HEALTHCARE WORKERS SCREENING AND IMMUNISATION POLICY

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of agreement	The primary purpose of this policy is to reduce the risk of transmission of infection (as far as reasonably practical) from an infected healthcare worker-to-patient. (The transmission of diseases from patient-to-worker is covered separately under the Sharps & Contamination Injury Policy) The main known risks of infection through blood-borne virus in the clinical setting are from hepatitis B, hepatitis C and HIV. This measure is not intended to prevent those healthcare workers from working in the NHS but rather to restrict them from working in clinical areas where their infection may pose a risk to patients in their care and by early diagnosis; allows them to manage their own health.
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Amendments table:

Amend No	Issued	Page	Subject	Action Date
V2	July 2018	1	Addition of a summary section	July 18
		1	New scope wording added	
		Throughout document	Removal of links to relevant websites (removed to avoid out of date information if web information changes prior to next Policy update)	
		Throughout document	General updates in line with national guidance and good practice	
V3	April 2021	Throughout document	Policy refresh taking into account changes in guidance from PHE	April 2021

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
V1	August 15	Gill Ward	Yes	
V2	July 2018	Gill Ward		
V3	April 2021	Sarah Baker	Policy Steering Group, Clinical Executive Group	

SUMMARY OF POLICY

QUICK REFERENCE GUIDE

For quick reference the guide below is a summary of actions required.

1. Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH) and to bring into effect measures necessary to protect workers and others who may be exposed from those risks, as far as is reasonably practicable. This includes appropriate immunisation.

2. Occupational Health and Wellbeing (OHWS) will identify the vaccinations required by different groups of staff and will make arrangements for these to take place. Line managers will be asked to ensure and facilitate their staff attend for vaccinations where required and will be informed if workplace restrictions are required.

3. The four main staff groups for vaccination are: 'staff involved in direct patient care'; 'non-clinical staff in healthcare settings'; 'laboratory and pathology staff' and 'staff handling specific organisms'. The vaccinations required for each group are set out in this policy**.**

4. Health Care Workers (HCW) joining the Trust who will have direct contact with patient's blood or other body fluids/ tissues, are requested to provide documentary evidence of hepatitis B antibody levels (anti-HBs >10mIU/mL) if they are not able to provide this information, they will be offered an antibody blood test or hepatitis B immunisation; whichever is clinically most appropriate.

5. Non- immune clinical HCW who will have regular contact with blood or bodily fluids, will be offered appropriate immunisations in the Occupational Health Department (OH). Further specific details about management of each vaccination can be obtained from the Trust Standard Operating Procedures:

    Hepatitis B Virus (HBV)
    Measles, Mumps & Rubella (MMR)
    Varicella (chickenpox)
    Tuberculosis

6. Immunisation is part of an array of measures to help prevent risk of infection; immunisation should be used in conjunction with Standard Precautions e.g., compliance with hand hygiene, personal protective equipment, aseptic technique, and safe handling of sharps.

Table of Contents

1. INTRODUCTION & PURPOSE

1.1 The Control of Substances Hazardous to health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH) and to bring into effect measures necessary to protect workers and others who may be exposed from those risks, as far as is reasonably practicable. Any vaccine preventable disease that is transmissible from person to person poses a risk to both health care professionals and their patients.

1.2 Health care workers (HCW) have a duty of care towards their patients which includes taking reasonable precautions to protect themselves from communicable diseases, for example appropriate immunisation. If a HCW knows or suspects that they may be infected with a blood-borne virus they have a professional responsibility to declare this in confidence to their employer through Occupational Health and Wellbeing (OHWS), in order that support, and a risk assessment can be put in place.

2. SCOPE & DEFINITIONS

2.1 This policy applies to all employees that work in a clinical setting / exposed to clinical practice where there is a risk of communicable disease; includes bank workers, secondees, volunteers and apprentices who hold a contract of employment or engagement within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 **Definitions and Abbreviations**

2.3.1 **Health Care Worker (HCW):** all staff working in hospitals, community and General Practice who have direct patient contact, e.g., cleaners on the wards, some catering staff, ambulance staff, some reception, and clerical staff, as well as medical and nursing staff.

