**Staff Immunisation Policy**

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# Introduction

## Policy statement

The purpose of this document is to explain the arrangements for preventing exposure to vaccine-preventable diseases whilst providing overall guidance for the required immunisations for healthcare workers.

Staff are at risk from infectious diseases that may be acquired through the course of their work which may then be spread to patients. To mitigate such risks, the organisation will ensure that all staff have the appropriate immunisations.

All healthcare 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 (BBV), they have professional responsibilities to declare this in confidence to their employer so that a risk assessment can be made.

This document is to be read in conjunction with [GP Mythbuster 37: Immunisation of healthcare staff](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-37-immunisation-healthcare-staff) which advises that GP practices must ensure that staff receive the immunisations that are appropriate to their role and that immunising healthcare staff is necessary to:

* Protect the individual and their family
* Protect patients and service users and, in particular, vulnerable and immunosuppressed individuals
* Protect other healthcare staff
* Allow for the efficient running of services without disruption

The following legislation dictates the requirement:

* [Health and Safety at Work Act 1974](https://www.legislation.gov.uk/ukpga/1974/37/contents)
* [Control of Substances Hazardous to Health Regulations 2002](https://www.legislation.gov.uk/uksi/2002/2677/regulation/7/made)
* [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014](https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents) specifically, [Regulation 18 (Staffing)](https://www.cqc.org.uk/node/1761) and [Regulation 19 (Fit and proper persons)](https://www.cqc.org.uk/node/1762)

In addition to their duty of care to employees, employers are legally required to undertake the necessary assessments to effectively manage any risks to the health and safety of employees, patients and others on their premises.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Definition of terms

## Immunisation

Immunisation is the process of inducing immunity to an infectious organism through vaccination.

## Vaccination

This is the administration of an antigenic material (vaccine) to stimulate an individual’s immune system to develop immunity to a pathogen.

## Equality impact assessment

An equality impact assessment, or EIA, is a systematic and evidence-based tool that enables consideration of the likely impact of any policy, procedure and practice. An EIA would be completed to ensure that any individual with a protected characteristic is not being discriminated against.

An initial screening template EIA can be found at [Equality impact assessment screening form](https://practiceindex.co.uk/gp/forum/resources/equality-impact-assessment-initial-screening-form.1741/) and further reading on EIA is within Chapter 3 and an EIA template can be found in the annexes.

# Policy

## EPP and non-EPP

In primary care, there are few procedures that are deemed to be an exposure prone procedure (EPP) as this is an invasive procedure where there is an associated risk to the clinician through exposure to patients’ open tissue/blood. These procedures include those where the HCW’s gloved hands may be in contact with sharp instruments.

A non-EPP is when the hands and fingertips of the HCW are always visible and outside the patient’s body and internal examinations or procedures that do not involve possible injury to the worker’s gloved hands from sharp instruments.

The Department of Health document titled [Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382152/health_clearance_tuberculosis_hepatitis_hiv.pdf) states that the following procedures that are routine or can potentially be undertaken within primary care are deemed as being non-exposure prone procedures:

* Venepuncture
* Setting up and maintaining IV lines or central lines
* Minor surface suturing
* The incision of external abscesses
* Routine vaginal or rectal examinations
* Simple endoscopic procedures

## Vaccination requirements

The [Green Book Chapter 12](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf)and [GP Mythbuster 37](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-37-immunisation-healthcare-staff) advises that “all staff that have direct contact with patients, including reception staff, should be up to date with their routine immunisations”.

The full list of vaccinations can be found at [Annex A](#_Annex_A_Staff). This annex details requirements for both EPP and non-EPP.

At Sheerwater Health Centre, we will promote the requirement for those HCW who are required to be fully vaccinated and that there is evidence to confirm this, including any vaccination that was given to the staff member when they were a child.

A template to gather evidence of immunisation history can be found at [Annex B](#_Annex_B_-).

