

HEALTHCARE WORKERS SCREENING AND IMMUNISATION POLICY

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Purpose of agreement	<p>The primary purpose of this policy is to reduce the risk of transmission of infection (as far as reasonably practical) from an infected healthcare worker-to-patient. (The transmission of diseases from patient-to-worker is covered separately under the Sharps & Contamination Injury Policy)</p> <p>The main known risks of infection through blood-borne virus in the clinical setting are from hepatitis B, hepatitis C and HIV. This measure is not intended to prevent those healthcare workers from working in the NHS but rather to restrict them from working in clinical areas where their infection may pose a risk to patients in their care and by early diagnosis; allows them to manage their own health.</p>
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Amend No	Issued	Page	Subject	Action Date
V2	July 2018	1	Addition of a summary section	July 18
		1	New scope wording added	
		Throughout document	Removal of links to relevant websites (removed to avoid out of date information if web information changes prior to next Policy update)	
		Throughout document	General updates in line with national guidance and good practice	

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
V1	August 15	Gill Ward	Yes	
V2		Gill Ward		

SUMMARY OF POLICY

QUICK REFERENCE GUIDE

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

1. Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH) and to bring into effect measures necessary to protect workers and others who may be exposed from those risks, as far as is reasonably practicable. This includes appropriate immunisation.
2. Occupational Health and Wellbeing (OHW) will identify the vaccinations required by different groups of staff and will make arrangements for these to take place. Line managers will be asked to ensure their staff attend for vaccinations where required and will be informed if their staff do not attend for vaccination and if workplace restrictions are required.
3. The four main staff groups for vaccination are: 'staff involved in direct patient care'; 'non-clinical staff in healthcare settings'; 'laboratory and pathology staff' and 'staff handling specific organisms'. The vaccinations required for each group are set out in this policy.
4. Health Care Workers (HCW) joining the Trust who will have direct contact with patient's blood or other body fluids/ tissues, must provide documentary evidence of satisfactory hepatitis B antibody levels (anti-HBs >10mIU/mL) or must undergo testing and/or hepatitis B immunisation.
5. Non-immune clinical HCW who will have regular contact with blood or bodily fluids, must receive appropriate immunisations in the Occupational Health Department (OH). Further specific details about management of each vaccination can be obtained from the Trust Standard Operating Procedures:
 - Hepatitis B Virus (HBV)
 - Measles, Mumps & Rubella (MMR)
 - Varicella (chickenpox)
 - 'Control of TB in NHS employees'
6. Immunisation must be used in conjunction with Standard Precautions to prevent risk of infection e.g. compliance with hand hygiene, personal protective equipment, aseptic technique and safe handling of sharps.

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1. INTRODUCTION & PURPOSE

- 1.1 The Control of Substances Hazardous to health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH) and to bring into effect measures necessary to protect workers and others who may be exposed from those risks, as far as is reasonably practicable. Any vaccine preventable disease that is transmissible from person to person poses a risk to both health care professionals and their patients.
- 1.2 Health care workers (HCW) have a duty of care towards their patients which includes taking reasonable precautions to protect themselves from communicable diseases, including by appropriate immunisations. If a HCW knows or suspects that they may be infected with a blood-borne virus they have professional responsibilities to declare this in confidence to their employer through Occupational Health and Wellbeing (OHS), so that a risk assessment can be made.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to all employees that work in a clinical setting / exposed to clinical practice where there is a risk of communicable disease (includes bank workers, secondees, volunteers and apprentices) who hold a contract of employment or engagement within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 DEFINITIONS

- 2.3.1 **Health Care Worker (HCW):** all staff working in hospitals, community and General Practice who have direct patient contact, e.g. cleaners on the wards, some catering staff, ambulance staff, some reception and clerical staff, as well as medical and nursing staff.
- 2.3.2 **BBV-Bloodborne Viruses (e.g. Hepatitis B, C and HIV)**
- 2.3.3 **Exposure Prone Procedures (EPP):** invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker (bleed-back). These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. 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. Other situations, such as pre-hospital trauma care should be avoided by health care workers restricted from performing exposure prone procedures, as they could also result in the exposure of the patient's open tissue to the blood of the worker.

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

Examples of non-EPP:

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

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

2.3.6 **IVS**- Identified Validated samples.

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

3. **HCW SCREENING AND IMMUNISATION FOR BBV**

3.1 **HCW screening:**

3.1.1 A HCW joining the Trust who may have direct contact with patient's blood or other body fluids/ tissues, must provide adequate documentary evidence of satisfactory hepatitis B antibody levels (anti-HBs >10mIU/mL) or must undergo hepatitis B immunisation (see below).

