Livewell Southwest

Guidelines for staff Immunisation and Screening

Version No. 2

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: **Occupational health and wellbeing**

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Reader Information

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Author Contact Details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).

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Version no.	Type of change	Date	Originator of change	Description of change.
1	New document	August 2012	Director of Infection Prevention & Control.	
1.1	Extended	December 2014	Infection Prevention & Control.	Extended no changes
2	Reviewed	April 2016	Infection Prevention and Control Manager	Minor changes updating to Livewell and updating references.

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Process to Monitor Compliance and Effectiveness of the Guidelines

LSW will undertake a regular audit of the processes specified in these Guidelines. A person nominated by the Occupational Health & Wellbeing Department will take the lead on monitoring compliance and report outcomes bi-annually to the Health and Safety Committee.

It should be noted that the responsibilities in this are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

1. Guideline Statement

Livewell Southwest (LSW) acknowledges its responsibilities as an employer and provider of health care services to do all that is reasonably practicable to reduce the risk of infection to staff and patients.

Immunisation is one of the possible control measures available to protect staff from occupational risk of contracting communicable disease, however it should not be considered as a substitute to compliance with good infection control practice.

2. Scope

These Guidelines cover **all** staff; to include, contractors; those employed on a fixed term contract, honorary contract, agency or locum staff and students affiliated to educational establishments etc. and those who fall under the auspices of LSW.

3. Purpose, Aims and Objectives

To ensure that all staff working for, or on behalf of LSW, who have direct or indirect patient contact are adequately screened to;

- Identify those with active conditions;
- Identify those at increased risk of having acquired latent disease (such as in TB) and;

That those identified are appropriately cared for; either by means of further investigation of symptoms, immunisation against disease or in the case of refusal of immunisation that restrictions are put in place to protect that member of staff, colleagues and patients.

In keeping with current national guidance staff will be advised of individual needs in order that the risk of infection transmission to patients and staff can be minimised.

4. Staff Groups and Health Care Workers

Throughout these Guidelines, the staff groups at risk will be referred to as Health Care Workers (HCWs).

HCWs will be any member of LSW staff (including MOD Personnel) who may in the course of their work have; regular clinical contact/direct involvement with patients; be in close proximity to patients or will regularly handle pathogens or potentially infected specimens.

4.1 Staff likely to have regular clinical contact/direct involvement with patients:

- Doctors & Dentists
- Nurses & Midwives
- Occupational therapists, Physiotherapists, Speech & Language Therapists
- Radiographers
- Students and trainees
- Dieticians
- Venepuncturists
- Renal Unit staff

4.2 Staff likely to be in close proximity to patients:

- Non-clinical ancillary staff
- Security staff
- Receptionists & Ward clerks
- Porters
- Cleaners
- Volunteers (dependant on individual risk assessment)

4.3 Staff likely to regularly handle potentially infected specimens and samples:

- Laboratory workers
- Technical staff
- Mortuary staff
- Cleaners
- Porters
- Secretaries & Receptionists

4.4 Staff working in non clinical areas or having no regular patient contact:

- Administrative staff
- Support staff
- Non-clinical managers
- Administrative, secretarial staff and clerical staff

4.5 Staff groups who are likely to perform Exposure Prone Procedures (EPPs):

EPPs are those in which there is a risk that injury to the HCW could result in exposure of the patient's open tissues to the blood of the HCW.

Such procedures include where the workers gloved hand may come in to contact with sharp instruments, needle tips and sharp tissue (spicules of bone or teeth) inside a

patients open body cavity, wound or confined anatomical space where the hand or fingertips may not be completely visible at all times.

- Obstetrics and Gynaecology: Registered Nurses, Doctors and Midwives
- Operating Theatre/Department staff: Registered Nurses, Doctors and Practitioners
- Emergency Department: Registered Nurses, Doctors and Practitioners
- Dentists and Dental Nurses

When there is any doubt about whether a procedure is exposure-prone or not, expert advice should be sought in the first instance from a consultant occupational health physician, who may in turn wish to consult the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP).

5 Pre-Placement Documentation

Examples of documentation can be found at Appendices B, C, D & E. Current forms will be available through HR or OHWBD as alterations may be required due to changes in guidance or legislation.

5.1 Pre-Placement Risk Assessment

Firstly, as part of the recruitment process, all posts will be risk assessed by the appointing manager to determine whether the HCW will be as part of their role;

- working with or in close proximity to patients;
- handling samples and specimens in the course of their work
- an EPP worker
- a clinical worker on a Renal Unit

The completed Pre-placement Risk Assessment form **(Appendix B)** will be sent confidentially for processing to the Occupational Health & Wellbeing Department (OHWBD).

5.2 Pre-Placement Immunisation & Health Screening Requirements

This topic can often be confusing and covers several categories of HCW. Where managers or Human Resource Department staff are unsure, they should refer to the OHWBD for clarification.

5.3 Full Immunisation & Health Screening

Full immunisation & health screening will be carried out for all HCW that are ***new to LSW or new to the NHS*** e.g.:

- Full, part time and fixed term contract applicants
- Locum applicants
- Rotational Doctors
- Volunteers

Immunisation and Health Screening will identify the immunisation status of the HCW by means of a Pre-Placement Immunisation Screening Questionnaire **(Appendix C)** in conjunction with the completed Pre-placement Risk Assessment form **(Appendix B)**.

Relevant documentary evidence of any previous immunisations or tests must also be provided **(see section 9).**

5.4 Shortened Immunisation & Health Screening

Shortened Immunisation & Health Screening by means of an Internal Moves Questionnaire **(Appendix E)** will be carried out for all staff that are ***currently working within LSW*** and who are;

- changing departments,
- significantly altering hours or duties,
- returning from Maternity Leave,
- being promoted,
- moving from working on the 'bank', as a locum or with NHS Professionals,
- taking up a permanent post e.g. moving from a voluntary post
- being re-deployed;
- medical staff moving from F1 to F2 posts
- Peninsula Medical School (PMS) students moving to LSW medical (F1) employment.
- Returning from a period of time working or volunteering abroad such as with a charity or on deployment with the MOD.

5.5 Special Cases

The following groups of staff will be screened to NHS DoH & Buying Solutions Standards by the employer or their own appointed occupational health care provider:

- agency or locum staff including NHS Professionals
- students affiliated to educational establishments
- contractors

5.6 Outcome of Screening

HR and Managers will be informed of the immunisation, health and EPP status of the HCW within two working days of receipt of the pre-placement documentation.

This will include further guidance if required and any arrangements that need to be made.

6 The Assessment of Immunity and Health

LSW's assessment of immunity and health is based on risk assessment and guidance from DOH etc. against the relevant pre-placement documentation and any associated serology results etc. for the following:

6.1 Hepatitis B

If already immunised or partly immunised, documentary evidence of vaccinations given must be provided or;

Serological evidence of immunity to Hepatitis B

In addition, all HCW working clinically in **renal units** will be screened for Hepatitis B infection; either by providing evidence of immunity or a negative test for markers taken within the last 12 months.

If not previously immunised, the vaccine will be offered (**see section 10 for further specific guidance)**.

6.2 Measles, Mumps and Rubella

Rubella vaccine was introduced in 1970, MR in 1974, MMR in 1988, and 2 dose MMR in 1996.

If already immunised or partly immunised, documentary evidence of vaccinations given must be provided (this may be recorded as one or two doses of MMR (Measles, Mumps & Rubella) immunisation or MR (Measles & Rubella) immunisations or;

Serological evidence of immunity to Measles & Rubella must be provided (Mumps is not currently included)

If not previously immunised, the MMR vaccine will be offered (**see section 10 for further specific guidance)**.

