedures including bronchoscopies / Chest physiotherapy, Oncology/Haematology, Renal dialysis unit, Emergency department (ED), Urgent Care Centre (UCC), Children's Assessment Unit (CAU), Acute Medical Unit (AMU), Emergency Assessment Unit (Surgery), Older Peoples emergency department (OPED), Rapid access and treatment service (RATS), Ambulatory emergency department (AED).					
<b>Flu</b> - it is recommended that all clinical HCWs are protected against flu. The Trust provides an annual flu vaccination programme which can be accessed by all trust staff.					

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## 4. Objective

The aim of this Guideline is to ensure all staff who are employed have the appropriate level of immunisation protection according to their job role and ensure compliance with the following guidance documents:

- Public Health England (2017) Integrated Guidance for the health clearance of HCW and the management of HCW infected with BBVS  
<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>
- Department of Health guidance on “Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New Health Care Workers (2007).
- Department of Health ‘Green Book’ – Immunisation against infectious diseases,  
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Health and Social Care Act 2008 (updated Jan 2015): Code of Practice for health and adult social care on the prevention and control of infections and related guidance. – Criterion 10.
- The Control of Substances Hazardous to Health (COSHH) – biological agents

## 5. Rationale

- 5.1 The Trust recognises the importance of protecting HCWs from infectious diseases, which could pose a risk to patients, other HCWs and the need to sustain the workforce.
- 5.2 The Trust places an importance on reinforcing and extending existing measures to reduce the risk of HCW to patient transmission of infectious disease. This includes providing evidence of immunity to Hepatitis B, C HIV, TB and other infectious diseases such as Varicella (chicken pox), Measles Mumps and Rubella (MMR), Diphtheria, Tetanus, Pertussis (whooping cough) and Polio.

## 6. Scope

- 6.1 This guideline applies to all **new and existing** HCWs who have direct clinical contact with patients and staff who regularly handle pathogens or potentially infected specimens.
- 6.2 This guideline also applies to non-Clinical Health Workers (e.g. ward clerks, ancillary staff etc) and volunteers who work with patients and have direct face to face social contact.
- 6.3 This guideline must be implemented in line with all other relevant Trust guidelines.
  - [The management of Hepatitis C Infection in Health Care Workers](#)
  - [The management of Hepatitis B protection for health care workers and guidance in relation to Exposure Prone Procedures\(EPP\)](#)
  - The prevention of tuberculosis and management of tuberculosis exposure in healthcare workers.

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## 7. Responsibilities

### 7.1 Trust Responsibilities

- 7.1.1 To ensure the Health and Safety of patients is not compromised by exposure to a HCW infected with TB, hepatitis B, hepatitis C and HIV or any other communicable infectious disease.
- 7.1.2 To identify and ensure all HCWs are immunised against or have documentary evidence of immunity to identified infectious diseases.
- 7.1.3 To identify HCWs who are not immune to infectious disease and to offer occupational immunisation programmes or necessary blood testing procedures.

### 7.2 Manager Responsibilities

- 7.2.1 To ensure all **new** HCWs have undergone the necessary immunisation assessments as part of the new starter process and to ensure all HCWs have been advised about the communicable disease health risks of their work.
- 7.2.2 To undertake a COSHH risk assessment in areas where HCWs may be exposed to biological agents. To ensure measures have been introduced to protect HCWs and others who may be exposed to these risks.
- 7.2.3 Where it has been indicated on the new starter fitness certificate that a new employee is “unfit for work in clinical areas immunisation appointment required before starting work – Category 3” the manager must ensure the HCW attends an appointment with Workplace Health and Wellbeing prior to commencing the post.
- 7.2.4 Where it has been indicated on the Newt starter fitness certificate that a new employee is “fit for work on condition that immunisation update performed during first week of employment – Category 4” the manager must book an appointment for the new starter with Workplace Health and Wellbeing as part of their induction programme. The manager should ensure the HCW attends an appointment within the first week of starting with the Trust. Until this has been undertaken and the manager has a fitness certificate indicating they are “fit for employment” restrictions may be put in place following advice from Workplace Health and Wellbeing.
- 7.2.5 To ensure all new HCWs who undertake EPPs have health clearance prior to commencing work at the Trust and to ensure they do not undertake EPPs within their department until they have been cleared by Workplace Health and Wellbeing. The manager must ensure they have a fitness certificate indicating they are fit for employment and they have been authorised to undertake EPPs, if there is an expiry date for the EPP clearance then the manager must ensure a further fitness certificate has been issued prior to the expiry date otherwise the HCW will be stopped from undertaking EPPs.

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7.2.6 To ensure where it has been identified by Workplace Health and Wellbeing that a HCW cannot demonstrate immunity to MMR and any other infectious disease that their HCW understands the risk to patients and if requested to refrain from work following a contact tracing incident they may be required to take this as annual leave or unpaid leave.

