Immunisation Policy (Staff)

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Additionally refer to:

Disciplinary Policy (W7)
Flexible Working Policy (W23)
Guidelines for Managing Alternative Employment
Grievance Policy (W8)
Health and Safety Policy
Prevention and management of needlestick injuries HS16
Reasonable Adjustments Guidance

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Version	Date	Author	Status	Comment – include reference to Committee presentations and dates
V1	Aug 25	Sabeena Khanna	Final	This is a new policy and aims to provide a framework and consistent policy on Immunisation for the Trust that meets relevant legislation. The policy also aims to be compliant with NHS Core Standards for Emergency Preparedness, Resilience and Response Guidance.

Contents Page

1 Policy on a Page

- The purpose of this policy is to ensure the Trust carries out its legal duty in the provision of an effective immunisation programme in order to protect our employees, patients, visitors and others from the acquisition and/or transmission of infection that is preventable by immunisation.

- The policy aims to:
  - assess the potential risks of acquisition and transmission of infectious diseases that may be preventable by immunisation;
  - implement an employee immunisation programme to reduce the risk of acquisition and transmission of infectious diseases;
  - comply with relevant legislation set out in the Immunisation Against Infectious Diseases Green Book standards;
  - comply with the NHS Core Standards for Emergency Preparedness, Resilience and Response Guidance (2023) and ensure the Trust completes the annual assurance self-assessment based on these core standards.

- This policy applies to all employees working for the Trust including bank workers, contractors, volunteers, students/trainees over 18, locum and agency workers and holders of honorary contracts.

- All newly appointed employees must complete a health questionnaire prior to commencement and are advised of the appropriate level of immunisation required in their job.

- Key roles and responsibilities for the development, implementation, management and monitoring of the immunisation policy and program are set out in the policy.

- Employees who unreasonably refuse to cooperate with the requirements of the policy will be considered unprotected against infection. Dependent on the national standards for their role this may result in their inability to fulfill their contract of employment. If clearance cannot be established for a certain role, redeployment would be the first course of action to a role where it is not a requirement.

- The requirements and actions required by managers and employees for immunisation are set out under the headings of specific diseases as well as more common diseases.

2. Policy Statement

2.1 The purpose of this policy is to ensure the provision of an effective immunisation programme for healthcare workers in order to protect them and our patients from the acquisition and/or transmission of infection that is preventable by immunisation.

2.2 Immunisation is a very effective healthcare intervention which forms part of the whole approach to the prevention and control of infection.

2.3 Whilst Health Care Workers cannot be mandated to have a vaccination the Trust has a legal duty to protect the health, safety and welfare of employees, patients and the public. The Trust is required to ensure that procedures are in place to ensure employees undertake appropriate checks to their role on employment and if there are any changes to their medical circumstances that appropriate checks are undertaken.

2.4 This Immunisation Policy is a key part of the Trust's overall strategy and commitment to maintaining a safe workplace in accordance with government guidance.

2.5 The objectives of this policy are:

2.5.1 To assess the potential risks of acquisition and transmission of infectious diseases that may be preventable by immunisation;

2.5.2 To implement an employee immunisation programme to reduce the risk of acquisition and transmission of infectious diseases;

2.5.3 To comply with the Civil Contingencies Act 2004, Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, NHS Act 2006, Public Health England Guidelines Immunisation against Infectious Disease, 2014 and Health and Care Act 2022.

2.5.4 To comply with the NHS Core Standards for Emergency Preparedness, Resilience and Response Guidance which cover ten domains:

1. governance
2. duty to risk assess
3. duty to maintain plans
4. command and control
5. training and exercising
6. response
7. warning and informing
8. co-operation
9. business continuity
10. chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT).

Whilst the 10 Domains provide a framework for the Trust to ensure robust governance is place, the overriding commitment from the Trust is to ensure there are adequate arrangements in place to make sure employees and workers are appropriately vaccinated.