3.1.2 A HCW who is new to the NHS and who will perform Exposure Prone Procedures (EPP) or existing staff who are new to EPP, must also be tested for hepatitis B surface antigen (HBsAg) since there are rare cases where a vaccine response has been seen in the presence of hepatitis B virus (HBV) carrier status and infection.

Further guidance can be found in:

- Integrated guidance for the management of BBV can be found in the Public Health England HCW Quick Guide: PHE (Oct 2017) (Quick Guide 1A,1b &1C)
- Integrated guidance for the management of BBV in HCW Guidelines : PHE (Oct 2017)(CH 8)

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

3.2 Hepatitis B immunisation –

- 3.2.1 Standard immunisation: immunisation entails a course of 3 injections at 0, 1 and 6 months with subsequent testing of antibody response at 3 months.
- 3.2.2 Accelerated immunisation (e.g. for unvaccinated EPP workers): vaccine doses are administered at 0, 1 and 2 months with a fourth dose at 12 months. Antibody levels should be measured 2-3 months after the third dose.
- 3.2.3 Antibody responses to hepatitis B vaccine vary widely between individuals. It is preferable to achieve anti-HBs levels above 100mIU/ml, although levels of 10mIU/ml or more are generally accepted as enough to protect against infection.
- 3.2.4 **Poor responders:** to the vaccine (anti-HBs between 10 and 100mIU/ml) will be offered one additional dose of vaccine at that time.

Non-responders: to the vaccine (anti-HBs levels below 10mIU/ml) require testing for markers of current or past infection. (HB core antibody test requested [anti-HBc]; if positive lab will proceed to HBsAg). In non-responders, a repeat course of vaccine is recommended, followed by re-testing of antibodies 3 months after the second course. Those who still have, and who have no markers of current or past infection, will require Hepatitis B immunoglobulin (HBIG) for protection if exposed to the virus e.g. after sharps/needle stick injury from a hepatitis B positive source patient. Non-responders who perform EPP require annual testing for HBsAg to ensure they have not become infected with HBV.

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

More guidance can be found in:

- Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Oct 2017) (Quick Guide 2a and 2b):
- Integrated guidance for the management of BBV in HCW Guidelines : PHE (Oct 2017)(CH 10)

3.3 Hepatitis C:

- 3.3.1 There is no vaccine to protect staff against Hepatitis C. Staff who are new to the NHS will be offered testing for Hepatitis C. Refusal of testing or a positive result will not impact upon that individual's employment if they are not undertaking EPP.
- 3.3.2 All staff are reminded of their professional obligations to protect the health of patients and to seek expert advice if they think they may be infected with or have placed themselves at risk of a blood borne virus.

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

- Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Oct 2017) (Quick Guide 3)
- Integrated guidance for the management of BBV in HCW Guidelines : PHE (Oct 2017)(CH11)

Staff participating in Exposure Prone Procedures:

- For staff that are new to the NHS and undertaking EPP procedures testing for HIV and Hepatitis C is a mandatory requirement.
- Existing staff who are undertaking EPP for the first time, commencing a training programme that involves EPP or who have done so elsewhere since 2002, must be tested for Hepatitis C. Testing must be carried out on IVS.
- Where EPP staff are found to be infected with a blood borne virus, further advice should be sought from UKAP.
- In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Trust policy on this subject. Any HCW involved in an exposure incident will be allowed to continue EPP work and would only be considered unfit if blood tests showed seroconversion. More guidance can be found in:

- Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Oct 2017) (Quick Guide 3)
- Integrated guidance for the management of BBV in HCW Guidelines : PHE (Oct 2017)(CH11)

3.4 HIV

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

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

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

3.4.4 Staff members infected with HIV have the same rights to medical confidentiality as other patients. No information will normally be disclosed to the Trust without consent. In situations where patients have been or are at risk, it may be necessary

for OHWS to disclose some confidential information in the public interest but the staff member will be fully involved with this.