2.3.2 **BBV-**Bloodborne Viruses (e.g. Hepatitis B, C and HIV)

2.3.3 **Exposure Prone Procedures (EPP):**
EPPs include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The definition of EPPs covers a wide range of procedures, in which there may be very different levels of risk of bleed-back. A risk-based categorisation of clinical procedures has been developed, including procedures where there is negligible risk of bleed-back (non-EPP) and 3 categories of EPPs with increasing risk of bleed-back.

The definitions and examples of categories 1, 2 and 3 are:

- Category 1

Procedures where the hands and fingertips of the worker are usually visible and outside the body most of the time and the possibility of injury to the worker's gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the HCW bleeding into a patient's open tissues should be remote.
Examples: local anaesthetic injection in dentistry, removal of haemorrhoids.

- Category 2

Procedures where the fingertips may not be visible at all times but injury to the worker's gloved hands from sharp instruments and/or tissues is unlikely. If injury occurs it is likely to be noticed and acted upon quickly to avoid the HCW's blood contaminating a patient's open tissues.
Examples: routine tooth extraction, colostomy.

- Category 3

Procedures where the fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and in which there is a distinct risk of injury to the worker's gloved hands from sharp instruments and/or tissues. In such circumstances, it is possible that exposure of the patient's open tissues to the HCW's blood may go unnoticed or would not be noticed immediately.
Examples: hysterectomy, caesarean delivery, open cardiac surgical procedures.

A series of speciality-specific lists of the most common clinical procedures, classified into EPP category depending upon the relative risk of bleed-back, has been developed by UKAP and are available on the UKAP webpage.

2.3.4 **Non-exposure Prone Procedures:** where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands from sharp instruments and/or tissues. These procedures are considered not to be exposure prone provided routine infection control procedures are always adhered to.

Examples of non-EPP:

- Taking blood
- Setting up and maintaining intravenous lines or central lines (provided any skin tunnelling procedure used for the latter is performed in a non-exposure prone manner)
- Routine vaginal or rectal examinations
- Simple endoscopic procedures
- Minor surface suturing
- Incision of external abscesses

2.3.5 **OHWS** –Occupational Health and Wellbeing Service.

2.3.6 **IVS**- Identified Validated samples.

2.3.7 **UKAP**- UK Advisory Panel on Blood Borne Viruses.

3. HCW SCREENING AND IMMUNISATION

3.1 HCW screening:

3.1.1 A HCW joining the Trust who may have direct contact with patient's blood or other body fluids/ tissues, are requested to provide documentary evidence of satisfactory hepatitis B antibody levels (anti-HBs >10mIU/mL) if they cannot provide this evidence they are offered an antibody blood test, if clinically indicated they will be offered hepatitis B immunisation

3.1.2 A HCW who is "new" to the NHS and who will perform Exposure Prone Procedures (EPP) or existing staff who are "new" to EPP, will be requested to provide an IVS blood sample to be tested for BBV infectivity.

Further guidance can be found in:

- Integrated guidance for the management of BBV can be found in the Public Health England HCW Quick Guide: PHE (August 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908746/Integrated_guidance_on_BBV_in_HCW_v2.1_Quick_reference_guide_updated_August_2020.pdf
- Integrated guidance for the management of BBV in HCW Guidelines: PHE (Aug 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909553/Integrated_guidance_for_management_of_BBV_in_HCW.pdf

3.1.3 Health Clearance for EPP work will be given by the OHWS after work health assessment. EPP duties must not be commenced until clearance has been given. Where EPP work is an essential element of a post and the relevant criteria are not met, managers will be informed accordingly, although confidentiality about the specific reason for non-clearance will be maintained.

3.2 Hepatitis B immunisation:

3.2.1 Standard immunisation: immunisation entails a course of 3 injections at 0, 1 and 6 months with subsequent testing of antibody response at 2-3 months.