3. Scope

3.1 This policy applies to all employees working for the Trust including bank workers, contractors, volunteers, students/trainees over 18, locum and agency workers and holders of honorary contracts.

4. Definitions

Exposure Prone Procedures (EPP) Microsoft Word - integrated-guidance-for-management-of-BBV-in-HCW-January-2025-update	An exposure prone procedure is when the gloved hand of the clinician could come into contact with a sharp object such as an instrument or bone, and where the fingertips cannot be seen such as during surgical procedures (e.g. surgeons, scrub nurses, operating department practitioners/assistants and dentists)
Health Care Workers (HCW)	Includes all employees, agency, bank workers, locum, students, trainees, honorary contracts, and volunteers, who have direct patient contact or deal with body fluids.
Employees involved in direct patient care	This includes employees, agency, bank workers, locum students, trainees, honorary contracts and volunteers who have regular clinical contact with patients and who are directly involved in patient care. This includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists, and radiographers.
Laboratory and pathology employees	This includes laboratory and other employees, agency, bank workers, locum students, trainees, honorary contracts and volunteers (including mortuary employees) who regularly handle pathogens or potentially infected specimens. In addition to technical employees, this may include cleaners, porters, secretaries, and receptionists in laboratories. Employees working in academic or commercial research laboratories who handle clinical specimens or pathogens should also be included.
Employees with patient contact	This includes non-clinical ancillary employees who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters, and cleaners.

5. Overview

This section describes the broad framework for this Immunisation Policy.

Occupational Health (OH) and Risk Assessments

5.1 All prospective employees must complete a health questionnaire prior to commencement.

5.2 All Health Care Workers (HCW's) will be restricted from undertaking Exposure Procedures (EPP) work until they have provided evidence of their non-carrier status of HIV, Hepatitis B and Hepatitis C. If workers commence before full clearance; a risk assessment must be completed, and the manager must provide that workers will not undertake EPP duties prior to clearance.

5.3 All HCW's in non-EPP roles new to the NHS and requiring immunisation will be seen by the OH in the first 10 days of employment to commence the immunisation programme.

5.4 An assessment of the immunisation needs of employees will be made by the OH. Using the role risk matrix completed by SATH (appendix A), employees will be identified and advised of the requirement for appropriate immunisations. The immunisation programme is delivered by the OH to all identified employees who need to be immunised.

5.5 All other new Health Care Workers in non EPP roles will be asked to provide evidence of previous immunisations at the point of OH clearance at the onboarding stage (pre-employment checks). Once a Pre-placement Questionnaire (PPQ) has been triaged, employees will be offered an immunisation review appointment within 10 working days. If this is not available, they will be seen in OH within the first 4 weeks of employment to assess which immunisations and blood tests they require in order to protect them and the patients in their care. Managers will ensure all new HCW's have attended the OH's part of local induction.

5.6 Employees can decline Hepatitis B immunisation and will be made aware of the risks to their health and the potential risk to others and their duties may need to be adjusted. Employees declining a Hepatitis B vaccination, who would normally carry out EPP will not be permitted to work, unless they attend OH for annual blood testing to ensure they have not become a carrier of the virus. In this instance OH will invite employees for their annual blood test and if they do not attend their appointment their manager is notified to ensure compliance.

5.7 Employees that decline Hepatitis B immunisation are advised to attend Accident and Emergency in the event of sharps injury for a risk assessment, and potential treatment with immunoglobulin.

5.8 For honorary contracts and applicants being externally seconded into SaTH, the Recruitment team will ask the substantive employer to complete a pro-forma confirming the date OH clearance was undertaken and Exposure Prone Procedures cleared (if required for the role). The Trust does not currently obtain any further evidence of Immunisations.

5.9 All Health Care Workers who undertake Exposure Prone Procedures are required to declare any change to their blood borne virus status if acquired after they commence employment for example if they contract Hepatitis B. Failure to do so may be considered a conduct issue and would be managed under the Disciplinary Policy depending on the circumstances.