6.3 Varicella

If a history of having had chickenpox or herpes zoster is declared, we consider this means that natural immunity has been acquired and no further action is required;

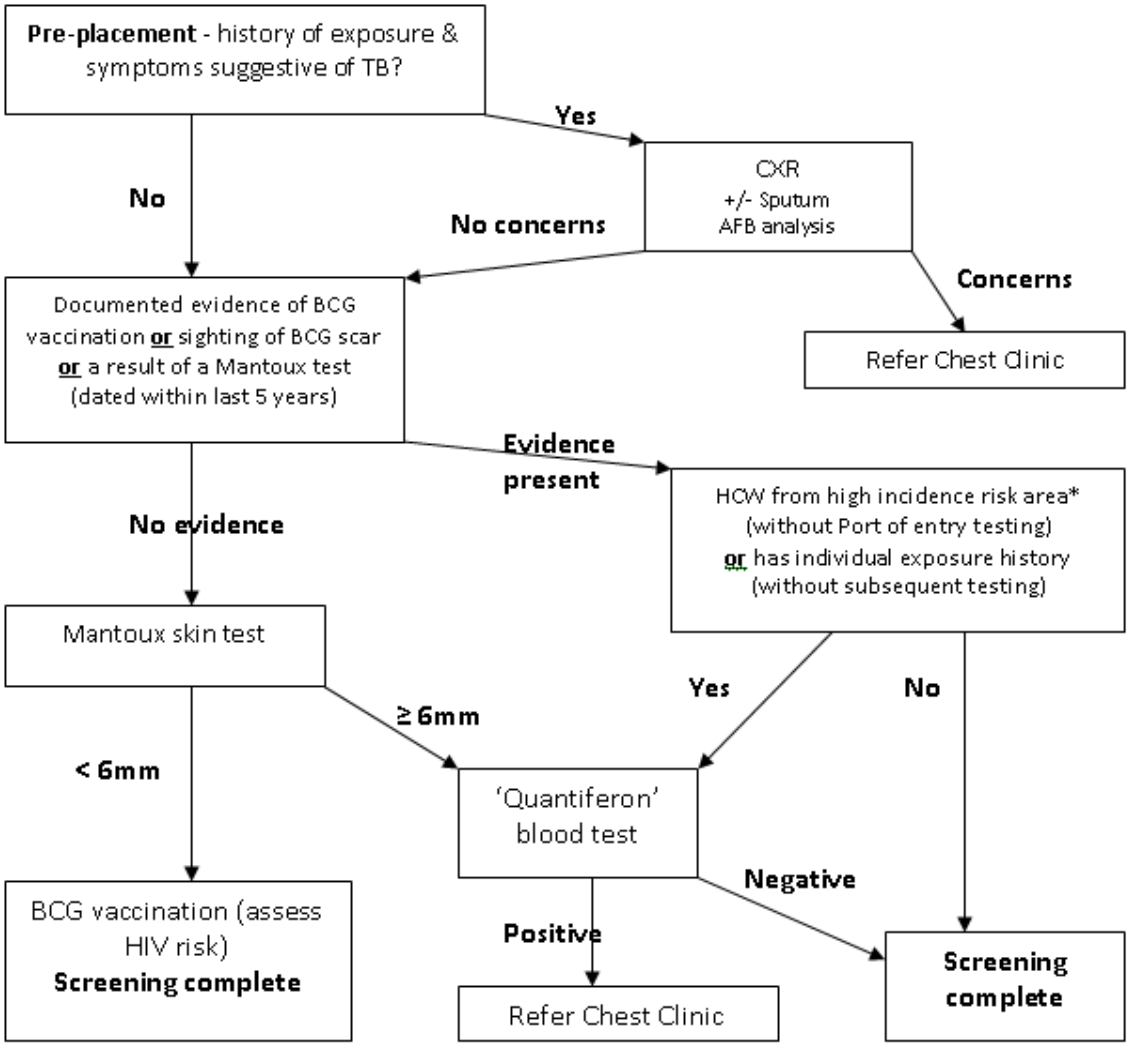
In the absence of natural immunity and where vaccination has taken place, documentary evidence of two doses of Varicella immunisations is required or;

Serological evidence of immunity to Varicella

If not previously immunised or no declaration of natural immunity is made, the vaccine will be offered (**see section 10 for further specific guidance)**.

6.4 Tuberculosis (TB)

6.4.1 Screening Algorithm



If previously vaccinated, a documented BCG scar check by an OH professional or a record of the BCG vaccination being administered is required;

If not previously immunised, the vaccine will be offered (**see section 10 for further specific guidance)**.

If no documentary evidence is supplied of a BCG vaccination or a BCG scar cannot be visualised, a Tuberculin skin test (Mantoux Test) is required (unless from a high risk area where Interferon-Gamma Testing will be required).

If no documentary evidence of prior screening is available, staff in contact with patients or clinical material who are transferring jobs within the NHS should be screened as for new employees.

HCWs who will be working with patients or clinical specimens should not start work until they have completed a TB screen or health check, or documentary evidence is provided of such screening having taken place within the preceding 12 months.

Documentary evidence of a Mantoux Test result having been carried out within the last 5 years will be considered as satisfactory.

There should be no signs or symptoms of TB such as a cough for more than 3 weeks in duration, unexplained weight loss, fever or night sweats, loss of energy or haemoptysis;

The HCW or a member of their family should not have a history of having had TB. Where a positive answer is given, a detailed investigation will be required which may involve a clinical examination of sputum, a CXR (chest x-ray) and an interferon gamma test. A referral to the Chest Clinic may also be required.

The risk of TB for a new healthcare worker who knows he or she is HIV positive at the time of recruitment should be assessed as part of the occupational health checks.

The employer, through the Staff Health & Wellbeing Department, should be aware of the settings with increased risk of exposure to TB, and that these pose increased risks to HIV-positive healthcare workers.

All HCWs who have arrived in the UK who were born in or have lived **in a '*TB High Incidence Country'*** for more than 3 months in the last 5 years will require enhanced screening **(see section 6.4.2)** ***before commencement of employment***.

6.4.2 Enhanced Screening for Tuberculosis

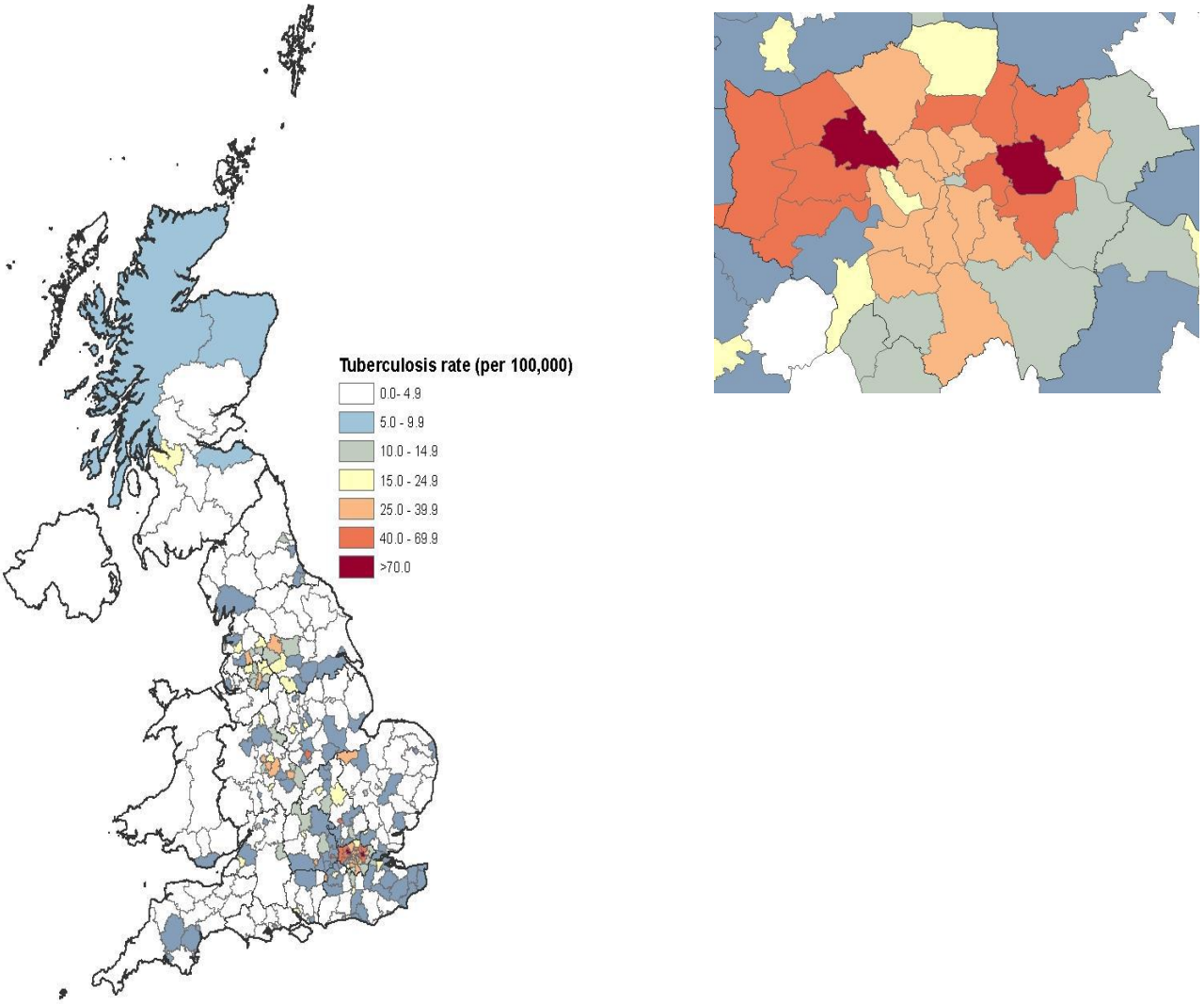
Additional checks are carried out for HCWs from areas of high TB incidence. This can be a country or primary care organisation within the UK.