3.2.2 Accelerated immunisation (e.g., for unvaccinated EPP workers): vaccine doses are administered at 0, 1 and 2 months with a fourth dose at 12 months. Antibody levels should be measured 2-3 months after the third dose.

3.2.3 Antibody responses to hepatitis B vaccine vary widely between individuals. It is preferable to achieve anti-HBs levels above 100mIU/ml, although levels of 10mIU/ml or more are generally accepted as enough to protect against infection.

3.2.4 **Poor responders**: to the vaccine (anti-HBs between 10 and 100mIU/ml) will be offered one additional dose of vaccine at that time.

3.2.5 **Non-responders**: to the vaccine (anti-HBs levels below 10mIU/ml) require testing for markers of current or past infection. (HB core antibody test requested [anti-HBc]; if positive lab will proceed to HBsAg). In non–responders, a repeat course of vaccine is recommended, followed

by re-testing of antibodies 2-3 months after the second course. Those who still have, and who have no markers of current or past infection, will require Hepatitis B immunoglobulin (HBIG) for protection if exposed to the virus e.g., after sharps/needle stick injury from a hepatitis B positive source patient. Non-responders who perform EPP require annual testing for HBsAg to ensure they have not become infected with HBV.

3.2.6 Hepatitis B status will be assessed for staff following an inoculation/ contamination incident. They will be offered appropriate immunisation and screening as per Management of inoculation/Contamination Injuries Policy.

More guidance can be found in:

- Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Aug 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908746/Integrated_guidance_on_BBV_in_HCW_v2.1_Quick_reference_guide_updated_August_2020.pdf
- Integrated guidance for the management of BBV in HCW Guidelines: PHE (Aug 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909553/Integrated_guidance_for_management_of_BBV_in_HCW.pdf

3.3 **Hepatitis C:**

3.3.1 There is no vaccine to protect staff against Hepatitis C. Staff who are new to the NHS will be offered testing for Hepatitis C. Refusal of testing or a positive result will not impact upon that individual's employment if they are not undertaking EPP.

3.3.2 All staff are reminded of their professional obligations to protect the health of patients and to seek expert advice if they think they may be infected with or have placed themselves at risk of a blood borne virus.

3.3.3 Staff members infected with Hepatitis C have the same rights to medical confidentiality as other patients. No information will normally be disclosed to the Trust without consent. In situations where patients have been or are at risk, it may be necessary for OHWS to disclose some confidential information in the public interest but the staff member will be fully involved with this. More guidance can be found in:

- Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Aug 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908746/Integrated_guidance_on_BBV_in_HCW_v2.1_Quick_reference_guide_updated_August_2020.pdf
- Integrated guidance for the management of BBV in HCW Guidelines: PHE Aug 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909553/Integrated_guidance_for_management_of_BBV_in_HCW.pdf

Staff undertaking Exposure Prone Procedures:

- For staff that are new to the NHS and undertaking EPP; testing for Hepatitis C infectivity is a mandatory requirement. Blood samples must be Identity validated.
- Staff performing EPP work after 2007 will be required to evidence IVS Hepatitis C infectivity results, if evidence is not available an IVS blood test will be arranged by Occupational Health.
- Where EPP staff are found to be infected with a blood borne virus, further advice should initially be sought from OHP who will liaise with treating physician; UKAP to

be consulted with as required Blood borne virus infections must be reported to UKAP to be entered into the OCR register.

- HCWs that refuse to comply with testing will be considered unfit for EPP. In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Trust policy on this subject. Any HCW involved in an exposure incident will be allowed to continue EPP work and would only be considered unfit if blood tests showed seroconversion. More guidance can be found in:

- Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Aug 2020) (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908746/Integrated_guidance_on_BBV_in_HCW_v2.1_Quick_reference_guide_updated_August_2020.pdf
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3.4 **HIV**

3.4.1 There is no vaccine available to protect against HIV but post exposure prophylaxis is available following high risk exposure.

3.4.2 At appointment, all new employees that work in a clinical setting / exposed to clinical practice where there is a risk of communicable disease (includes bank workers, secondees, volunteers and apprentices) will be offered HIV testing. Refusal of testing will not affect the individual's employment providing they do not participate in EPP. A positive result may require some modification in duties.