5.10 All Health Care Workers are required to confirm if they are aware that they have been exposed to an infectious disease. Failure to do so may be considered a conduct issues and would be managed under the Trust's Disciplinary Policy (W7).

6. Roles and Responsibilities

6.1 Trust Board/Chief Executive

Trust Board has responsibility to oversee this policy and the Chief Executive, who is accountable to the Board, has overall responsibility for the health, safety, and well-being of employees, which includes this Immunisation policy.

6.2 Executive Directors/Chief Nurse

The Chief Nurse has overall responsibility for infection control and in conjunction with the Chief People Officer (who is responsible for OH Services) will provide assurance to the Chief Executive/Board for the effective monitoring and implementation of this policy. Accountability is delegated to Executive Directors, Directors of Operations, Directors of Nursing, Heads of Departments and Senior and Line Managers.

6.3 Senior and Line Managers

6.3.1 Senior Managers and Line Managers particularly in clinical areas, are responsible for identifying the infection risks within their area of responsibility that may be reduced and/or controlled by appropriate immunisation;

6.3.2 Ensuring that once a Pre-placement Questionnaire (PPQ) has been triaged, employees should be offered an immunisation review appointment within 10 working days of starting work and/or when they change role. In the event of non-compliance, employees will be restricted from work if they do not have the required clearance to do the role.

6.3.3 Ensuring that HCW's performing EPP e.g. surgeons, scrub nurses, Operating Department Practitioners (ODP), Midwives, have full clearance from OHS before being permitted to carry out EPP and do not carry out EPP until clearance is received;

6.3.4 Ensuring that employees are given time to attend their appointment with OH for immunisation and screening. If the Manager is notified that the employee failed to attend their appointment the Manager must ensure that they attend a rearranged appointment;

6.3.5 Ensuring that, where restrictions on practice are placed on employees by OH, these are implemented e.g. must not perform EPP;

6.3.6 Informing the OH service when employees are at risk of infection from infectious diseases within the work environment. This must be in conjunction with advice from the Infection

Prevention and Control team, and in line with OH procedures.

6.3.7 Assurance data is shared with the Trust monthly by OH, which managers can access.

6.4 **Occupational Health (OH)**

The OH service will:

6.4.1 Maintain employee immunisation records and recall system, to ensure immunization programmes are completed;

6.4.2 Advise managers of immune status of employees.

6.4.3 Inform managers of any non-attendance of immunisation appointments. It is the manager's responsibility to ensure employees attend their appointments; OH are responsible for keeping records of employees that are not immune and therefore advising when employees should not work in high-risk clinical areas unless provisions such as regular testing are put in place. The manager must ensure that individual risk assessments are carried out. The role risk matrix provided by OH will enable managers to undertake this task.

6.4.4 Ensure provision of prompt advice and treatment to employees who receive inoculation injuries in working hours. In accordance with Prevention and Management of Needlestick Injuries Policy HS16, out of hours employees must be directed to the nearest Emergency Department. If possible the employee should liaise with the Emergency Department to ensure prompt treatment. Working hours for OH can be found on the following link SaTH Intranet - Occupational Health Homepage.

6.4.5 Provide advice to employees who have been exposed to infectious diseases at work in line with UKHSA guidance.

6.4.6 Provide advice to immuno-compromised, pregnant employees and employees attempting to conceive, on infection issues and the suitability or otherwise of immunisation in these instances.

6.4.7 In the event that an employee is restricted from working due to the outcome of the vaccination and screening assessments, OH will advise the Trust on adjustments that would need to be made including redeployment. The Trust are not automatically told why an employee cannot fulfil the role, unless the employee consents. In this situation suitable alternative employment to a low-risk area will be sought.

6.5 **Employees**

6.5.1 Employees are expected to be familiar with and adhere to this policy and follow the procedural elements that are required to meet the Trust's standards for immunisation.