Enhanced screening is carried out because clinical presentation is often delayed with infection lying dormant (latent disease), validity of BCG vaccination and a complicating factor of HIV.

A ***'High Incidence Country'*** is one with more than 40 cases per 100,000 per year – see https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

A ***'High-incidence primary care organisation'*** is a primary care organisation with more than 40 cases per 100,000 per year; Tuberculosis (TB) in the UK: annual report data up to 2013; https://www.gov.uk/government/publications/tuberculosis-tb-in-the-uk

6.4.3 Three-year average tuberculosis rates by local authority (England), health board (Scotland and Wales) and country (Northern Ireland), UK, 2011-2013. Box shows enlarged map of London area.



6.4.4 Health Surveillance of HCWs

Reminders of the symptoms of TB, and the need for prompt reporting of such symptoms (a cough for more than 3 weeks in duration, unexplained weight loss, fever or night sweats, loss of energy or haemoptysis) should be included with annual reminders about health and wellbeing for staff who:

- are in regular contact with TB patients or clinical materials, **or**
- have worked in a high-risk clinical setting for 4 weeks or longer.
- one-off reminders should be given after a TB incident on a ward.

6.5 Meticillin Resistant Staphylococcus Aureus (MRSA)

- There should be no active infection or colonisation with MRSA.
- Where there is a history reported, a full history of diagnosis, treatment etc. will be required.
- Depending on the results of screening, advice may be sought from the OHWB Physician and/or the Infection Protection & Control Team.
- The applicant's placement may be affected by the outcome of investigations and screening.

7 Blood-Borne Virus Screening

Screening for the blood-borne viruses; Hepatitis B, Hepatitis C and HIV can take place at any stage of a HCW's career. It may occur at pre-placement screening, as part of OHWB clearance for Exposure Prone Procedures (EPPs) or as a result of a contamination incident **(see section 7.1 for full details).**

The tests are only carried out with the consent of the HCW, however declining tests can affect the employment of HCWs.

Anonymity for the tests can be ensured if the HCW wishes it. A confidential code number can be used to ensure confidentiality for any HCW regarding any serological test for Hepatitis B, Hepatitis C and HIV. Should there be a positive outcome to any tests performed; the HCW will be referred to the OHWBP for further advice and management.

Any HCW found to be positive to a BBV should be referred to an Occupational Health Physician and subsequent specialist management. The offer of counselling should also be considered at this time.

7.1 Categories of HCW that require screening;

- All HCWs (not undertaking EPPs) who take up the offer of testing.
- All HCWs who will undertake EPPs in their role.
- All HCW working clinically in Renal units will be screened for **Hepatitis B only;** either evidence of immunity or a negative test for markers taken within the last 12 months.
- All Foundation Year Doctors (F1 and F2) as they are likely to encounter EPP roles.
- All HCWs moving to a post or undertaking training to undertake Exposure Prone Procedures (EPPs) for the first time.
- All HCWs from outside the UK applying for employment or a training place within LSW for the first time.
- All HCWs who may have been exposed to or at risk of developing HIV, Hepatitis C or Hepatitis B by;

  Spending any time outside the UK through; work with medical charities, sabbaticals, voluntary service, extended electives.

  Self declaration or disclosure of a high risk incident or practice.

Declaration or disclosure by a colleague, representative of LSW or other agency of an alleged high risk incident or practice.

Contamination by means of an inoculation injury or body fluid splash from a source positive to HIV, Hepatitis B or Hepatitis C positive

7.2 Hepatitis B Screening

7.2.1 HCWs Working Clinically in Renal Units

This staff group will require either evidence of immunity or a negative test for markers taken within the last 12 months.

7.2.2 EPP Workers

EPP workers found or known to be infected with Hepatitis B virus (HBsAg positive) require further tests to determine whether they are carriers of the e-antigen (a marker of high infectivity) or carriers of a genetic variant of the virus.

EPP workers with the following serology results will not be cleared for EPPs:

- HBsAg positive, HBeAg positive
- HBsAg positive, HBeAg negative – viral load $>10^5$ at any time.
- HBsAg positive, HBeAg negative – viral load $>10^3$ results within the last 12 months in the absence of antiviral treatment.
- HBsAg positive, HBeAg negative – viral load $>10^3$ results within the last 3 months if on antiviral treatment, assuming the viral load never exceeded 10^5

Failure to Respond to Hepatitis B vaccine

One reason for failure to respond to the vaccine (<10mIU/mL anti-HBs) is pre-existing Hepatitis B infection.

Vaccine non-responders who perform EPPs must be tested for evidence of Hepatitis B infection (HBsAg).

Thereafter they are required to undergo annual testing for markers of infection.

7.3 Hepatitis C

There is no vaccine available to protect against Hepatitis C so it is not possible to ensure permanent non-infectivity.

EPP workers with following serology results will not be cleared for EPPs:

- Anti HCV positive, HCV RNA positive
- Anti HCV positive, HCV RNA negative (but more than 6 months since the last test).

7.4 HIV

Since March 2007, HIV screening is mandatory for EPP workers.

HCWs who are found or known to be HIV antibody positive will be permanently excluded from and will not perform EPPs.

HCWs need not refrain from performing EPPs pending follow-up of occupational exposure to an HIV-infected source. The combined risks of contracting HIV infection from the source patient and then transmitting this to another patient during an EPP is so low as to be considered negligible.

8 EPP Screening

There are three instances where standards have altered over the years. This may be difficult to understand so where clarification is required, OHWB should be contacted. Where the criteria noted below have not been met, clearance for EPP work will not be given.

8.1 EPP Clearance '< 2002'

HCWs will be cleared to this standard where they have previously undertaken EPPs prior to August 2002. They are required to produce documentary evidence (which need not be an IVS result) of immunity to Hepatitis B with antibodies above 10mIU/ml;

8.2 EPP clearance '> 2002'

HCWs will be cleared to this standard where they have previously undertaken EPPs between August 2002 and March 2007. They are required to provide IVS results for the following;

- Hepatitis B Surface Antigen;
- Hepatitis C antibodies

8.3 EPP clearance '> 2007'

HCWs will be cleared to this standard where they have previously undertaken EPPs after March 2007 (or are new to EPPs). They are required to provide IVS results for the following;

- Hepatitis B Surface Antigen;
- Hepatitis C antibodies and;
- HIV antibodies

9 Standards for Documentary Evidence

The OHWBD requests at pre-placement stage any documentary evidence to be presented of previous immunisations or tests where these have been administered or completed. This is to ensure that HCWs are adequately protected at the very start of their work with LSW.

9.1 Documentary Evidence for General OHWB Clearance

LSW will accept documentary evidence that meets the following criteria for all immunity or health screening requirements **(other than for EPP clearance which is detailed in section 9.2):**

- The name and date of birth of the HCW is to be clearly visible on the result.

- The date of the tests will be clearly visible on the documentation.

- The results must be either the original or clearly visible copies of laboratory or x-ray results, or be a clearly visible printout from a previous OHWBD, a Laboratory, Hospital or GP. The test need not have been undertaken in the UK.

- The original documents or copies will be signed by a qualified practitioner or be on headed paper and may also be stamped.

