



Lindsey Lodge Hospice and Healthcare

Vaccination and Immunisation Policy



LINDSEY LODGE HOSPICE AND HEALTHCARE

VACCINATIONS AND IMMUNISATION POLICY

Introduction

In the Control of Substances Hazardous to Health (COSHH) hierarchy of control measures, immunisation as protection against infection at work is the last line of defence and other controls should be available. However, for health care workers potentially exposed to blood-borne viruses, immunisation is an appropriate additional measure.

Under COSHH requirements:

New starters must complete a pre-screening occupational health assessment. If the pre-screening assessment shows that there is a risk of exposure to biological agents, and effective vaccines exist, then provision should be made to determine whether an employee is already immunised, and immunisation should be offered to those not already immunised. The pros and cons of immunisation/non-immunisation should be explained when offering immunisation to the worker at risk. This is undertaken by the Occupational Health department.

In addition, under the Health and Safety at Work Act (HSWA) 1974, employers must pay for protective measures such as immunisation. Where practical, this is provided through the occupational health provider. Alternatively, the employee could be asked to arrange immunisation through their own GP, but the employer must make alternative arrangements if this cannot be done, and reimburse any charges made to the employee for such arrangements.

Central to health and safety legislation is the need for employers to assess the risks to staff and others.

All new employees should undergo a pre-employment health assessment and also a covid-19 risk assessment (appendix A). The pre-employment screening will include a review of immunisation needs. An assessment will indicate which pathogens staff are exposed to in their workplace, and staff considered to be at risk of exposure to pathogens should be offered routine pre-exposure immunisation as appropriate. This decision should also take into account the safety and efficacy of available vaccines, particularly as new vaccines are made available due to new virus strains e.g. Covid - 19 vaccination

Staff not considered to be at risk need not routinely be offered immunisation, although post-exposure prophylaxis may occasionally be indicated.

Recommendations

The objective of occupational immunisation of healthcare staff is to protect workers at high risk of exposure and their families, to protect patients and other staff from exposure to infected workers, and to sustain the workforce.

Potential exposure to pathogens, and therefore the type of immunisation required, may vary from workplace to workplace. Staff involved in direct patient care (this includes staff who have regular clinical contact with patients and who are directly involved in patient care e.g. students.)

All staff should be up to date with their routine immunisations, e.g. tetanus, diphtheria, polio and MMR. The MMR vaccine is especially important in the context of the ability of staff to transmit measles or rubella infections to vulnerable groups. While healthcare workers may need MMR vaccination for their own benefit, they should also be immune to measles and rubella in order to assist in protecting patients. Satisfactory evidence of protection would include documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella.

BCG vaccine is recommended for healthcare workers who may have close contact with infectious patients

Hepatitis B vaccination is recommended for healthcare workers who may have direct contact with patients' blood or blood-stained body fluids. This includes any staff who are at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients. Antibody titres for hepatitis B should be checked one to four months after the completion of a primary course of vaccine. Such information allows appropriate decisions to be made concerning post-exposure prophylaxis following known or suspected exposure to the virus.

Healthcare Professionals are required to have the initial course and a further after 5 years. Titres will be tested 2-4 months after the primary course. Titres above 100mIU/ml are regarded as adequate.

Poor responders with titres of 10 to 100mIU/ml should have a booster and those below 10mIU/ml should repeat the course

Staff employed at Lindsey Lodge Hospice are required to provide evidence of their vaccination status. This will be kept in their personal file and recorded on the Workforce system.

Failure to produce any antibodies after 2 complete courses should not be seen as necessarily meaning no immunity, as immunity to the disease is largely cell mediated rather than by antibody.

Influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care, who should be offered influenza immunisation on an annual basis.

Varicella vaccine is recommended for susceptible healthcare workers who have direct patient contact. Those with a definite history of chickenpox or herpes zoster can be considered protected. Healthcare workers with a negative or uncertain history of chickenpox or herpes zoster should be serologically tested and vaccine only offered to those without the varicella zoster antibody.

Non-clinical staff in healthcare settings

This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, catering staff, Admin, Handyman and Housekeeping.

All staff should be up to date with their routine immunisations, e.g. tetanus, diphtheria, polio and MMR.