6.5.2 Health Care Workers who have patient contact (regardless of whether they carry out EPP) will be required to undergo standard screening and immunisation. This includes:

- Tuberculosis (TB) – check status and immunise where indicated.
- Hepatitis B immunisation or screening.

- Varicella screen and immunisation where indicated.
- Mumps Measles Rubella (MMR) immunisation or screen where indicated.
- The offer of Hepatitis B and Hepatitis C and HIV screening. This is only required for those that carry out EPP.

6.5.3 Employees must seek confidential advice from OH at the earliest opportunity if they have been exposed to the risk of acquiring an infectious disease.

6.5.4 Employees must bring to the attention of their line manager, in confidence, of any restrictions placed on their practice by OH.

6.5.5 Employees must bring to OH's attention or their line manager, in confidence, any changes to any blood borne viruses.

6.5.6 Employees must attend OH for immunisation/blood testing as indicated and inform OH in confidence, if they are a known carrier of any infectious disease.

6.5.7 Reporting to OH, or the Emergency Department (ED) during evenings and weekends when OH is closed, any inoculation incident sustained in order for prompt appropriate advice and treatment to be implemented.

6.5.8 Ensuring their own health and safety, and that of others, by attending their vaccination appointments. Co-operating with other employees and the Trust to help everyone meet their legal requirements.

6.5.9 Additional health checks are required for employees new to the NHS who will be carrying out exposure prone procedures (or for existing employees moving to EPP work for the first time).

6.5.10 Existing EPP employees who are changing jobs may be required to demonstrate freedom from infection with Hepatitis B, Hepatitis C and HIV in certain circumstances.

6.5.11 Employees have the same right to medical confidentiality as any other patient.

6.5.12 Employees are reminded of their professional obligations as outlined by the General Medical Council, Nursing and Midwifery Council and Health Professionals Council.

6.6. **Laboratory Employees**

6.6.1 Employees working directly with pathogens or with specimens that are potentially infected are at risk of infection with a wider range of pathogens. All new employees must undergo a pre-employment health assessment, which includes a review of immunisation needs.

6.6.2 The standard vaccination programme will apply to all employees working in the laboratory including the administrative, cleanliness technicians and portering employees.

6.6.3 Laboratory employees will be immunised according to the role risk matrix. If the nature of the work in the laboratory changes, further risk assessment may indicate the need for additional vaccination.

6.7. **Volunteers**

Most volunteers have very limited patient contact, and it would be most unlikely that volunteers would attend to very sick or vulnerable patients. Volunteers should ensure that their routine vaccinations are up to date with their GP. Line managers will ensure that volunteers are not deployed to help with infectious cases or to handle waste in clinical areas and information will be provided for volunteers. Individual cases may require additional risk assessment.

6.8 **Honorary contractors**

Honorary contractors will be expected to comply with the standards of the Trust with assurance provided by their substantive employer on recruitment.

6.9 **Students**

All students undertaking placements will be expected to comply with the standards set out in this policy. The Trust has the right to refuse students who do not comply with Trust standards unless there is a medical reason for non-compliance.

6.10 **Agency workers and Contractors**

Agency workers/Locum doctors and other contractors undertaking work on behalf of the Trust must comply with the vaccination and screening standards outlined in this policy. Temporary Staffing Department and Medical People Services will ensure that the organisations they are contracting with comply with Department of Health guidance and the standards in the Trust policy.

7. Specific Diseases

7.1 **Hepatitis A**: Immunisation against Hepatitis A is required for those employees who are exposed to raw sewage or higher risk samples. In practice, this is likely to apply to employees working in Estates or Laboratory employees who can be exposed to blood or faecal samples with high levels of Hepatitis A.

7.2 **Hepatitis B**:All employees with patient or specimen contact will be offered Hepatitis B vaccination in accordance with the latest guidelines including antibody checks and boosters where clinically indicated. Hepatitis B: the green book, chapter 18 - GOV.UK

- A booster dose may be recommended following a potential exposure to the virus in line with OH policies and national guidance.