## When evidence cannot be located

Should evidence of the HCW’s vaccination history not be available, then they are to be referred to the Occupational Health Service (OHS) [The Heales Medical Group https://www.england.nhs.uk/south/2017/05/08/new-occupational-health-service/]. OHS will either vaccinate the staff member or undertake tests to confirm that the HCW has antibodies and had seroconverted.

Should OHS suggest that while fit for work, further immunisations are required, a personalised and comprehensive risk assessment is to be undertaken. This is to detail the viability for the staff member to continue in their role prior to certification being received. Further to this, an EIA is also to be completed, coupled with the [EIA initial screen](https://practiceindex.co.uk/gp/forum/resources/equality-impact-assessment-initial-screening-form.1741/).

An example EIA for staff immunisations can be found at [Annex D](#_Annex_D_–) and an example Risk Assessment is at [Annex E](#_Annex_E_–).

## Inability to have a vaccination

As mandatory immunisations are an expectation upon recruitment, in many situations this section will be irrelevant. However, should an HCW move into a new clinical role, or there is a requirement change following recruitment, there may be a new expectation to have additional vaccines.

Following a referral, should OHS advise that a HCW is not able to have a mandatory vaccine as detailed within the Green Book Chapter 12, both a comprehensive risk assessment and an EIA are to be undertaken where reasonable efforts to mitigate any risk for the HCW or service users are to be considered.

Should OHS deem that this is sufficient, then all documentation is to be retained. However, should OHS suggest that there the risks are still not sufficiently mitigated, then a decision is to be made as to the viability of the HCW position. This could, in some situations, necessitate the rejection, dismissal or redeployment of the HCW.

In this situation, the practice manager will seek professional HR/legal support from the MDU or Peninsula before proceeding with any of the above options.

An example of an EIA for staff immunisations can be found at [Annex D](#_Annex_D_–) and example Risk Assessment is at [Annex E](#_Annex_E_–).

## Declining a vaccination

Employees need to demonstrate the outcome of any [antibody titres](https://medical-dictionary.thefreedictionary.com/antibody+titer) following a vaccination.

Should any HCW refuse to have any of the vaccines as deemed necessary within the Green Book Chapter 12, then they are to be referred to OHS for assessment as to viability to continue in their role.

It should be noted that there are two routes that will be considered, these being:

* When it is a HCW at risk

When the staff member is potentially at risk, i.e., they should be vaccinated to prevent them contracting something from a patient, the organisation will then need to be able to provide documented evidence of a conversation with that employee.

The form at [Annex C](#_Annex_B_–) should be used and this confirms that the risks have been explained to the staff member. This form is to be signed as a declaration to confirm that they understand and accept the risk of working in a clinical environment unvaccinated.

The practice manager will retain a copy of the declaration at [Annex C](#_Annex_C_–) and will refer to [Regulation 12 (Safe Care and Treatment)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment).

* + When the risk is to the service user or visitor

Where the risk is that the patient facing HCW may infect a patient or visitor should they have an illness/infection (e.g., with MMR where there is a risk that the staff member may transmit the infection to vulnerable groups), then a far more stringent approach is required.

In the interim and prior to confirmation of their ability to be patient facing, the risk assessment may deem it appropriate to remove the staff member from their normal role. In addition, an EIA is also to be completed.

Should any HCW decline a vaccine, then the management process will commence as for an inability not to have any vaccination. In this situation, the practice manager will seek professional HR/legal support from the MDU or Peninsulabefore proceeding with any of the above options.

For any instances where a vaccine is either unable to be given or the healthcare worker refuses, an EIA would need to be raised. An example of an EIA for staff immunisations can be found at [Annex D](#_Annex_D_–) and example risk assessment is at [Annex E](#_Annex_E_–).

## Risk assessing

Isolated CQC inspections have raised the validity of a risk assessment for staff immunisation purposes. However, this is likely to be that the quality was being questioned in terms of not being sufficient for its intended purpose.

Therefore, organisations should consider HSCA [Regulation 12](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment) which advises the following:

*Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so. Risk assessments should include plans for managing risks.*

A risk assessment should:

* Identify any hazards that exist in a workplace
* Assess how likely these hazards are to cause harm to workers, patients and others on the premises
* Identify any preventative or control measures that will need to be considered

To support mitigation, further detail can be sought throughout this chapter.

