

INFECTION PREVENTION AND CONTROL POLICY AND PROCEDURES
Sussex Partnership NHS Foundation Trust (The Trust)

IPC20

VACCINATION PROGRAMME FOR STAFF AND SERVICE USERS

INTRODUCTION

Under the Health and Safety at Work Act (1974) employers, employees and the self-employed have specific duties to protect, so far as reasonably practicable, those at work and others who may be affected by their work activity, such as contractors, visitors and service users. Central to health and safety legislation is the need for employers to assess the risks to staff and others.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including micro-organisms (called biological agents in COSHH) and to bring into effect the measures necessary to protect workers and others from those risks as far as is reasonably practicable.

A local Occupational Health policy for immunisation and vaccination of health care staff should be available. This should be supported by pre-employment health assessment which should include a review of immunisation needs. Employers need to be able to demonstrate that an effective employee immunisation programme is in place, and they have an obligation to arrange and pay for this service. It is recommended that immunisation programmes are managed by occupational health services with appropriately qualified specialists.

Sussex Partnership NHS Foundation Trust considers its staff should be offered immunisation against certain diseases for their own protection and that of other staff and service users.

BACKGROUND

In most circumstances immunisation is an elective procedure and individuals can refuse vaccination. However, there are areas of work within the Trust where it is felt that specific vaccinations are essential. Where individuals refuse essential immunisation they may be excluded from some areas of clinical practice.

AIM

To ensure that advice from the Occupational Health Department on appropriate vaccination programmes for staff is supported through Trust management and risks to staff and service users are reduced.

CLINICAL STAFF

IMPORTANCE OF IMMUNISATION

Any vaccine-preventable disease that is transmissible from person to person poses a risk to both healthcare workers (HCWs) and their service users. HCWs have a duty of care towards their service users which includes taking reasonable precautions to protect them from communicable diseases. Immunisation of HCWs may therefore:

- Protect the individual and their family from an occupationally-acquired infection
- Protect service users including those that are vulnerable and who may not respond well to their own immunisation
- Protect other healthcare staff
- Allow for the efficient running of services without disruption.

STAFF INVOLVED IN DIRECT SERVICE USER CARE

This includes staff who have regular clinical contact with service users who are directly involved in service user care. This includes doctors, nurses, support workers / healthcare assistants, paramedics, professionals allied to medicine and volunteers who work with service users.

ROUTINE VACCINATION

All staff should be up to date with their routine immunisations e.g. tetanus, diphtheria, polio and MMR (measles, mumps and rubella). The MMR vaccine is especially important in the context of the ability of staff to transmit measles or rubella infections to vulnerable groups. Satisfactory evidence of protection would include documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella.

SELECTED VACCINES

HEPATITIS A VIRUS (HAV)

Evidence suggests that certain groups of staff may be at greater risk of acquiring Hepatitis A infection, in particular maintenance workers involved in procedures likely to involve contact with raw sewerage, such as drain cleaning / unblocking etc., and laboratory staff.

HEPATITIS B VIRUS (HBV)

Vaccination will be offered to all staff at employment whose occupation may involve contact with blood and body fluids, unless they can show clear evidence of immunity. Staff undertaking exposure prone procedures will be required to provide evidence of immunity by way of validated blood samples.

Department of Health guidance on Hepatitis B immunisation must be followed and incorporated into a local Occupational health policy for staff immunisation.

Vaccination should be offered to all staff that are at risk of injury from blood-contaminated sharp instruments or of being deliberately injured or bitten by service users.

N.B. staff undertaking Exposure Prone Procedures (EPP's) will be required to provide an Identity Validated Sample (IVS) from a UK laboratory demonstrating serological evidence of immunity to Blood Borne Viruses (BBV's) including HBV, HCV and, in some cases, HIV

The primary course (of HBV immunisation) consists of three injections given over six months. A blood sample will be taken on completion of the course to ensure adequate response to the vaccine and, if HBs Ab level is adequate, a booster dose will be given at five years, or earlier if indicated

In the event of a sharps injury or significant exposure to blood or blood-contaminated body fluids e.g. conjunctival splash, the degree of risk will be assessed and appropriate prophylaxis will be provided. It is essential that all accidental exposures are reported as soon as possible, as in certain circumstances it is necessary to give Hepatitis B immunoglobulin and/or a booster dose of vaccine, even though the individual has been immunised, to minimise the risk of acquiring infection. Refer to section – Management of Occupational Exposure to BBV's.

HEPATITIS C VIRUS (HCV)

There is currently no preventative vaccination available for HCV. Staff undertaking exposure prone procedures will be required to provide evidence of a negative HCV antibodies test by way of validated blood samples. This is not likely to involve staff from Sussex Partnership Trust.

RUBELLA (German Measles)

Immunity to rubella is advised for clinical staff. Where necessary, staff will be screened on employment and the MMR vaccine offered to those who are not immune.