- All new employees 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, especially employees doing EPP work.

- Non responders to Hepatitis B vaccination who are undertaking exposure prone procedures will be required to have an annual blood test on an identified, validated sample to ensure they have not contracted Hepatitis B. This will be managed by OH,

and if they have a high viral load, a report will be sent to the manager and employee on how to manage it within the workplace by way of workplace adjustments.

- Healthcare workers participating in EPP must undergo testing for Hepatitis B surface antigen (HBSAg) on an identified validated sample.

- Those who are HBSAg negative are fit to undertake EPP.

- Those who are HBSAg positive should undergo further tests to assess infectivity.

- Employees found to be Hepatitis B e Antigen positive, are not fit to undertake EPP. If they work in an EPP role suitable alternative employment must be sought.

- Employees found to be infected with Hepatitis B will be referred for appropriate investigation and treatment. The Trust will explore temporary or permanent job modification, redeployment or retraining as appropriate.

- HCWs who 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 Prevention and Management of Needlesticks policy HS16. Any HCW involved in an exposure incident should contact OH for guidance SaTH Intranet - Occupational Health Homepage. If OH is not open the employee must contact the Emergency Department. Any HCW who carries out EPP as part of their role and involved in a high-risk exposure, from a high-risk source patient, will be offered advice and support in relation to continuing with EPP duties.

7.3 Hepatitis C

- There is no vaccine to protect employees against Hepatitis C.

- Employees 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 employee's employment if they are not undertaking EPP.

- All employees 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.

- Employees 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.

- All new employees 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.

7.3.1 Employees participating in Exposure Prone Procedures

- Employees who are new to the NHS and undertaking EPP will be offered testing for

Hepatitis C. Refusal of testing or a positive result will not impact upon that employee's employment if they are not undertaking EPP.

- Existing employees who are undertaking EPP for the first time commencing training that involves EPP or who have done so elsewhere since 2002, must be tested for Hepatitis C. Testing must be carried out on identified, validated samples.

- Where EPP employees are found to be infected with a blood borne virus, further advice should be sought from the Trust's OH service in conjunction with UKAP guidance and department of health to ensure that they do not carry a high viral load through serial testing. Reference: BBVs in healthcare workers: health clearance and management - GOV.UK

- If Hepatitis C antibody is positive, testing for Hepatitis C RNA will be carried out. Employees who are Hepatitis C RNA positive will be considered unfit to undertake EPP and alternative employment must be sought.

- Previous test results will be accepted if undertaken in a UK laboratory on an IVS. There is no set time limit for the tests. However, the employee will be asked to provide information on prior Needle Stick Injuries (NSI's) or risky behaviour since the test was taken. If there is any doubt on the efficacy of the prior lab reports, OH will repeat the test.

- An infected HCW who is successfully treated for Hepatitis C can return to EPP work if they remain PCR negative at 6 months post completion of successful treatment and undergo further testing at one year.

- HCWs who refuse to comply with testing will be considered unfit for EPP.

- Employees 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.

- Where EPP employees are found to be infected with Hepatitis C, OH will follow UKHSA and UKAP guidelines.

- In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Prevention and Management of Needlestick Injuries Policy HS16.

- Any HCW who carries out EPP as part of their role and involved in a high-risk exposure, from a high-risk source patient, will be offered advice and support in relation to continuing with EPP duties. OH will advise the employee and the manager if they are fit to start and continue with EPP duties on commencement and after periodic testing as required by UKAP.

7.4 **HIV**

- There is no vaccine available to protect against HIV, but post exposure prophylaxis is available following high risk exposure. OH will advise if this is required.

- At appointment, all new employees will be offered HIV testing. Refusal of testing will not affect the employee's employment providing they do not participate in EPP. A positive result may require some modification in duties.

- HIV positive employees may be restricted from working in certain areas such as with TB patients depending upon their condition. They will be reviewed periodically by OH 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. This is in line with UKAP guidance. OH will monitor an employee's viral load regularly, and as necessary.