9.2 Documentary Evidence for EPP Clearance

There are strict criteria for the clearance of workers who will undertake EPPs. An identified validated sample (IVS) is where the taking of a blood sample where specific criteria has been met for EPP clearance as follows:

- The member of staff must show photographic proof of identity e.g. NHS Trust ID badge, photographic driving licence, passport, national identity card.
- The sample must be taken and reported preferably through a UK (England, Scotland, Wales & Northern Ireland) OH department. Foreign results will not be accepted.
- It is recognised though that where applicants are **from outside of the UK**, it will be impossible for blood tests to be carried out in the UK before commencement of employment. In these circumstances we would expect the samples to be undertaken as soon as possible on entry to the UK; either from the LSW OHWB Department, another UK OH Department or a recognised UK Laboratory such as 'The Doctors Laboratory'.
- Samples should be or have been delivered to the laboratory in the usual manner and not by the staff member themselves.
- The name and date of birth of the HCW is to be clearly visible on the result.
- The date of the tests will be clearly visible on the documentation.
- The results must be either the original or clearly visible copies of laboratory results, or be a clearly visible printout from a previous OHWBD.
- The original documents or copies will be signed by a qualified practitioner or be on headed paper and may also be stamped.
- The laboratory testing the blood must be situated within the UK.

10 Immunisation and Screening Programme

LSW's Immunisation and Screening Programme is provided by the employer and at no cost to the HCW.

It is based on risk assessment, assessment of the client at the immunisation appointment, guidance from DOH, Patient Group Directives (PGDs) and Patient Specific Directives (PSDs) etc.

All HCWs are required to engage in the Immunisation Programme unless they produce documentary evidence of their immunisation status or there are contraindications **(refer to current guidance within the 'Green Book' for full details).**

Where no evidence is produced or where updating is required, the HCW must make an appointment with the OHWBD.

Where a HCW chooses not to engage in the programme a signature to decline **(Appendices B & D)** must be obtained. The HCW must understand that to decline will weaken the overall infection control defences for themselves, their patients and colleagues and that their role within LSW may be affected.

10.1 Hepatitis B

HCWs should be offered Hepatitis B vaccine;

where there is no documentary evidence of previous vaccination

where evidence that only part of the course has been previously administered – the regime will be dependant on the HCW's individual immunisation history.

If not immunocompromised, not previously had a confirmed anaphylactic reaction to a previous dose.

Whilst pregnant and in a high risk category (where there is a definite risk of infection) because Hepatitis B is an inactivated vaccine, the risks to the foetus are likely to be negligible so in this case it should not be withheld.

10.1.1 Primary Course

A routine primary course is administered as follows; Days 0 & 28 and Month 5.

Post vaccination serological test should be checked approximately two months after completion of the primary course (see section **6.1.3**).

10.1.2 Accelerated Primary Course

This accelerated schedule may be offered in some cases where employees are requiring more rapid immunisation such as those working abroad, or following exposure to the virus, when the third dose may be given at two months after the initial dose.

The vaccines are administered as follows; Days 0, 28 and 56.

Post vaccination serological test should be checked approximately two months after completion of the primary course.

- A booster dose should be offered at 12 months.
- The routine 5 year booster should be offered (see section **10.1.4**)

10.1.3 Post Vaccination Serological Testing for Hepatitis B

HB antibody levels ≥ 100 mIU/ml

- HCWs showing this level of antibodies do not need any further primary doses of HBV vaccine.
- If the HCW is not immunosuppressed, their HBs antibody levels do not need to be checked again.
- They should be offered a booster dose of HBV vaccine at five years.

HB antibody level of ≥ 10 mIU/ml and ≤ 100 mIU/ml

- should be given an additional dose of HBV straight away
- It is not necessary to repeat the anti-HBs test after this.
- They should also be offered a booster dose of HBV vaccine at five years.

HB antibody levels of < 10 mIU/ml

- HCWs with these levels are classed as susceptible
- They should be tested for markers of current or past infection if this has not already been done.
- Those without evidence of infection should receive an accelerated course of HBV vaccine with testing of their HBs antibody levels approximately two months later.
- If they fail to respond to the repeat course of HBV vaccine, they will be described as 'true non-responder' and no further action will be necessary. Reasons for failing to seroconvert include male gender, age of over 40, obesity, smoking and genetic factors – being naturally immune.
- These true non-responders may require HBV immunoglobulin after a contamination incident.

10.1.4 Hepatitis B Booster Vaccinations

Hepatitis B boosters should be offered in the following circumstances;

- Routinely at 5 years after the primary course (usually 5 years after the date of the antibody result – this may differ if there has been a delay or break in the primary course).
- Where there has been a delay or break in the primary course – in this case, serological testing may be required as noted above.

10.1.5 Partial Completion of Hepatitis B Course

A full history needs to be obtained using documentary evidence where possible.

In some cases, it may be difficult to ascertain the exact course of action. In this case the advice of the Nurse Manager / senior nurse or OHWBP will be required.

a) 1st dose only administered (primary course not completed)

Check the amount of time elapsed since the first dose.

If **less than 6 months ago**, administer the 2nd dose immediately with the 3rd in a month's time with serological testing as noted above.

If **more than 6 months ago** recommend recommencing a full course of vaccinations.

b) 1st & 2nd doses only administered (primary course not completed)
Check the amount of time elapsed since the 2nd dose.
If **more than 6 months ago** recommend give 3rd dose immediately with serological testing as noted above.

c) Primary course completed but no documentary evidence available

Check the amount of time elapsed since completion of the course and either;

Undertake serological testing as noted above or;

Offer a booster dose (which may serve as the usual 5 year Booster), then undertake serological testing as noted above.

10.2 Tuberculin Skin Test (Mantoux Test)

HCWs should be offered a Mantoux Test where there is;

- no documentary evidence of BCG vaccination;
- no visible BCG scar

Factors Affecting the Result of the Tuberculin Test

The reaction to tuberculin protein may be suppressed by the following:

- glandular fever
- viral infections in general, including those of the upper respiratory tract
- live viral vaccines (tuberculin testing should not be carried out within four weeks of having received a live viral vaccine)
- sarcoidosis
- corticosteroid therapy
- immunosuppression due to disease or treatment, including HIV infection.

Subjects who have a negative test but who may have had an upper respiratory tract or other viral infection at the time of testing or at the time of reading should be re-tested two to three weeks after clinical recovery before being given BCG. If a second tuberculin test is necessary it should be carried out on the other arm: repeat testing at one site may alter the reactivity either by hypo- or more often hyper-sensitising the skin, and a changed response may reflect local changes in skin sensitivity only.

Reaction to tuberculin protein may be suppressed by glandular fever, viral infections, sarcoidosis, corticosteroids, HIV and immunosuppression.

Contraindications;

- A history of live viral vaccines in the preceding 4 weeks
- a confirmed anaphylactic reaction to a previous dose

- severe skin reaction to a previous test

10.2.1 Administration of the Mantoux Test

An Intradermal injection of PPD Tuberculin Vaccine PPD 2TU/0.1ml is administered into the flexor surface of left forearm. If a second test is necessary it should be carried out on the other arm.

The injection produces a bleb which is typically 7mm in diameter.

10.2.2 Assessment of the Mantoux Test Result

The results should be read 48 to 72 hours after the test is taken, but in certain circumstances, a valid reading can usually be obtained up to 96 hours later. The transverse diameter of the area of induration at the injection site is measured with a ruler and the result recorded in millimetres.

As several factors affect interpretation of the test, the size of the induration should be recorded and NOT just as a negative or positive result. The area of erythema is irrelevant.

There is some variability in the time at which the test develops its maximum response. The majority of tuberculin-sensitive subjects will be positive at the recommended time of reading. A few, however, may have their maximum response just before or after the standard time.

Diameter of Induration	**Positivity**	**Interpretation**
Less than 6 mm	**Negative ~** no hypersensitivity to tuberculin protein	Previously unvaccinated individuals may be given BCG provided there are no contraindications **(refer to section 10.3)**
6mm or greater, but less than 15mm	**Positive ~** hypersensitive to tuberculin protein	Should not be given BCG.* May be due to previous TB infection or BCG or exposure to non-tuberculous mycobacteria
15mm and above	**Strongly positive ~** strongly hypersensitive to tuberculin protein	Suggests tuberculosis infection or disease. and will be clinically assessed by Interferon Gamma Test and possibly a CXR.

* When Mantoux tests are being performed as part of an immunisation programme, no further action is required for people with a reaction in this range. In other contexts (e.g. new immigrant screening, contact-tracing programmes), where the subject has not previously been vaccinated with BCG, and taking account of the precise size of the reaction and the circumstances of the case, referral to a chest clinic may be indicated for further investigation.

10.3 Interferon-Gamma ('Quantiferon') Testing

The QFT test is performed in two stages. First, whole blood is collected into each of the QFT blood collection tubes, which include a Nil Control tube, TB Antigen tube, and a Mitogen tube. The tubes should be sent to PHNT laboratory and incubated at 37°C as soon as possible, and within 16 hours of collection where they are centrifuged and tested.