3.4.3 HIV positive individuals may be restricted from working in certain areas such as with TB patients depending upon their condition. They will be reviewed annually by OHWS to ensure that any change in their condition is not compromising patients nor that they are being put at increased risk through exposure to certain patient groups.

3.4.4 Staff members infected with HIV have the same rights to medical confidentiality as other patients. No information will normally be disclosed to the Trust without consent. In situations where patients have been or are at risk, it may be necessary for OHWS to disclose some confidential information in the public interest but the staff member will be fully involved with this.

3.4.5 All staff are reminded of their professional obligations to protect the health of patients and to seek expert advice if they think they may be infected with or have placed themselves at risk of a blood borne virus.

Staff undertaking Exposure Prone Procedures

- For staff that are new to the NHS and undertaking EPP; testing for HIV infectivity is a mandatory requirement. Blood samples must be Identity validated.
- Existing staff undertaking EPP for the first time, where a change of role/responsibilities has occurred or where a training course is being undertaken that involves EPP, must be tested for HIV. Staff who have performed EPP work elsewhere since 2007 should provide their IVS results, if they cannot they will be classed as "new" and be tested for BBV infection. Testing must be

carried out on identified, validated samples. Previous test results will be accepted if undertaken in a UK laboratory on an IVS.

- Where EPP staff are found to be infected with a blood borne virus, further advice should initially be sought from OHP who will liaise with treating physician; UKAP to be consulted with as required Blood borne virus infections must be reported to UKAP to be entered into the OCR register.
- HCWs that refuse to comply with testing will be considered unfit for EPP.
- In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Trust policy on this subject. Any HCW involved in an exposure incident will be allowed to continue EPP work and would only be considered unfit if blood tests showed seroconversion. More guidance can be found in:

- Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Aug 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908746/Integrated_guidance_on_BBV_in_HCW_v2.1_Quick_reference_guide_updated_August_2020.pdf
- Integrated guidance for the management of BBV in HCW Guidelines: PHE (Aug 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909553/Integrated_guidance_for_management_of_BBV_in_HCW.pdf

3.5 **Tuberculosis (Tb)**

3.5.1 Roles and responsibilities at Solent NHS Trust are considered low risk, this is because the cumulative time spent with the patients is low and the type of care required for patients is also low risk.

3.5.2 All staff who have patient contact should be screened for tuberculosis on appointment. Staff working with vulnerable or immunocompromised patients, e.g., oncology should be screened ***before*** they begin their clinical duties.

3.5.3 Where staff are likely to have exposure to TB, suspected TB patients for a prolonged period greater than 6 hours, or specimen contact where there is a considered risk of TB should be assessed and offered protection in line with Green book guidelines.

3.5.4 Screening for tuberculosis may include a history, examination for characteristic BCG scar, skin test and chest x-ray and/or blood test.

3.5.5 For new employees with patient contact who have not lived or visited an endemic area for a prolonged period for more than one month and do not have evidence of a BCG scar, will be asked to complete a symptom questionnaire and be advised of the symptoms of Tb and how to contact OH if exposed or they develop Tb symptoms.

3.5.6 Those who have symptoms suggestive of Tb will undergo chest x-ray and IGRA (blood) testing. Referral to a Consultant Respiratory Physician for consideration of further investigation or treatment, if appropriate. (Solent NHS Trust Tuberculosis SOP 2021 and NICE Guidelines (NG33) Tuberculosis (May 2016).

3.5.7 Staff who are new to the NHS and have spent time in a country where TB is endemic as defined by the World Health Organisation, will be screened by blood test. Individuals with positive results will undergo further investigation and referral to the Consultant Respiratory Physician.

3.5.8 Immuno-compromised staff are at increased risk of contracting Tb and should not work with patients known to have open TB.

3.5.9 In the event of a case of open TB, contact tracing amongst exposed staff will be undertaken in conjunction with Infection Control.