POLIO / TETANUS

Immunity to polio and tetanus are normally obtained through childhood vaccination programmes. Vaccination would not be routinely considered through an Occupational Health Programme provided the individual staff member has received all childhood vaccinations.

BCG (Tuberculosis (TB))

The major source of tuberculosis is from individuals who have active pulmonary TB and are AFB (acid fast bacilli) smear positive and during the first two weeks of compliant treatment. It is uncommon for health care staff that are in good health to acquire tuberculosis from service users. However, all staff in regular contact with service users / clients who are / may be infectious and those who handle material which may contain tubercle bacilli i.e. sputum specimens, are at risk.

The Occupational Health Department should screen all staff prior to, or soon after, taking up employment. A history will be taken regarding past BCG vaccination and / or any previous Heaf / Mantoux test results and any recent chest x-rays.

Recent Department of Health guidance states that new staff that refuse testing, vaccination or chest x-ray (if deemed necessary) may find themselves at risk of contravening local policy and may be unable to take up a contract of employment.

Staff may also be required to co-operate in any contact tracing / screening programme if exposure to an infected service user as identified by the TB specialist team, Occupational Health Department or Infection Prevention and Control Team.

INFLUENZA

It has not been common practice to offer influenza vaccine to healthcare staff in the past. However, it is recognised that this is a cost-effective way of ensuring that key clinical contact staff remain influenza free during the Influenza season.

Decisions on staff immunisations should be made annually by the organisation's board following the guidance of the local Health Protection Team and in line with national guidance. The Occupational Health Department will advise managers and staff on appropriate routes for obtaining the vaccine.

See the Influenza Immunisation Guidelines (Department of Health website) for guidance on the annual service user protection programme.

CHICKENPOX (Varicella)

A history will be taken regarding previous history of chickenpox or herpes zoster (shingles) acquisition, documentary evidence of vaccination or documentary evidence of immunity to chickenpox. Chickenpox is highly infectious and staff found to be non-immune may be offered VZV vaccination unless there are contra-indications.

NON-CLINICAL STAFF

This includes ancillary staff that may have social contact with service users but are not involved in direct service user care. This group includes receptionists, clerks, porters and housekeepers / cleaners.

ROUTINE VACCINATION

Exactly the same requirements as for clinical staff (above)

SELECTED VACCINES

BCG (Tb) – not required

HEPATITIS B – required

VARICELLA – required

INFLUENZA – not required (unless directed by DOH)

HEPATITIS A

Certain groups of staff may be at risk of acquiring Hepatitis A infection, which is spread via the faecal-oral route. This includes staff working in mental health and learning disabilities environments together with maintenance workers involved in procedures likely to involve contact with raw sewage, such as drain cleaning/unblocking and laundry staff handling contaminated laundry.

ADDITIONAL CONSIDERATIONS

Staff who are travelling abroad and are unsure of the vaccination requirements for the country that they are visiting should contact their GP or the Foreign Office website for advice. Travel clinics are also an excellent source of up to date information. Staff have a responsibility to the employing organisation and its clients to ensure that they are appropriately immunised prior to and during travel. If, following return from overseas travel, staff are unwell they should seek a medical opinion at the earliest opportunity both to ensure their appropriate treatment and to minimise the risk of disease transmission to their work colleagues and clients. They should also report their illness to the Occupational Health Department for an assessment of their fitness to work.

HEALTH CLEARANCE AND IMMUNISATION FOR AGENCY, LOCUM AND VISITING STAFF

All agency, locum, visiting and voluntary staff working for the organisation must comply with the requirements for vaccination cover in the same manner as that of permanent staff members. This is a requirement under Regulation R4 of the Management Regulations (1999) and the associated Approved Code of Practice (ACOP). This requirement states that it is the responsibility of the employer to specify to employment agencies the minimum requirements for temporary workers under Regulation 12.1 and agencies have a duty to comply.

Agencies are responsible for ensuring that their employees meet these requirements.

If agency staff working for the organisation refuse to be vaccinated, where appropriate, then they should not be allowed to work.

FURTHER ADVICE

All staff are asked to consult the Occupational Health Department at any time should they require advice or clarification regarding a vaccination issue, or if they return unwell after a holiday, particularly from abroad. Staff will be able to offer assessment and advice.

SERVICE USERS

Registered providers are expected to provide assurance that local policies and procedures are in place in relation to the immunisation status of service users. Dependent on age and risk, service users in residential care home environments may require a range of immunisations to protect them. The decision regarding immunisation is the responsibility of the service users' Registered Medical Practitioner and / or clinicians involved in the health care management of individual service users. Decisions will be made on the basis of guidance published by the Department of Health (and regularly updated) entitled *Immunisation against infectious disease* ("The Green Book"). All service users' immunisations must be documented.