### **7.3 Employees (including prospective employees)**

7.3.1 To take professional responsibility for ensuring they are protected from and are immune to identified infectious diseases as indicated by the Department of Health guidance **see quick reference 1**. To undertake all the necessary health clearance checks as requested. This may need to be undertaken prior to employment in the case of EPP clearance / high-risk area to Tuberculosis and for MMR. Alternatively, an immunisation assessment may need to be undertaken within the first week of employment unless UK laboratory/OH documentary evidence of the necessary tests or results can be provided.

7.3.2 All HCWs should comply with requests from Workplace Health and Wellbeing for vaccination or blood testing where it has been identified there is no documentary evidence of immunity to identified infectious disease. Where a new HCW declines to have any test or vaccination Human Resources will be informed and the offer of employment may be withdrawn. If a HCW declines MMR vaccinations they will be offered serological tests for immunity to Measles and Rubella, which will be at their own expense. There will be no charge for MMR immunisation.

7.3.3 All HCWs exposed to blood and or body fluid should ensure they are protected against Hepatitis B infection or have blood testing results as evidence of protection.

7.3.4 All HCWs who know or have reason to believe they may have been infected with TB, hepatitis B, hepatitis C or HIV must report this in confidence to Workplace Health and Wellbeing.

7.3.5 All HCWs who develop other infectious diseases such as chicken pox, shingles, measles, mumps or rubella or any other communicable disease must also inform Workplace Health and Wellbeing as soon as they have been diagnosed to ensure patients are not placed at any risk of exposure.

### **7.4 Workplace Health and Wellbeing**

7.4.1 To undertake immunisation assessments and to arrange appropriate tests and administer vaccinations to ensure HCWs are protected from infectious disease.

7.4.2 To review the immunisation status of existing HCWs and arrange appropriate vaccination and testing. To liaise with the manager where HCWs have not attended for immunisation assessments and therefore may be restricted from working in certain clinical areas.

7.4.3 To maintain confidential immunisation records and to maintain a recall system for further testing and or immunisation.

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- 7.4.4 To inform Senior Management and HR when HCWs have declined to have the necessary vaccinations or blood tests to ensure immunity to certain infectious diseases.

### **8. Other staff considerations**

#### **8.1 New HCWs from overseas**

- 8.1.1 All **new** HCWs from outside the UK who are applying for employment in the Trust (Including those applying under the international recruitment arrangements) will be required to undergo immunisation assessment and clearance checks in their own country before applying for employment in the NHS. Confirmation of these results should be made by Workplace Health and Wellbeing before taking up a post within this Trust.
- 8.1.2 If posts being undertaken require EPP clearance, then these tests will be repeated on arrival to the Trust so that UK laboratory results are available. Restrictions on activities will be required until results are available and clearance is provided by Workplace Health and Wellbeing.
- 8.1.3 TB clearance may be required if they have been working in a country where the TB incidence is > than 40/ 100,000. Again, some restrictions may be required until full clearance is given.

#### **8.2 Bank workers**

- 8.2.1 All bank workers are required to comply with the Trust immunisation requirements outlined in this guideline. Any bank workers who are likely to work in designated EPP areas or higher risk areas will need to undergo appropriate screening before undertaking a shift in that area. See [Trustdocs ID: 13321](#) for details. A fitness certificate will be generated from workplace health and wellbeing to confirm compliance and sent to the temporary staffing office.

#### **8.3 Voluntary workers**

- 8.3.1 Volunteers who are in direct contact with patients are required to comply with the Trust immunisation requirements outlined in this guideline. Workplace Health and wellbeing will provide the necessary screening and vaccinations if required.

#### **8.4 Agency / Locum HCWs**

- 8.4.1 All agency / locum staff should comply with the Trust immunisation requirements or the health screening requirements for agency workers supplied under the PASA framework agreement. This includes medical locum staff.
- 8.4.2 Whilst it is the responsibility of the agency to clear temporary staff for EPPs, it is the NHS employer that has the responsibility to check that they have been cleared. The



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NHS employer (medical staffing) will request the OH service to verify that the clearance information is sufficient for these procedures.

- 8.4.3 If the HCW cannot provide satisfactory evidence and further screening is required, this can be undertaken by workplace Health and Wellbeing but will be at the agency workers expense.

### 9. Confidentiality

- 9.1 HCWs who contract a communicable disease will receive the same rights to confidentiality as any person seeking or receiving OH advice and support.
- 9.2 Personal Information will not be released to the employer or any other agency or person without the written consent of the HCW.

### 10. Audit Standards

Workplace Health and Wellbeing will audit as part of their departmental local audit plan:

- 10.1 All new HCWs will be assessed for immunity to certain infectious diseases in line with the Trust guideline.
- 10.2 Immunisation assessments will be undertaken on all ward areas/departments to ensure HCWs are protected from infectious diseases and managers informed if non-compliance with the Trust policy is demonstrated.

### 11. Dissemination

- 11.1 This guideline reflects the current Department of Health guidance and best practice. The document has been circulated to Infection Control and the Microbiology Department during the consultation phase.

### 12. References

Public Health England (2017) Integrated Guidance for the health clearance of HCW and the management of HCW infected with BBVS <https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

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