- Employees infected with HIV have the same rights to medical confidentiality as other patients. No information will normally be disclosed to the Trust without consent.

- HIV positive employees may undertake EPP duties with regular monitoring and effective treatment. If employees are undertaking EPP duties, and the employee is not following regular monitoring, OH will restrict them from EPP duties and inform management of that, but the employee must give their consent. Employees that are not undertaking EPP duties are not required to inform their employer, unless they want to. It also depends where the employee is working. If they work in a respiratory ward where there may be TB patients, it will not be safe for these workers and a full risk assessment will need to be completed. Where it is considered unsafe for an employee to work in a certain area suitable alternative employment will be sought.

- All employees 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.

7.5 **Employees participating in Exposure Prone Procedures (EPP)**

- Employees who are new to the NHS and undertaking EPP will be required to be tested for HIV.

- Existing employees who are undertaking EPP for the first time, commencing a training programme that involves EPP or who have done so elsewhere since 2007, must be tested for HIV. 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 employees are found to be infected with a blood borne virus, further advice should be sought from UK Advisory Panel on Blood Borne Viruses (UKAP).

- HCWs who 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 Prevention and Management of Needlestick Injuries Policy HS16. 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.

8. Tuberculosis (TB)

8.1 All employees who have patient contact will be screened for tuberculosis on appointment. All healthcare workers are required to be symptom free of TB as a minimum. Employees working with vulnerable or immunocompromised patients, e.g. oncology, paediatrics, renal unit should be screened before they take up clinical duties.

8.2 All employees who have patient or specimen contact may be at risk of tuberculosis and should be protected.

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

8.4 For new employees with patient contact who have not lived or visited an endemic area, and do not have evidence of a BCG scar, a skin test will be carried out. Those found to be susceptible will be offered BCG vaccination regardless of age.

8.5 Those who have a strongly positive skin test or symptoms suggestive of TB will undergo further testing. They may be referred to TB services or their GP for consideration of further investigation or treatment, if appropriate.

8.6 Employees 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.

8.7 Employees with positive blood test (Interferon-Gamma Release Assay (IGRA)) results will undergo further investigation and referral to the TB Nurse Specialist and/or Consultant Respiratory Physician at SaTH. BCG vaccination will be offered by the occupational health team where there is no evidence of previous vaccination and IGRA test results are negative.

8.8 Where IGRA is positive OH will test for TB and refer to the TB service.

8.9 Immuno-compromised employees are at increased risk of contracting TB and should not work with patients known to have open TB. If employees work in a respiratory ward where there may be TB patients, this is not safe for them. Employees with HIV will be restricted from working in a respiratory ward by OH through reasonable adjustments. The Trust are not automatically told why, unless the employee consents. In this situation suitable alternative employment to a low-risk area will be sought.

8.10 In the event of a case of open TB, contact tracing amongst exposed employees will be undertaken in conjunction with Infection Prevention and Control. OH would support the Trust with contact tracing for TB.

8.11 In the event that there has been exposure to Bovine TB Public Health would be involved in any contact tracing and the Trust would be notified of any exposure to employees.

9. Varicella

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

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

9.3 A good history of chickenpox or shingles will be accepted as evidence of immunity in employees brought up in the UK.

9.4 Employees who do not have a clear history, or are unsure of their history or were brought up abroad will be tested for varicella antibodies and vaccinated if found to be susceptible.

9.5 Contact tracing will be carried out by OH in conjunction with infection control if employees are exposed to chicken pox.

10. Measles, Mumps and Rubella

10.1 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 immunization outbreaks do occur.

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

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

10.4 All employes who have clinical or social contact with patients should be protected from these three infections in order to protect their own health and that of their patients. Healthcare workers will be immunised 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 employee is already immune to the other infections.