Results are usually available in 2 weeks and are either positive or negative.

Negative ~ screening complete and no further action

Positive ~ will be referred to PHNT Chest Clinic for further assessment.

10.4 BCG Vaccination

BCG vaccination consists of an intradermal injection to the left upper arm and should be offered to HCWs irrespective of age who;

- are previously unvaccinated (that is, without adequate documentation or a characteristic scar), **and**
- will have contact with patients or clinical materials, **and**
- are Mantoux negative < 6mm (result dated within the last 3 months) **or**
- Interferon-Gamma) negative (result dated within the last 3 months);

Contraindications;

The vaccine should not be given to HCWs:

- who have already had a BCG vaccination
- with a past history of TB
- with an induration of 6mm or more following Mantoux (SSI) tuberculin skin testing
- who have had a confirmed anaphylactic reaction to a component of the vaccine
- who are immunocompromised by virtue of disease or treatment, e.g.: patients receiving corticosteroid or other immunosuppressive treatment, including general radiation (taking 40mg Prednisolone (or equivalent) daily for 1 week or more in the last 3 months). Inhaled steroids are not a contraindication those suffering from a malignant condition such as lymphoma, leukaemia, Hodgkin's disease or other tumour of the reticuloendothelial system.
- Who are HIV-positive
- Who are at risk of having HIV infection (offer HIV test)

Pregnancy and breast-feeding

Although no harmful effects on the foetus have been observed from BCG during pregnancy, it is wise to avoid vaccination, particularly in the first trimester, and wherever possible to delay until after delivery. A further tuberculin test may be required if more than

three months has elapsed since the test on which a recommendation for BCG was based. Breast-feeding is not a contraindication to BCG.

Staff refusing BCG should not work in a high risk area.

In these cases, where BCG has not or will not be administered, HCWs will be considered individually by a consultant in occupational medicine.

10.5 Measles, Mumps & Rubella

HCWs should be offered MMR vaccine;

- Where there is no documentary evidence of previous vaccination
- If not previously vaccinated - 2 doses, administered four weeks apart
- If only one of the components has been previously administered – 1 dose

Contraindications

Pregnancy, a confirmed anaphylactic reaction to a previous dose or to neomycin or gelatine; a past history of TB or being immunocompromised such as;

- at risk of having HIV infection;
- taking 40mg Prednisolone (or equivalent) daily for 1 week or more in the last 3 months
- receiving radiotherapy,
- suffering from a malignancy

Post vaccination serological testing is not required.

10.6 Varicella

HCWs should be offered Varicella vaccination;

- Where there is no history of having had Chickenpox or Herpes Zoster infection;
- If not previously vaccinated or only one vaccine has been previously administered

Where there is an unclear history, serological evidence must be sought prior to vaccination. The vaccination consists of 2 doses, four to eight weeks apart and the same vaccine must be used for both doses.

HCWs must avoid pregnancy for 3 months and salicylates for 6 weeks post vaccination.

Post vaccination serological testing is not required unless the HCW will come into contact with highly vulnerable patients (e.g. transplant units). In this case, if the result indicates a susceptible status a further course of vaccine may be indicated. Advice from the OHWBP may need to be sought at this time.

HCWs are advised to report any rashes post vaccination to OHWB as this may restrict their ability to work.

Varicella Contraindications;

Pregnancy, a confirmed anaphylactic reaction to a previous dose, a past history of TB or being immunocompromised such as;

- at risk of having HIV infection;
- taking 40mg Prednisolone (or equivalent) daily for 1 week or more in the last 3 months
- receiving radiotherapy,
- suffering from a malignancy

10.7 Seasonal Influenza

Influenza vaccination for health care workers has been shown to reduce morbidity and mortality in patients in certain health care settings. For this reason the Department of Health (DoH) recommends influenza vaccination for all health care workers and to protect them from contracting influenza as a result of caring for infected patients and to reduce the likelihood of illness and associated sickness absence.

In line with DoH guidance Influenza vaccines will be offered annually to staff.

11 Laboratory & Mortuary Staff

Laboratory and mortuary staff may in the course of their work be handling potentially infectious materials. Individual risk assessments should be discussed with OHWB to ensure HCWs are adequately protected in such cases.

11.1 Tetanus / Diphtheria / Polio (Td/IPV) Vaccine

All HCWs should have received a primary course of three doses of Td/IPV and two subsequent boosters at five and fifteen years following completion of the primary course through their GP.

Laboratory Workers should be offered Td/IPV vaccination dependant on local risk assessment,

- Where there is no documentary evidence of previous vaccination (after antibody test to confirm protective immunity)
- Where there is continued risk

Post vaccination serological testing is required to check protective immunity to Diphtheria where there is continued risk. An antibody test should be performed at least three months after immunisation to confirm protective immunity and the individual should be given a booster dose at ten-year intervals after checking antibody levels.

Protective Diptheria antibody levels required:

> 0.01IU/ml = (LSW Microbiology ATOs with possible exposure)

> 0.1IU/ml = (LSW Microbiology BMSs with likely exposure)

A booster dose should be given where levels are below protected levels. Re-check immunity levels 3 months afterwards.

11.2 Additional vaccines available (dependant on local risk assessment) are as follows:

- Hepatitis A
- Meningitis
- Cholera
- Typhoid
- Rabies
- Yellow Fever

12 Estate Workers

12.1 Hepatitis A

Estate workers should be offered a course of Hepatitis A vaccination dependant on local risk assessment;

- Where there is no documentary evidence of previous vaccination
- If not previously vaccinated - 1 dose then reinforcing dose 6-12 months after initial dose (this will give more than 10 years' protection).
- If previously vaccinated, establish history and time frame and consider administering a new course or booster doses.
- Consider booster at 20 years.

Post vaccination serological testing is not required.

12.2 Tetanus / Diptheria / Polio (Td/IPV) Vaccine

Estate Workers should have received a primary course of three doses of Td/IPV and two subsequent boosters at five and fifteen years following completion of the primary course through their GP.

Estate Workers should be offered Td/IPV vaccination;

- Where there is no documentary evidence of previous vaccination
- Where there is continued risk (10 yearly boosters)

Post vaccination serological testing is not required.

13 Overseas Travellers

These vaccines can be administered without cost to the HCW where they volunteer or are going to be working abroad on behalf of LSW in circumstances such as 'Operation Hernia' etc.

Managers must confirm in writing or by e-mail to the OHWBD that their member of staff is working on behalf of LSW whilst abroad.

13.1 Additional vaccines / prophylaxis available are as follows:

- Hepatitis A

- Rabies
- Yellow Fever
- Cholera
- Meningitis
- Malaria prophylaxis
- HIV post exposure prophylaxis pack

14 Pregnant HCWs

Pre-placement screening should identify those who are not immune to varicella, measles and rubella.

Any HCW who believes he or she may not be immune to any of these infections should inform their manager and the OHWBD immediately.

Some infections can cause a problem in pregnancy including:

Cytomegalovirus, hepatitis B virus, HIV, parvovirus B19, measles, rubella and varicella.

HCWs who think they may be pregnant should inform their line manager so that any special risks associated with pregnancy can be minimised and given the opportunity to avoid direct contact with patients or areas with specific infections.

15 Further Advice

15.1 Post-exposure Management

Specific additional measures may sometimes be required following an incident where exposure to an infected individual, pathogen or contaminated instrument occurs. Where a contamination incident occurs, this should be reported and dealt with in line with the Control of Transmission of Blood Borne Viruses (CLI.INF.POL.59.6)

15.2 Record keeping

All OHWB records whether paper or computerised, are medical records covered by the Medical Reports and Data Protection Acts. The immunisation status of the HCW **is not confidential** and this will be released to managers under relevant legislation.

If an 'Immunisation Certificate' is required for a new employer or a third party a written request is needed from the employee.

If it is found that the certificate has already been supplied, the OHWBD will levy a charge of £10.00 to the HCW.

15.3 Immunisation Reviews

HCWs are required to attend the appointment arranged either in the OHWBD or a site visit.

This is to update their relevant immunisation records (or to sign a declining form) where HCWs have been identified by the OHWBD;

- At pre-placement or;

- By change in any Policy (locally or nationally);
- By means of an Audit of OHWBD records;
- Where the HCW or their Manager knows they are at risk

15.4 Declining Immunisations or Screening

Whilst LSW respects personal choice in declining to be fully immunised, HCWs who do decline weaken the overall infection control defences for themselves, their colleagues and patients.