Tetanus

- All staff who provide manual work especially if working outside the building should have Tetanus cover. This should be given by the individual's GP.
- After the initial tetanus series adults should receive a booster every 10 years.
- Staff who experience a deep or puncture wound or a wound contaminated with dirt and it's been more than 5 years since last vaccination should go to GP for a booster shot.
- Staff should ensure that a copy of the vaccination certificate or date of vaccination is given to HR (*workforce*) to be recorded in their file.
- It is important to keep an up to date record of all vaccinations so that repeat doses do not become necessary.

COVID-19 vaccine

Currently at the time of updating this policy, there is a global pandemic of Covid-19. At present Lindsey Lodge Hospice is able to access the Covid 19 vaccination via the acute Trust via a self-serve booking system. As this is a very new vaccine we await further information regarding second and additional booster vaccinations or whether this is to be bi-annual or annual vaccination similar to that of the annual flu vaccine.

All staff must inform Workforce of any new or booster vaccinations that that they have had so that we can keep up to date information for monitoring and declaration purposes.

Appendix A

COVID-19 : PERSONAL CIRCUMSTANCES FORM			
Employee name:		Preferred contact number:	
Job title:		Preferred e mail address:	
Department/Team		Gender:	FEMALE / MALE
Age:		Ethnicity:	WHITE / BAME (If BAME please give detail)
Pregnant:	YES / NO / Not applicable	Underlying Health Condition(s)	YES / NO
Pregnancy - due date		Lives with someone with underlying health condition(s)	YES / NO
Indicate current trimester	1 / 2 / 3	Zone currently assigned to	Green / Yellow / Red / Non Patient facing
Date of discussion		Line Manager Name & job title	
Review the options below, detailing staff comments and agreements, indicating where options are not applicable (n/a) and why			
Is this role business critical?		YES / NO	
Adjustments discussed and employee advised none required other than observing PPE requirements where applicable. Can remain at own work area.		(Detail response of employee and advise this can be revisited should the circumstances change)	
Adjustments required: employee to be redeployed. Options considered non patient facing, facilities services, office based function or working from home if applicable.		Details of redeployment discussed and outcome detailed below:	
Homeworking (what equipment and IT access will the staff member need, Manager to discuss with IT if needed)		Details of homeworking and agreement on how this will be managed, exchanged and approved.	

N.B. Where personal circumstances change this form can be completed again and submitted as a central record.

Employee signature..... Manager signature
 Date

Please submit the form to the workforce department at lh.teamworkforce@nhs.net with the subject "personal circumstances form" to be updated to the central log and a copy placed in the employee's personal file.

GOV.uk Guidance on Social Distancing

- aged 70 or older (regardless of medical conditions)
under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
- o chronic (long-term) respiratory diseases, such as [asthma](#), [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#)
 - o chronic heart disease, such as [heart failure](#) or [chronic kidney disease](#)
 - o chronic liver disease, such as [hepatitis](#)
 - o chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
 - o [diabetes](#)
 - o a weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
 - o being seriously overweight (a body mass index (BMI) of 40 or above)

those who are pregnant and in their third trimester (over 28 weeks), or under 28 weeks with an underlying condition outlined above.

those who are pregnant and under 28 weeks with no underlying conditions should also practice social distancing but can remain in a patient-facing role. A risk assessment can be carried out and it is recommended staff within this group ensure they are using the correct PPE

Additional guidance for pregnant staff can be found via the following link

<https://www.rcog.org.uk/en/news/updated-advice-for-pregnanthealthcare-workers-and-employers-during-coronavirus-outbreak/>

The link below provides further guidance it is important staff continue to review the Government updates on a regular basis.

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancingfor-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

Review: 3 Years

TO BE REVIEWED	REVIEW COMPLETED	BY	APPROVED BY	LOCATED
2005	Jan 2005	AT/JG	SMG	
2007	01/03/07	AT/JG	SMG	
01/03/10	06/04/10	AT	SMG	
01/04/13	02/04/13	AT	SMG	
02/04/16	01/06/16	AT	SMG	
01/06/19	28/01/2021	MG	QA 10/02/2021	L:Drive Policies and Guidelines
Jan 2024				