10.5 Blood tests for immunity will only be carried out where there is a clear medical reason for not being able to have the vaccination as the validity of serological testing for immunity to mumps, measles and rubella is uncertain.

10.6 If there is no immunity to measles, mumps and rubella, and the employee is unable to have the MMR due to medical reasons, OH would advise management or the recruitment team if as a result of a Trust based risk assessment; to exclude those employees from work with patients who have, or may have, known measles, mumps or rubella.

11. Influenza and Covid-19

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

11.2 The Trust runs an annual programme to ensure all employees are offered influenza immunisation.

11.3 Covid-19: vaccination against covid-19 is not mandatory for HCW though immunisation is recommended in order to protect patients and vulnerable employees.

12. Other infections

In the event of a case of some specific infections, contact tracing amongst exposed employees who work with high-risk patients, may be required and undertaken in conjunction with Infection Control on a case-by-case basis. The OH service's clinical pathway will be followed in line with UKHSA guidance and IPC policies.

13. Non-compliance

Employees who unreasonably refuse to carry out screening essential to their role within the requirements of the policy, will be considered unprotected against infection which may result in their inability to fulfill their contract of employment. In this circumstance, management would need to seek to understand reason for refusing to comply. Dependent on the outcome, this may be considered a conduct issue and would be managed under the Employee Disciplinary Policy or redeployment may need to be considered. This would be managed on a case-by-case basis.

14. Support for Employees

Staff Psychological Service: The Staff Psychology Service is available to support any employee who is anxious about having a vaccination or blood tests. Employees wanting to access support can refer themselves by emailing: sath.staffpsychology@nhs.net or a manager can refer on their behalf. Information about the service is also available on the intranet: SaTH Intranet - Staff Psychology Service

Employees can also seek support from the Trust's Counselling service and Occupational Health as necessary and seek support from HR Advisory team.

15. Training needs

OH staff will be appropriately trained to screen and deliver immunisations as directed in this policy.

Employees new to the Trust will be informed of the policy by their Managers at Local Induction. Existing employees will be reminded at mandatory infection control updates.

All managers are expected to disseminate information in relation to this policy to their employees.

Managers should seek advice and guidance from the Infection Prevention and Control Team and OH service in relation to briefing and training.

16. Monitoring and Review

This document will be reviewed in 3 years of the approval date, or sooner if legislative change dictate otherwise. In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the policy. Significant changes to the policy content or appendices will require approval by the ratifying committees.

17. Equality Impact Assessment (EqIA)

The Trust is committed to the principles of equality of opportunity in employment for all. This policy will be applied equitably and fairly and aims to ensure that no employee receives less favourable treatment on the grounds of age, gender, ethnicity, religion or belief, disability, marriage, or civil partnership, maternity or pregnancy, sexual orientation, or gender reassignment.

18. Process for Monitoring Compliance

The OH service will provide compliance data which is based on up to date starters/leavers information sufficient for Trust line managers to identify employees in date/ out of date for immunisations, and so that line managers are able to discharge their duties as outlined in this policy.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Vaccinations/ Immunisations in line with Government guidance.	Via OH	OH/HR	Regular	Infection Prevention and Control Assurance Committee

19. References

- NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) Guidance. May 2023 NHS England » NHS core standards for emergency preparedness, resilience and response guidance
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- The Management of HIV-infected health care workers who perform exposure prone procedures: updated guidance, January 2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333018/Management_of_HIV_infected_Healthcare_Workers_guidance_January_2014.pdf
- Department of Health Immunisation against Infectious Diseases (The Green Book) Available at: https://www.gov.uk/government/collections/immunisation-against-infectious-disease- the-green-book
- NICE guidelines for the management of Tuberculosis https://www.nice.org.uk/guidance/ng33/resources/tuberculosis-prevention-diagnosis-management-and-service-organisation-1837390683589
- EAGA guidance on HIV post-exposure prophylaxis https://www.gov.uk/government/publications/eaga-guidance-on-hiv-post-exposure-prophylaxis
- The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance, January 2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333018/Management_of_HIV_infected_Healthcare_Workers_guidance_January_2014.pdf
- GHNHSFT Microbiology Laboratory Staff Immunisation Policy 2007
- Biological agents: Managing The Risks in laboratories and health care premises http://www.hse.gov.uk/biosafety/biologagents.pdf 8. National Minimum Standards for Immunisation Training https://www.gov.uk/government/uk

Appendix A

Worker Grouped Immunisation Matrix

This form is to be completed by the client prior to delivery of immunisation activity.