Where the HCW declines to engage in the Immunisation and Screening Programme they must complete **Appendices B or D**, accept that this may affect their abilities to undertake some or all aspects of their work and that their legal rights may be reduced should they acquire an infection through work.

The OHWBD will inform managers of HCWs who decline in order for them to make the necessary changes to the HCWs work environment or the patients cared for.

Please see separate sections for disease specific advice.

16 Responsibilities

16.1 The **Chief Executive** has responsibility for:

Ensuring that there are sufficient resources to enact these Guidelines.

Having an effective Risk Management System in place within LSW to implement these Guidelines.

Ensuring that LSW is compliant with Health and Safety legislation.

16.2 The **Chief Operating Officer** on behalf of the Chief Executive has responsibility for:

Health and Safety management.

In conjunction with the Integrated Healthcare Management and Assurance and Performance teams, ensuring adequate organisational structures and sufficient resources exist to allow for the implementation and maintenance of these Guidelines.

Ensuring that financial resources are identified to implement Health and Safety Legislation.

Reporting to the Chief Executive any actions taken by enforcement agencies, both formal and informal, and monitoring progress made by LSW in complying with statutory requirements.

Taking, evaluating and, as appropriate, acting upon advice from LSW's OHWB.

16.3 The **Occupational Health & Wellbeing Department (OHWBD)** has responsibility for:

Provision of a comprehensive occupational immunisation programme including Hepatitis B, Tuberculosis, Measles, Rubella, Varicella and any other condition where there is a risk of occupational infection.

The **OHWBD will:**

- undertake pre-placement health screening in line with current legislation, guidance and policy.

- Where inadequate evidence is provided by an individual an appropriate appointment for advice, guidance and management will be offered.

- Inform HR of the HCW's immunisation status and health clearance at Pre-Placement Screening.

- Advise on immunisations required for areas within LSW.

- Offer the appropriate immunisations programme on an individual basis.

- Inform managers of the HCW's level of protection in keeping with COSHH Regulations.

- Maintain HCW OHWBD paper and electronic records in a secure and confidential manner, in keeping with the standards laid down by LSW and NMC.

- Inform managers when HCW's are due for further vaccinations/screening and when HCW's do not attend or decline.

- Provide confidential advice and support (including written reminders of symptoms) to staff that have developed or are suspicious of being exposed to an infectious disease.

- Provide appropriate reminders of symptoms to staff after regular contact with infectious patients or clinical materials.

- Undertake audit of HCW records as described in Section 8.

16.4 **Line Managers** have responsibility for:

The care of their own health and safety, that of their staff, visitors to their area of work, anyone affected by their undertaking and to follow all health and safety policies designed to protect their health whilst at work (The Health and Safety at Work etc Act 1974).

Line Managers will:

- Ensure that suitable and sufficient risk assessments are carried out for each area of the working environment to reduce the risk of the HCW being exposed to biological hazards.

- Ensure that suitable and sufficient pre-placement risk assessments are carried out for each HCW new to LSW or their department and they are forwarded to HR as part of the selection process.

- Ensure staff have been given the appropriate health clearance from OHWBD before they start work and that staff performing EPPs do not do so until cleared.

- Ensure their staff comply with these Guidelines. Where staff refuse to comply, Managers will determine what action, if any, is required including the possibility of disciplinary action in the case of an unreasonable refusal to co-operate.

- Ensure all HCWs attend the OHWBD where indicated or recommended and that they act on any OHWB advice given. Thereafter, ensure staff can attend follow-up appointments in work time.

- Ensure risk assessments are undertaken to protect all HCWs who have declined an immunisation or test, or are susceptible to infectious diseases. This is in order to protect patients, the HCW and their colleagues. Advice should be sought from OHWBD and/or Infection Control where there is any doubt.

- Keep records of all HCWs' immunity status in line with COSHH Regulations in order to protect patients, the HCW and their colleagues.

16.5 HCWs have responsibility for:

The care of their own health and safety and that of others, to follow all health and safety policies designed to protect their health whilst at work (The Health and Safety at Work etc Act 1974).

HCWs will:

- Engage in the LSW Immunisation Programme unless a signature to decline is obtained.

- Ensure under their professional codes of conduct that they are not at risk of infection or transmission of a disease that may affect patient safety.

- Accept that where they decline to engage in the Immunisation Programme that this may affect their abilities to undertake some or all aspects of their work.

- Provide documentary evidence of immunity or screening tests at pre-placement or at any other time it is requested by the OHWBD

- Attend for screening when requested to do so by the OHWBD, their Line Manager or Infection Control so as to update their own level of protection and to reduce the risk of passing infection to patients and/or other staff members.

- Advise their managers if they are not protected and are at risk of infection or transmission of infectious disease in the workplace. Under COSHH Regulations the HCW's manager has the right to be informed of the HCW's immunity / protection status to microbiological agents.

- Inform OHWBD if they know or have any suspicion they have been exposed to a communicable disease or blood borne virus and attend any appointments arranged.

- Keep safely, personal records of vaccinations and immunisation status for future reference.

16.6 Director of Infection Prevention and Control (DIPC) and Consultant Physician in Occupational Health (OHP) has the responsibility:

- To recommend an appropriate immunisation programme for LSW staff and to work jointly, as required, on topic and case specific matters that may arise during the delivery of said programme.

16.7 Department of Pathology has the responsibility:

- To provide the necessary testing of specimens to support the OHWBD in managing the immunisation programme.

- To deliver results of tests in a timely fashion to assist in the proficient management of staff protection.

16.8 Chest Clinic and Radiology Department has the responsibility:

- To provide specialist advice and services for TB and other respiratory disease that may fall within the scope of the immunisation programme, including chest x-ray and interferon gamma (Quantiferon) blood test services where requested by the OHWBD.

16.9 Department of Genito-Urinary Medicine has a responsibility:

- To provide specialist advice and services for any HCW infected with a blood borne virus if required.

17 Monitoring Compliance

17.1 Standards

The Health Act (2006) in relation to Criterion 9 and 10

- Occupational Health Services for Staff

- Immunisation of Service Users

17.2 Performance Indicators

A randomly selected twenty OHWB records will be audited twice yearly for each high risk area as follows:

- Reproductive and Women's Health Directorate

- Children's Health Directorate

- Oncology Departments

- Departments caring for those with immunosuppression

The audit will be carried out by the OHWBD and the results shared with the nominated committees for formally approving these Guidelines.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Infection, Prevention and Control

Date: 27th April 2016

18 Appendix A – Bibliography & References

- AIDS/HIV infected health care workers guidance on the management of infected health care workers and patients notification 2005.
- Association of National Health Occupational Physicians (2004) I*mmunisation of Healthcare Workers* (ANHOPS guidelines). www.anhops.org.uk/guidelines.asp
- Biological agents: managing the risk in laboratories and healthcare premises HSE Advisory Committee on Dangerous Pathogens. 2005
- CMO letter Chickenpox (Varicella) Immunisation for health care workers. Department of Health 2003.
- Control of Substances Hazardous to Health Regulations 2002.
- Department of Health Interdepartmental Working Group on TB. The prevention and control of tuberculosis in the United Kingdom. September 1998
- Health and Safety at Work etc Act 1974.
- Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers Department of Health 2007.
- Hepatitis B infection (Health Service Circular (HSC) 200/020 Hepatitis B infected health care workers).
- Hepatitis C infection (Health Service Circular (HSC) 200/010 Hepatitis C infected health care workers).
- Immunisation against infectious disease (Green book) Department of Health 2006:
- National Institute for Health and Clinical Excellence. Clinical Guideline 117: Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for its prevention and control. NICE Guideline, March 2011.
- NICE Clinical guidelines 33: Tuberculosis – clinical diagnosis and management of tuberculosis and measures for its prevention and control. 2006.
- Public Health England Tuberculosis in the UK (2014) report
- The Health Act 2006; Code of Practice for the Prevention and Control of Health Care Associated Infections,
- Tuberculosis (TB) by country: rates per 100,000 people (2016

https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

- Tuberculosis (TB) in the UK: annual report data up to 2013; https://www.gov.uk/government/publications/tuberculosis-tb-in-the-uk

SECTION A ~ To be completed by the Recruitment Officer / Line Manager		
Directorate:	Job Title:	Employer: **LSW**
Cost Centre:	Start date:	
Manager's name:	Manager's e-mail:	

Employee Surname:	Forenames:
Date Of Birth:	Title: Mr / Mrs / Ms / Miss / Dr / Other:
Contractual Hours:	Hours / days of work:

Please tick the 'yes' or 'no' box as appropriate to indicate hazards or situations to which the employee may or will be exposed:	**Yes**	**No**
1. Clinical patient contact?		
2. Non-clinical patient contact? (*staff who have face to face contact with patients but with no 'hands on' clinical involvement)*		
3. Contact with blood, body fluids or body tissue?		
4. Performing Exposure Prone Procedures? (*Those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker)* These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needles or sharp tissue (spicules of bone or teeth) 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.		
5. Manual Handling of Patients?		
6. Handling of Static Loads?		
7. Contact with sensitising or Cytotoxic agents / other chemicals or agents / laboratory hazards? ***If Yes, please attach a list of the chemicals/agents etc.***		
8. Use of display screen equipment (DSE)?		
9. a) Night work? b) Shift work (excluding nights)?		
10. Driving duties: a) on Trust Business b) Clients or Patients		
11. WORK PRESSURES ~ the post has been assessed the and, at this time, it is considered that it poses a level of demand, pressure and challenge that is acceptable and reasonable and should not place an employee at risk of distress.		