3.5.10 (NICE Guidelines (NG33) Tuberculosis (May 2016))

3.6 **Varicella**

3.6.1 Varicella zoster can cause severe infections in adults and in the immunocompromised.

3.6.2 At appointment staff with clinical or social contact with patients will be screened for immunity to varicella.

3.6.3 A good history of chicken pox or shingles will be accepted as evidence of immunity in staff brought up in this country.

3.6.4 Staff who do not have a clear history or were brought up abroad will be offered testing for varicella antibodies and offered vaccination if found to be susceptible.

3.6.5 Post vaccination serological testing is indicated in those working in high-risk areas e.g. Oncology.

3.6.6 Screening may also be carried out for existing staff particularly in high risk areas to ensure compliance with the policy. Contact tracing will be carried out of staff exposed to chicken pox in conjunction with infection control.

3.7 **Measles, mumps and rubella**

3.7.1 Measles can cause severe infections in both children and adults, but particularly in very sick or immunocompromised patients, pregnant women and young children. Although the incidence has declined over the last two decades with the advent of immunisation, outbreaks do occur.

3.7.2 Mumps outbreaks continue to occur and can cause significant complications in adults.

3.7.3 Rubella infection during the first trimester of pregnancy causes congenital rubella syndrome in the infant.

3.7.4 It is ideal that all staff who have clinical or social contact with patients should be protected from these three infections to protect their own health and that of their patients. Healthcare workers will be offered immunisation with 2 doses of MMR vaccine unless they can provide documentary evidence of previous vaccination or have documentary evidence of immunity. MMR vaccine is a combined vaccine and single vaccines to the individual diseases are not available on the NHS. There is no contraindication to receiving MMR to achieve immunity against one disease component when an individual is already immune to the other infections.

3.7.5 Blood tests for immunity will only be carried out where there is a clear medical contraindication to vaccination as the validity of serological testing for immunity to mumps, measles and rubella is uncertain.

3.8 Influenza

3.8.1 The Department of Health recommends annual immunisation against influenza for healthcare workers because it has been shown to reduce morbidity and mortality of patients.

3.8.2 Solent Trust offers all staff an annual influenza immunisation.

3.9 COVID-19

3.9.1 Solent Trust offers all staff covid-19 immunisation.

3.10 Other diseases

3.10.1 In the event of a case of some specific infections, contact tracing amongst exposed staff who work with high-risk patients, maybe required and undertaken in conjunction with Infection Control. This could include diseases such as: Pertussis (Whooping Cough), Meningitis and Parvovirus and other new diseases that may be identified over time.

3.11 Monitoring

3.11.1 Monitoring staff infected with a BBV will be undertaken by Consultants in OH in accordance with the guidance for the management of BBV in HCW Quick Guide: PHE (Aug 2020) and advice from UKAP.

3.11.2 The status of employees identified with a BBV will remain confidential to the OHWS. The employee will be offered support and monitored on a regular basis by the OHWS.

4. ROLES & RESPONSIBILITIES

4.1 Trust responsibilities

4.1.1 To ensure the Health & 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.

4.1.2 To identify and ensure all HCWs are offered immunisation against or have documentary evidence of immunity to identified infectious diseases.

4.1.3 To identify HCWs who are not immune to infectious disease and to offer occupational immunisation programmes or necessary blood testing procedures.

4.2 Manager responsibilities

4.2.1 To facilitate all new HCWs to attend the new starter Occupational Health appointments when clinically indicated. To ensure all HCWs have been advised about the communicable disease health risks of their work.

4.2.2 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.

4.2.3 Where it has been indicated on the `new starter` fitness to work certificate/outcome form that a new employee is "unfit for work" or "deferred" –the manager must ensure the HCW attends an appointment with OHWS prior to commencing the post and that they have an updated fitness certificate indicating fitness to work.

4.2.4 Where it has been indicated on the New starter fitness certificate/outcome form that a new employee is "fit for work" but requires a new starter immunisation update, they will be sent an appointment by the OHWS; the manager should facilitate the attendance of the appointment for the new starter with OHWS as part of their induction programme.