This form is to be reviewed with the client annually and by the Clinical Performance Manager.

Organisation	SATH
Completed by	A N Other
Date	26/05/2021
Review	26/05/2022

Job Title	Vaccination Screening	BCG Scar Check/Mantoux	MRSA - if new to trust and from clinical patient area	Hep A vaccination	HEP B vaccination/ antibodies	Measles, Mumps, Rubella and Chicken Pox vaccinations - documentary evidence required	If neg immunity for MMR and Chicken Pox, vaccine needed	Typhoid	HEP B Surface antigen (EPP)	HEP C antibodies (EPP)	HIV (EPP)	Pertussis															
Medical Staff																											
Consultants/Doctors		X			X	X	X		X	X	X																
Paediatric doctors		X			X	X	X		X	X	X	X															
EPP workers (Nurses/Doctors)		X			X	X	X		X	X	X																
Anaesthetists		X			X	X	X																				
Nurse (ALL)		X			X	X	X																				
Paediatric nurses		X			X	X	X					X															
ANNP and ACP		X			X	X	X					X															
Nurses Accident and Emergency		X			X	X	X		X	X	X																
Nurses Theatres		X			X	X	X		X	X	X																
Midwife - EPP		X			X	X	X		X	X	X	X															
Neonates and Outreach		X			X	X	X					X															
Maternity Clinical Staff (NON EPP)		X			X	X	X					X															

Health Visitors		X			X	X	X																			
District Nurses		X			X	X	X																			
HCA		X			X	X	X																			
ODP		X			X	X	X		X	X	X															
Multi-disciplinary Team																										
Psychologist		X				X	X																			
Counsellor		X				X	X																			
Chaplin		X				X	X																			
Pharmacist		X			X	X	X																			
Pharmacy Technician		X			X	X	X																			
Physiotherapist		X			X	X	X																			
Occupational Therapists		X			X	X	X																			
Radiographers		X			X	X	X																			
Imagining Assistant		X			X	X	X																			
Social Workers		X				X	X																			
Technicians		X			X	X	X																			
Dieticians		X			X	X	X																			
Lab Workers (General)		X			X	X	X																			
Lab Workers (Microbiology)		X		X	X	X	X	X																		
Nuclear Medicine		X			X	X	X																			
Allied Health Professional		X			X	X	X																			
Art Therapist																										
Chiropodist/Podiatrist		X			X	X	X																			
Orthotics		X			X	X	X																			
Paramedic		X			X	X	X		X	X	X															

Fracture Clinic/Plaster Technician		X			X	X	X																				
Play Specialist		X			X	X	X																				
Mortuary Staff		X			X	X	X																				
Sterile Services		X			X	X	X																				
Estates		X		X	X	X	X																				
Building Officers		X		X	X	X	X																				
Carpenter		X			X	X	X																				
Driver																											
Electrician		X			X	X	X																				
Gardener/Grounds person																											
Housekeeper		X			X	X	X																				
Maintenance/Craftsperson		X			X	X	X																				
Porter/Site Assistant		X			X	X	X																				
Supervisor		X			X	X	X																				
Technician		X			X	X	X																				
Catering		X				X	X																				
Domestic		X			X	X	X																				
Administrators																											
Admin - Non ward based																											
Admin -ward based		X				X	X																				
Volunteers																											
Patient facing		X				X	X																				
Non patient facing																											
Work Experience		X				X	X																				