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

Staff participating in Exposure Prone Procedures

- Staff new to the NHS and undertaking EPP will be required to be tested for HIV.
- Existing staff undertaking EPP for the first time, where a change of role/responsibilities has occurred or where a training course is being undertaken that involves EPP or who have done EPP work elsewhere since 2007, must be tested for HIV. Testing must be carried out on identified, validated samples. Previous test results will be accepted if undertaken in a UK laboratory on an IVS.
- Where EPP staff are found to be infected with a blood borne virus, further advice should be sought from UKAP by OHWS.
- HCWs that refuse to comply with testing will be considered unfit for EPP.
- In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Trust policy on this subject. Any HCW involved in an exposure incident will be allowed to continue EPP work and would only be considered unfit if blood tests showed seroconversion. More guidance can be found in:
 - Integrated guidance for the management of BBV in HCW Quick Guide: PHE (Oct 2017) (Quick Guide 4a and 4b)
 - Integrated guidance for the management of BBV in HCW Guidelines : PHE (Oct 2017 (CH 12)

3.5 TUBERCULOSIS

- 3.5.1 All staff who have patient contact should be screened for tuberculosis on appointment. Staff working with vulnerable or immunocompromised patients, e.g. oncology should be screened before they take up clinical duties.
- 3.5.2 All staff who have patient or specimen contact may be at risk of tuberculosis and should be protected.
- 3.5.3 Screening for tuberculosis may include a history, examination for characteristic BCG, scar, skin test and chest x-ray or blood test.
- 3.5.4 For new employees with patient contact who have not lived or visited an endemic area, and do not have evidence of a BCG scar, a skin test will be carried out. Those found to be susceptible will be offered BCG vaccination regardless of age.
- 3.5.5 Those who have a strongly positive skin test or symptoms suggestive of TB will undergo chest x-ray and IGRA (blood) testing. Referral to a Consultant Respiratory Physician for consideration of further investigation or treatment, if appropriate.(NICE Guidelines (NG33) Tuberculosis (May 2016).
- 3.5.6 Staff who are new to the NHS and have spent time in a country where TB is endemic as defined by the World Health Organisation, will be screened by blood

test. Individuals with positive results will undergo further investigation and referral to the Consultant Respiratory Physician. BCG vaccination will be offered where there is no evidence of previous vaccination and IGRA is negative.

- 3.5.7 Immuno-compromised staff are at increased risk of contracting TB and should not work with patients known to have open TB.
- 3.5.8 In the event of a case of open TB, contact tracing amongst exposed staff will be undertaken in conjunction with Infection Control.
NICE Guidelines (NG33) Tuberculosis (May 2016)

3.6 **VARICELLA**

- 3.6.1 Varicella zoster can cause severe infections in adults and in the immunocompromised.
- 3.6.2 At appointment staff with clinical or social contact with patients will be screened for immunity to varicella.
- 3.6.3 A good history of chicken pox or shingles will be accepted as evidence of immunity in staff brought up in this country.
- 3.6.4 Staff who do not have a clear history or were brought up abroad will be tested for varicella antibodies and vaccinated if found to be susceptible.
- 3.6.5 Post vaccination serological testing is indicated in those working in high risk areas e.g. Oncology.
- 3.6.6 Screening may also be carried out for existing staff particularly in high risk areas to ensure compliance with the policy. Contact tracing will be carried out of staff exposed to chicken pox in conjunction with infection control.

3.7 **MEASLES, MUMPS AND RUBELLA**

- 3.7.1 Measles can cause severe infections in both children and adults, but particularly in very sick or immunocompromised patients, pregnant women and young children. Although the incidence has declined over the last two decades with the advent of immunisation, outbreaks do occur.
- 3.7.2 Mumps outbreaks continue to occur and can cause significant complications in adults.
- 3.7.3 Rubella infection during the first trimester of pregnancy causes congenital rubella syndrome in the infant.
- 3.7.4 All staff who have clinical or social contact with patients should be protected from these three infections in order to protect their own health and that of their patients. Healthcare workers will be immunised with 2 doses of MMR vaccine unless they can provide documentary evidence of previous vaccination or have documentary evidence of immunity. MMR vaccine is a combined vaccine and single vaccines to the individual diseases are not available on the NHS. There is no contraindication to receiving MMR to achieve immunity against one disease component when an individual is already immune to the other infections.

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

3.8 INFLUENZA

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

3.8.2 Solent Trust offers all staff an annual influenza immunisation.

3.9 OTHER DISEASES

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

3.10 MONITORING

3.10.1 Monitoring staff infected with a BBV will be undertaken by Consultants in OH in accordance with the guidance for the management of BBV in HCW Quick Guide: PHE (Oct 2017) and advice from UKAP.

3.10.2 The status of employees identified with a BBV will remain confidential to the OHS. The employee will be supported and monitored on a regular basis by the OHS in accordance with the Health Surveillance Policy.

4. ROLES & RESPONSIBILITIES

4.1 TRUST RESPONSIBILITIES

4.1.1 To ensure the Health & Safety of patients is not compromised by exposure to a HCW infected with TB, hepatitis B, hepatitis C and HIV or any other communicable infectious disease.