4.2.5 To ensure all new HCWs who undertake EPPs (clinical dental staff) have health clearance prior to commencing work. 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.

4.2.6 Where it has been identified by OHWS that a HCW cannot demonstrate immunity to infectious disease that their HCW understands the risk to patients. If the employee is required to refrain from work following a contact tracing incident the line manager should seek advice from the People Services team to discuss the use of the relevant HR Policy**.**

4.3 **OHWS responsibilities**

4.3.1 OHWS is responsible for the management of the immunisation programme.

4.3.2 OHWS will inform employees of the risks to their health and others and encourage the use of universal precautions to protect themselves, colleagues, and patients.

4.3.3 OHWS will inform managers when employees do not attend for appointments.

4.4 **Employees and prospective employees**

4.4.1 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 Appendix B quick reference**. 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. Alternatively, an immunisation assessment may need to be undertaken within the first 2 weeks of employment unless UK laboratory/OH documentary evidence of the necessary blood test results and vaccinations can be provided.

4.4.2 All HCWs, when clinically indicated, will be offered a new starter check from the OHWS-when an appointment is offered, it should be attended, any concerns regarding vaccination or blood tests should be discussed during the appointment.

4.4.3 All HCWs exposed to blood and or body fluid are encouraged to attend vaccination and blood test appointments as clinically indicated. HCW's should save all evidence of vaccination or immunity provided to them.

5. TRAINING

5.1 Information contained in this policy will be made available at general staff inductions, sharps training and health promotion activities, pre-placement health checks and educational written material produced within the Trust.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 The outcome of the assessment **see Appendix A** was there was no negative impact.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 OHWS will undertake an annual audit (10% random selected sample in accordance with local audit) of the workplace assessments undertaken in the last 12 months; audit results will be shared with the Health and Safety committee. A summary of compliance will be recorded. Any subsequent issues/findings resulting from the audit may be included in staff training and a review of this Policy will be considered.

7.2 Non-compliance incidents relating to this policy will be reported to the Trust Health & Safety Committee.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 **References**

- Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- Health & Social Care Act (DH, 2008): updated January 2015: Code of Practice for health and adult social care on the prevention and control of infections and related guidance (Criterion 10)
- Immunisation against Infectious Diseases. The Green Book. London: Department of Health, 2013:
- Integrated Guidance on health clearance for healthcare workers and the management of healthcare workers infected with blood borne viruses (hepatitis B, hepatitis C and HIV) PHE (Aug 2020):
- Integrated Guidance on health clearance for healthcare workers and the management of healthcare workers infected with blood borne viruses (hepatitis B, hepatitis C and HIV) Quick Guide: PHE (Aug 2020):
- NICE Guidelines (NG33) Tuberculosis (May 2016)

9.2 **Other associated documents**

- OH 12- Solent Health Surveillance Policy
- OH13- Solent Sharps and Contamination Injury Policy
- Tuberculosis SOP
- OH03- Work Health Assessment Policy

Appendix: A Equality Impact Assessment

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Occupational Health - corporate	
Title of Change:	Healthcare workers screening and immunisation policy 3yrly policy review and updates	
What are you completing this EIA for? (Please select):	Policy	*(If other please specify here)*
What are the main aims / objectives of the changes	Updates in line with legislation, good practice guidance and Solent health and wellbeing strategy	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: *(e.g. adjustment to the policy)*
Sex	x			
Gender reassignment	x			
Disability	x			
Age	x			
Sexual Orientation	x			
Pregnancy and maternity	x			
Marriage and civil partnership	x			
Religion or belief	x			
Race	x			

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	
Have you taken into consideration any regulations, professional standards?	Yes	

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	■	☐	☐
What action needs to be taken to reduce or eliminate the negative impact?			