OTHER FACTORS - please circle as appropriate to indicate hazards or situations to which the employee may or will be exposed: Will be a Food Handler Is under 18 Lone Work on-Call Duties

Other/Comments:

Appendix C - Example ONLY - Immunisation and Screening Questionnaire

Medical in Confidence

SECTION A ~ To be completed by the Recruitment Officer / Line Manager		
Directorate:	Job Title:	Employer: **LSW**
Cost Centre:	Start date:	
Manager's name:	Manager's e-mail:	

SECTION B ~ To be completed by the Candidate			
Title:	Family/Surname:	M / F	First names:
Previous name(s):			Date of birth:
Address:			Daytime 'phone No:
	Postcode:		Mobile 'phone No:
E-mail address:			Home 'phone No:
Please tell us if you have any previous Trust employment (this is so we can check your previous records and prevent duplication of tests etc.) – please detail dates:			

LSW Immunisation and Screening Programme is voluntary (except for EPP* clearance which is mandatory and has additional clearance requirements) and is provided without cost to you. If you choose to decline the offer of immunisations or tests we ask that you read the enclosed leaflet and sign the disclaimer at the end of this form. In some cases, declining may affect some areas of your role or mean that your manager will need to take this information into account in order to protect patients and staff but most importantly … you.

As you will be working with or in close proximity to patients or you may handle samples and specimens in the course of your work you are required to complete this questionnaire and **supply documentary evidence where you have had previous tests, vaccinations or immunisations**. Omissions or insufficient information is likely to delay your clearance to undertake specific areas of your role.

We will only accept documentary evidence that has the information clearly visible:

- your name and date of birth
- the date of tests or checks

It can be in any of the following formats:

- copies of UK laboratory results,
- printout from a GP or previous OH Dept.,
- copies of any official document which is signed and stamped by a qualified practitioner.

The contents of this form and all medical information obtained will be **stored securely** and remain **confidential** to the **Occupational Health Team** and will not be disclosed without your consent in line with the Data Protection Act 1988. We may use the data anonymously for the purpose of audit and research. To comply with Legislation and Trust requirements, your immune status will be released to LSW where required and will be in the following format ~ 'protected/immune' or 'not protected/not immune'.

Before completing this questionnaire collect together your documentary evidence – you may need to contact your GP for your childhood vaccinations (especially MMR) and/or previous Occupational Health Department for this. **N.B. ~ we are unable to do this for you.**

If you have any concerns or worries about any aspect of this questionnaire or the immunisation programme, we would welcome you calling our team on 01752 437222 (internal 37222).

Employment Questions

- Are you new to being employed by the NHS (don't include any training posts)? No ☐ Yes ☐

- If you have worked in the NHS previously, have you returned to being employed by the NHS following a break e.g. working as locum or through NHS Professionals? No ☐ Yes ☐
- If you have worked in the NHS previously, have you returned to being employed by the NHS following work abroad (including charity work)? No ☐ Yes ☐

Vaccinations / Immunisations & Tests

- Have you had a course of Hepatitis B vaccinations? No ☐ Yes ☐
- Have you had a blood test to check your Hep B immunity? No ☐ Yes ☐
- Have you had a 5 year Hepatitis B Booster? No ☐ Yes ☐
- Have you had a BCG vaccination? No ☐ Yes ☐
- Have you had a Mantoux Test in relation to a TB check? No ☐ Yes ☐
- Have you had a chest x-ray in relation to a TB check? No ☐ Yes ☐
- Have you suffered with Chickenpox or Shingles? No ☐ Yes ☐
- Have you had any vaccinations for Varicella (Chicken Pox)? No ☐ Yes ☐
- Have you had a blood test to check your immunity to Varicella? No ☐ Yes ☐
- Have you had any MMR (Measles, Mumps and Rubella) vaccinations? No ☐ Yes ☐
- Have you had a blood test to check your immunity to Rubella (German Measles)? No ☐ Yes ☐
- Have you had a blood test to check your immunity to Measles? No ☐ Yes ☐
- Have you had a blood test to check your immunity to Mumps? No ☐ Yes ☐
- Have you had any routine Tetanus / Polio / Diptheria immunisations? No ☐ Yes ☐

Laboratory workers only

- Have you had a blood test to check your immunity to Diphtheria? No ☐ Yes ☐
- Have you had any vaccinations for Typhoid? No ☐ Yes ☐
- Have you had any vaccinations for Meningococcal disease? No ☐ Yes ☐

Estate workers only

- Have you had any vaccinations for Hepatitis A? No ☐ Yes ☐

EPP Workers only

EPPs or 'Exposure Prone Procedures' are usually carried out by staff such as those working *in A&E, Operating Theatres, Dentistry, Anaesthetics, etc.* where your gloved hand may be in contact with sharp instruments or bones inside a patient's body and you may not always be able to see your finger tips.

Will you be undertaking EPPs in your job? ……. No ☐ Yes ☐

If you will be undertaking EPPs, is this the FIRST TIME (other than as a student)? ….. No ☐ Yes* ☐

*If yes – you must provide **IVS**** blood test results for ***HIV antibody Hepatitis C antibody & Hepatitis B surface antigen***

If you have performed EPPs previously, was this before August 2002? ……. No ☐ Yes* ☐

*If yes – you must provide blood test results for ***Hepatitis B Antibodies***

If you have performed EPPs previously, was this before March 2007? …….. No ☐ Yes* ☐

*If yes – you must provide **IVS**** blood test results for ***Hepatitis C antibody & Hepatitis B surface antigen***

****An **IVS** or 'Identified, Validated, Sample' is a blood sample that has been taken by a member of an OH Dept. who has viewed photographic evidence of your identity (by means of photographic evidence – either a passport/driving licence/Trust ID). Any results or evidence should be date-stamped as IVS and signed by the OH Professional.

Example ONLY

Further questions relating to protecting patients and staff:			**Date(s)**
• In the last 5 years have you been in a country where there is a high TB prevalence for more than 3 months?	No ☐	Yes ☐	……..
• Have you or your family ever had or been treated for TB?	No ☐	Yes ☐	……..
• Have you ever had treatment for MRSA colonization or infection?	No ☐	Yes ☐	……..
• Have you had an inoculation / body fluid injury for which you still need further blood tests?	No ☐	Yes ☐	……..
• Have you ever tested positive to a blood-borne virus?	No ☐	Yes ☐	……..

Hepatitis B, Hepatitis C and HIV

If you are new to the NHS, or returning from time away, perhaps working as locum or abroad, and will be undertaking clinical work, **we offer you** tests for Hepatitis C and HIV ~ **please contact us if you wish us to arrange the tests**.