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

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

4.2 MANAGER RESPONSIBILITIES

4.2.1 To ensure all new HCWs have undergone the necessary immunisation assessments as part of the `new starter` process and to ensure all HCWs have been advised about the communicable disease health risks of their work.

- 4.2.2 To undertake a COSHH risk assessment in areas where HCWs may be exposed to biological agents. To ensure measures have been introduced to protect HCWs and others who may be exposed to these risks.
- 4.2.3 Where it has been indicated on the `new starter` outcome form that a new employee is “unfit for work in clinical areas immunisation appointment required before starting work” –the manager must ensure the HCW attends an appointment with OHWS prior to commencing the post.
- 4.2.4 Where it has been indicated on the New starter outcome form that a new employee is “fit for work on condition that immunisation update performed during first two weeks of employment “– the manager must book an appointment for the new starter with OHWS as part of their induction programme. The manager should ensure the HCW attends an appointment within the first two weeks of starting with the Trust. Until this has been undertaken and the manager has an outcome form indicating they are “fit for employment”, restrictions may be put in place following advice from OHWS.
- 4.2.5 To ensure all new HCWs who undertake EPPs (clinical dental staff) have health clearance prior to commencing work at the Trust and to ensure they do not undertake EPPs within their department until they have been cleared by OHS. The manager must ensure they have an outcome form indicating they are fit for employment and they have been authorised to undertake EPPs, if there is an expiry date for the EPP clearance then the manager must ensure a further outcome form has been issued prior to the expiry date otherwise the HCW will be stopped from undertaking EPPs.
- 4.2.6 To ensure where it has been identified by OHS that a HCW cannot demonstrate immunity to MMR and any other infectious disease that their HCW understands the risk to patients. If the employee is required to refrain from work following a contact tracing incident the line manager should seek advice from the HR Consultancy team to discuss the use of the relevant HR Policy.

4.3 OHWS RESPONSIBILITIES

- 4.3.1 OHW is responsible for the management of the immunisation programme.
- 4.3.2 OHW will inform employees of the risks to their health and others .OHW will inform managers when employees do not attend for appointments, refuse vaccinations or if they are contraindicated.

4.4 Employees and prospective employees

- 4.4.1 To take professional responsibility for ensuring they are protected from and are immune to identified infectious diseases as indicated by the Department of Health guidance **see appendix B quick reference**. To undertake all the necessary health clearance checks as requested. This may need to be undertaken prior to employment in the case of EPP clearance / high-risk area to Tuberculosis and for MMR. Alternatively, an immunisation assessment may need to be undertaken within the first week of employment unless UK laboratory/OH documentary evidence of the necessary tests or results can be provided.
- 4.4.2 All HCWs should comply with requests from OHW for vaccination or blood testing where it has been identified there is no documentary evidence of immunity to an

identified infectious disease. Where a new HCW declines to have any test or vaccination Human Resources will be informed and the offer of employment may be withdrawn.

- 4.4.3 All HCWs exposed to blood and or body fluid should ensure they are protected against Hepatitis B infection or have blood test results as evidence of protection.

5. TRAINING

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

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

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

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 OHW will undertake an annual audit (10% random selected sample in accordance with local audit) of the pre placement assessments undertaken in the last 12 months. A summary of compliance will be recorded. Any subsequent issues/findings resulting from the audit may be included in staff training and a review of this Policy /SOP will be considered.
- 7.2 Non-compliance incidents relating to this policy will be reported to the Trust Health & Safety Committee.

8. REVIEW

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

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 References

- Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- Health & Social Care Act (DH, 2008): updated January 2015: Code of Practice for health and adult social care on the prevention and control of infections and related guidance (Criterion 10)
- Immunisation against Infectious Diseases. The Green Book. London: Department of Health, 2013:
- Integrated Guidance on health clearance for healthcare workers and the management of healthcare workers infected with blood borne viruses(hepatitis B, hepatitis C and HIV) PHE (Oct 2017):
- Integrated Guidance on health clearance for healthcare workers and the management of healthcare workers infected with blood borne viruses(hepatitis B, hepatitis C and HIV) Quick Guide: PHE (Oct 2017):
- NICE Guidelines (NG33) Tuberculosis (May 2016)

9.2 OTHER ASSOCIATED DOCUMENTS

- Solent Trust Prevention and Management of needlestick (sharps) injuries and contamination incidents Policy.
- Solent Health Surveillance Policy
- Solent Sharps and Contamination Injury Policy