Who will be responsible for monitoring and regular review of the document / policy?	Occupational Health and Wellbeing Service

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*Sarah Baker*	*Date:*	*20th April 2021*

Appendix B: Quick Guide to Immunisation requirements at Work:

Infectious Disease	New Clinical HCW undertaking EPPs	New Clinical HCW non EPP	New Laboratory & Pathology HCWs	Existing Clinical HCW
Hepatitis B	All HCW to provide evidence of IVS hep B sag and sab blood test results prior to employment. If undertaking EPPs for the first time IVS Hep B sag and sab blood test will be arranged by OHWS	All HCWs advised to be protected if at risk from blood and or body fluids. Will be offered Hepatitis B vaccination/blood tests as clinically indicated.	All HCWs advised to be protected if at risk from blood and or body fluids. Will be offered Hepatitis B vaccination/blood tests as clinically indicated	**EPP** Strongly advised to vaccinated. IVS Hep B ab and sag evidence of non-infectivity for those employed after 2007 required. Not required if no break in service and employed prior to 2007. All non-responders undertaking EPP require annual IVS sag. **Non EPP** will be offered Hepatitis B vaccination/blood tests as clinically indicated.

Hepatitis C	All HCW to provide IVS HCV antibody blood test results if they commenced EPP work after 2007. If they cannot provide evidence, they will be classed as "new". All "New" HCW to be tested for HCV antibody (IVS) If undertaking EPPs for the first time IVS HCV antibody blood test will be arranged by OHW	Not a work requirement but to offer blood test for Hep C infectivity	Not a work requirement but offer blood test for Hep C infectivity	**EPP -** IVS HCV evidence if employed after 2007 and no break in service. If does not have IVS evidence treat as "New" staff. Not required if no break in service and employed prior to 2007. **Non EPP**- not requirement

HIV	All HCW to provide IVS HIV antibody blood test results if they commenced EPP work after 2007. If they cannot provide evidence, they will be classed as "new". All "New" HCW to be tested for HIV antibody (IVS) If undertaking EPPs for the first time IVS HIV antibody blood test will be arranged by OHW	Not a work requirement but to offer blood test for HIV infectivity	Not a work requirement but offer a blood test for HIV infectivity	**EPP**- IVS HIV evidence if employed after 2007 and no break in service. If doesn't have IVS evidence treat as "New" staff. Not required if no break in service and employed prior to 2007. **Non EPP** - not a requirement
TB	HCWs working in high-risk areas to provide evidence of BCG vaccination/scar or positive heaf or Mantoux test- Vaccination will only be offered if clinically indicated.	HCWs working in high-risk areas to provide evidence of BCG vaccination/scar or positive heaf or Mantoux test Vaccination will only be offered if clinically indicated.	HCWs working in high-risk areas to provide evidence of BCG vaccination/scar or positive heaf or Mantoux test Vaccination will only be offered if clinically indicated.	HCWs working in high-risk areas to provide evidence of BCG vaccination/scar or positive heaf or Mantoux test Vaccination will only be offered if clinically indicated.

Measles Mumps **Rubella (MMR)**	HCW's to provide evidence of vaccination or immunity during work health clearance process/at new starter health check	HCW's to provide evidence of vaccination or immunity during work health clearance process/at new starter health check	HCW's to provide evidence of vaccination or immunity during work health clearance process/at new starter health check	HCW's to provide evidence of vaccination or immunity during work health clearance process/at new starter health check
VZV- Chicken Pox	HCW's to provide history of disease, evidence of vaccination or immunity during work health clearance process/at new starter health check	HCW's to provide history of disease, evidence of vaccination or immunity during work health clearance process/at new starter health check	HCW's to provide history of disease, evidence of vaccination or immunity during work health clearance process/at new starter health check	HCW's to provide history of disease, evidence of vaccination or immunity during work health clearance process/at new starter health check
Diphtheria Tetanus **Polio**	Advised full protection - GP	Advised full protection- GP	Advised full protection- OH	Advised full protection- GP
TB (higher risk area) - Mortuary, microbiology, histopathology, respiratory medicine, thoracic surgery, GUM, oncology/haematology,				
Flu - DH recommend that all HCWs in patient facing roles are protected against flu. The Trust provides an annual flu vaccination programme which can be accessed by all trust staff.				
Covid-19- The Trust will provide Covid-19 immunisation.				