Risk Factors for Hepatitis B include sexual intercourse, sharing IV drug misuse equipment, bites or close family contact with an infected person; caring for children from a country with a high prevalence of hepatitis B; being a regular recipient of blood products, on renal dialysis or having chronic liver disease; working with individuals with learning difficulties and any clinical/laboratory health care and emergency services work.
Risk Factors for Hepatitis C include having had unscreened blood or plasma products, sharing IV drug misuse equipment, surgical type treatment or participation in health care work abroad in high-risk countries, unprotected sexual exposure, tattoos and body piercing.
Risk Factors for HIV include unprotected intercourse with persons from countries where HIV is common, being exposed to surgical type treatments or healthcare work with risk cases or in high-risk countries and if male, unprotected sexual intercourse with another man

- Do any of the risk factors noted above for Hepatitis B, C or HIV apply to you? No ☐ Yes ☐

YOUR DECLARATION ~ *I declare that the answers to the above are correct to the best of my knowledge.*			
Signature:		**Date:**	

DECLINING IMMUNISATIONS AND/OR TESTS

I am declining the offer of *immunisation* or do not consent to *blood tests* or *immunity tests* for those I have ticked:

❑ Hepatitis B ❑ Measles ❑ Mumps ❑ Rubella ❑ Chickenpox ❑ Mantoux Skin Test (TB) ❑ BCG

❑ EPP Clearance

Laboratory workers only: ❑ Diptheria/Tetanus/Polio ❑ Typhoid ❑ Meningitis

Estate workers only: ❑ Hepatitis A ❑ Diptheria/Tetanus/Polio

Signature:		**Date:**	

What **you** need to do **now**:

- Check that you have answered all the questions on this questionnaire.
- collect together your documentary evidence – you may need to contact your GP for your childhood vaccinations (especially MMR) and/or previous Occupational Health Department. **We are unable to do this for you.**
- send the completed immunisation questionnaire together with your documentary evidence in a sealed envelop (to ensure confidentiality) to the Occupational Health Team via HR.

Appendix D – Example ONLY Form for Declining Immunisations/Tests

Declining Immunisations/Tests

Name:		**Date of Birth:**	
Manager's name:		**Ward/Dept:**	

If you are declining the recommended immunisations, blood tests or immunity tests, please read the following information & complete the disclaimer below. Please return this to the OH Department (Kingstor House). Notification will then be sent to your Manager to enable them to complete an assessment of the risk.

Article I. Re: LSW Immunisation Programme ~ Protecting Staff and Patients
Reducing the Risk of Hospital Acquired Infections

(a)

(b) References:

A. Control of Substances Hazardous to Health Regulations (COSHH) 2002.
B. Department of Health, Immunizations against Infectious Diseases 1996.
C. LSW Infection Control Procedures – latest policies on healthnet

Immunisations are offered free to staff whose work may place them at risk of infection; equally, they help to ensure that staff do not have infections that may place patients at risk. The immunisation programme forms part of LSW's compliance with its legal obligations to protect the health of staff and patients and is based on guidance from the Department of Health or other authoritative bodies which is being continually updated to ever stricter standards. Apart from specific requirements relating to the serious communicable diseases, specifically TB, Hepatitis B & C and HIV, entry in to LSW's immunisation programme is voluntary.

LSW's other infection control precautions are in the Infection Control Manual (either in printed format or on 'Public Folders') and methods of safe working contribute towards the overall protection arrangements. However, by declining the immunisation element you may be increasing the risk to both yourself and your patients and you should carefully consider the following points:

- ***While LSW respects your personal choice in declining to be fully immunised, you are weakening our overall infection control defences ~ for you and patients***
- ***LSW reserves the right to exclude you from certain clinical situations if appropriate***
- ***By declining to partake of the health-protecting arrangements, your legal rights may be reduced should you acquire an infection through work***

To comply with our duties under the Control of Substances Hazardous to Health Regulations (COSHH), you should be aware that we will send a copy of this form to your manager to inform them that you may be UNPROTECTED against the infection(s). This may have implications for the work which management request you to undertake.

I the above named have read the above information and am declining the offer of *immunisation* or do not consent to a *blood test* or *immunity test* for the following:

❑ Varicella **❑ Hepatitis B** **❑ Measles** **❑ Mumps** **❑ Rubella**

❑ BCG **❑ TB Mantoux Test** **❑ EPP clearance**

Signature: …… Date: ……

OH Dept Use:

Date received: ……..

OPAS updated: ……

Manager informed: ……

Appendix E – Example ONLY

Internal Moves Health Questionnaire

This short health questionnaire is applicable to LSW staff changing their duties (or returning from maternity leave) to enable OH to assist you and your manager in a confidential, impartial way should you have actual or potential health concerns or if your immune status is not up to date.

Please complete the questionnaire and send confidentially to the OH Team. We will then check your responses and immune status on receipt and dependant on the responses may need to contact you to or arrange for you to attend the OH Department for a consultation or an immunisation review.

If you have any queries please contact the OH Advice Line on 01752 (4)39747

Reason for completing questionnaire (please tick ✓appropriate box):

❒ Changing departments Please state previous dept.: .....

❒ Re-deployment Please state previous dept.: .....

❒ Promotion ❒ Move from PMS to LSW ❒ Returning from Maternity Leave

❒ Altering hours ❒ Returning from Voluntary work oversees or MOD deployment

❒ Moving from F1 to F2 ❒ Move from 'bank' to permanent post ❒ Other: .....

Surname:		**First Names:**	
Previous name(s):		**Title:**	**Dr / Mr / Mrs /Miss / Ms**
Date Of Birth:		**Gender:**	**M / F**
Contact Address: **Post Code:**		**Daytime Tel. No.**	
		Mobile No:	
Contact e-mail:			
Position:		**Start Date:**	
Ward / Dept.:		**Cost Centre:**	

Previous post:		**Yes**	**No**
	Have you previously required any adjustments to working hours or duties due to any health or related matters?		
	Have any special recommendations been made/equipment supplied?		
	Have you been referred to OH for advice or assessment?		
	Have you had any problems with night or shift work?		
If yes, to any of the above, please give full details with dates:			

Your health & functioning:		**Yes**	**No**
	Do you have any problems with mobility, agility or dexterity?		
	Do you have any musculo skeletal problems – back, neck, wrist pains etc.?		
	Do you have any problems with vision or hearing?		
	Do you have or have you had any problems with stress? If so, are you changing jobs because your existing one is too stressful?		
	Are you taking any regular prescribed medication?		

Example ONLY

	Are you presently waiting for any hospital outpatient investigation or treatment?		
	Are you receiving counselling or psychological help for any reason?		
	In the past 12 months, have you had any absences under a GP sickness certificate?		
	Do you have a history of swelling around the mouth/eyes or wheezing after dental treatment, blowing up balloons or contact with latex?		
	Have you previously been diagnosed with or treated for an allergy to latex?		
	Have you had any skin problems?		

If yes, to any of the above, please give full details:

Protecting patients and staff from infections ~ all staff who will have contact with patients should be immune / appropriately protected.		**Yes**	**No**
	Will you have contact with or work in close proximity to patients?		
	Have you had an inoculation / body fluid injury for which you still need further blood tests?		
	Have you ever tested positive to a blood-borne virus?		
	Are you up to date with your Hepatitis B vaccinations (a course of 3)?		
	Have you had a blood test to check your immunity to Hepatitis B?		
	If you've had a Hepatitis B blood test, are you immune?		
	Have you had your Hepatitis B 5 yr booster?		
	Are you immune to chickenpox (having had the disease or any vaccinations or blood tests)?		
	Have you had any MMR vaccinations?		
	Have you had a BCG vaccination (or Heaf/Mantoux test) for TB protection?		
	Have you spent time away from LSW (e.g. with a charity or with MOD abroad)?		
	In the last 5 years you have been in a country where there is a high TB prevalence for more than 3 months?		
	Have you been colonised or infected with MRSA?		
	Will you be undertaking EPPs (Exposure Prone Procedures) in your role? This is where your gloved hand may be in contact with sharp instruments or bones inside a patient's body and you may not always be able to see your finger tips and usually applies to those working in operating theatres, as a dentist, dental nurse, midwife or in A&E (ED).		

If you have any comments, please use this space:

YOUR DECLARATION

I declare that the answers to the above are correct to the best of my knowledge.

Signature:		**Date:**	

DECLINING IMMUNISATIONS AND/OR TESTS

If you wish to decline any tests or immunisations, please read the following statement and sign where applicable. **I understand that in some cases, declining may affect some areas of my role or mean that my manager will need to take this information into account in order to protect me, my patients or other members of staff. I am declining the offer of *immunisation* or do not consent to a *blood test* or *immunity test* for those I have ticked:**

❑ Hepatitis B ❑ Measles ❑ Mumps ❑ Rubella ❑ Varicella (chicken pox) ❑ BCG vaccine

❑ TB Mantoux Test ❑ EPP clearance

Laboratory workers only: ❑ Diptheria/Tetanus/Polio ❑ Typhoid ❑ Meningitis

Signature:		**Date:**	