Appendix: A Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer
1. What are the main aims and objectives of the document?	1) To reduce the risk of HCW-to-patient infection and reduce the likelihood of look back exercises. 2) To restrict infected HCWs from working in clinical areas where their infection may pose a risk to others i.e.(EPPs) 3) To support infected healthcare-workers to manage their own health 4) To support infected HCW to make decision about their careers .
2. Who will be affected by it?	All job applicants and all employees throughout all stages of employment.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	<p>All job applicants will be screened via work health assessment forms/ or in the case of exposure prone procedures – applicants will be required to produce documented evidence of non-infectivity/or be screened for blood borne viruses in accordance with current DH guidance.</p> <p>New employees attend OH within the first two weeks to commence vaccination programmes.</p> <p>Outcomes:</p> <p>HCWs will be screened for infection to identify infection/immunity. HCWs who are identified as infected will be able to manage their own health. They will be given OH advice and there may be restrictions on work activities to prevent</p>

	<p>HCW-to patient transmission of infection.</p> <p>HCWs will be offered vaccination programmes to protect them from pathogen in the workplace.</p> <p>HCW who are infected with a blood-borne virus will be monitored by Occupational Health</p>		
4. What information do you already have on the equality impact of this document?	<p>This policy is in line with current DH guidance and applies to all NHS employees.</p> <p>The DH does not intend to prevent those infected with blood borne viruses from working in the NHS, but rather to restrict them from working in those clinical areas where their infection may pose a risk to patients in their care. This is consistent with DH existing policy, which imposes restrictions on the working practices of those healthcare workers who are known to be infectious carriers of HIV, hepatitis B and hepatitis C.</p>		
5. Are there demographic changes or trends locally to be considered?	No this policies covers all employees.		
6. What other information do you need?	NONE		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		✓	
2. Can any group benefit or be excluded?		✓	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		✓	
4. Can this actively promote good relations with and between different groups?	✓		

5. Have you carried out any consultation internally/externally with relevant individual groups?	✓		
6. Have you used a variety of different methods of consultation/involvement	✓		
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		✓	
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?			N/A
9. Are there any external implications in relation to this policy?	✓		External guidance from Public Health and UKAP
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			N/A

Appendix B: Quick Guide to Immunisation requirements at Work:					
Infectious Disease	New Clinical HCW undertaking EPPs	New Clinical HCW non EPP	New Laboratory & Pathology HCWs	Existing Clinical HCW	Non Clinical HCW with social patient contact
Hepatitis B	Mandatory for all new HCWs to provide evidence they are non-infectious for Hep B - IVS blood sample for antibody and surface antigen prior to employment	All HCWs advised to be protected if at risk from blood and or body fluids	All HCWs advised to be protected if at risk from blood and or body fluids	EPP - mandatory Hep B & evidence of non-infectivity	Advised to be protected if at risk from blood and or body fluids – not normally at risk with just social contact
				All others advised Hep B protection	
Hepatitis C	Mandatory blood test for all new HCWs undertaking who commenced EPPs after Jan 2003 / undertaking EPPS for first time	Not a work requirement but to offer blood test for Hep C	Not a work requirement but offer blood test for Hep C	EPP - recommend blood test for Hep C	Not at risk - but can offer blood test for Hep C if requested
				All others not a requirement	
HIV	Mandatory blood test for all new HCWs who have commenced EPPs after 2008 and undertaking EPPs for the first time	Not a work requirement but to offer blood test for HIV	Not a work requirement but offer a blood test for HIV	EPP - recommend blood test for HIV	Not at risk - but can offer blood test for HIV if requested
				All others not a requirement	

Appendix B: Quick Guide to Immunisation requirements at Work continued :					
TB	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	Evidence of immunity required on commencing employment HCWs working in higher risk areas must provide evidence of immunity prior to employment	HCWs to provide evidence of immunity prior to commencing employment	All HCWs to have evidence of immunity	No risk – Not required
Measles Mumps Rubella (MMR)	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	All HCWs to have evidence of immunity	Evidence of immunity required on commencing employment
VZV- Chicken Pox	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	All HCWs to have evidence of immunity	Evidence of immunity required on commencing employment
Diphtheria Tetanus Polio	Advised full protection - GP	Advised full protection - GP	Immunity required if risk identified - OH	Advised full protection - GP	Advised full protection - GP
*TB (higher risk area) - Mortuary, microbiology, histopathology, respiratory medicine, thoracic surgery, GUM, oncology/haematology,					
Flu - DH recommend that all HCWs in patient facing roles are protected against flu. The Trust provides an annual flu vaccination programme which can be accessed by all trust staff.					