Additionally a risk assessment template can be found within the [Risk Assessment Guidance Document](https://practiceindex.co.uk/gp/forum/resources/risk-assessment-guidance-document.1519/).

A risk assessment template can be found at [Annex E](#_Annex_E_–).

## Documenting vaccinations

As for any other personal data, at Sheerwater Health Centre any staff healthcare information, including vaccination history, will be kept as part of the occupational health record.

It should be noted that UK GDPR rulings do not allow for occupational health records to be placed within general HR records. Both are required to be kept separately and securely by the practice manager and in compliance with the [Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted) as both sets of records should be treated separately since they are two different types of record.

[An example could be that a member of the team manages payroll but needs to update the HR file by adding the 2023/24 pay rise letter. However, DPA18 and the Privacy Notice for Employees limit access so that this person should not have access to sensitive occupational healthcare records that have no bearing on their requirement to see it].

This evidence of staff immunisation history will be retained in accordance with the [Record Retention Schedule](https://practiceindex.co.uk/gp/forum/resources/record-retention-schedule.767/).

## Pre-employment health checks

When carrying out a work health assessment, employers must consider the requirements of the Equality Act 2010 (s60) which describes the specific circumstances under which employers can legally ask questions about any health or disability prior to making an offer of appointment.

This applies regardless as to whether the offer is conditional or unconditional.

The Act also places a duty on employers to consider any reasonable adjustments (as far as practical) to ensure that people with disabilities are not disadvantaged during the recruitment process and are treated fairly when considering working arrangements and the working environment.

This includes when:

* An individual first takes up their position (regardless of whether this is preceded by a period of training)
* An existing member of staff is returning to work following a serious injury or illness and there is a need to assess whether they can safely return to their normal duties. Any assessment will need to be proportionate to the risks associated with the type of activities they will be required to undertake as part of their normal role
* An existing member of staff moves to a different job within the organisation, and this significantly changes the nature of the work they will be undertaking for example, they are required to be more patient facing for the first time or the environment they will be working in changes

Assessments should take place after an offer of appointment (regardless of whether this is conditional or unconditional) but prior to the commencement of their employment/placement or training, except for individuals on work experience.

It is unlawful for employers to ask applicants to complete a pre-employment health questionnaire or to ask questions as part of their application or interview process for any reason other than the exceptional circumstances outlined within the Equality Act.

Employers must make it clear to successful applicants that any offer of employment is conditional pending the completion of pre-appointment checks including a relevant health assessment. All health assessments must be carried out fairly, objectively and in accordance with equal opportunities legislation and good occupational health practice.

Further reading can be sought from NHS Employers documents titled [Work health assessment standard](https://www.nhsemployers.org/publications/work-health-assessments-standard) and [Pre-employment check standards](https://www.nhsemployers.org/news/refreshed-nhs-employers-pre-employment-check-standards).

## Assessment questions

The following two statements provide some suggested wording for employers to include within the conditional letter of employment. The offer letter should advise the applicant to complete the form and return to the practice manager.

*Therefore, at Sheerwater Health Centre, all prospective employees are to confirm which one of the following two statements applies to them:*

|  |  |
| --- | --- |
| *A* | *I am not aware that I have a health condition or disability that might impair my ability to effectively undertake the duties of the position that I have been offered.* |
| *B* | *I do have a health condition or disability that might affect my work and may require special adjustments to my work or my place of work.* |

In all cases, it will be for the occupational health practitioner (or other suitably trained professional depending on local protocol) to ascertain whether there are any additional requirements or reasonable adjustments that should be considered to ensure the safety and wellbeing of the worker and/or any patients they may be providing services to/or will have contact with.

In more difficult or complex cases, successful applicants may need to be assessed by The Heales Medical Group <https://www.england.nhs.uk/south/2017/05/08/new-occupational-health-service/> .

Occupational health will then process this information and send a clearance certificate to the practice manager to confirm the following:

* The individual can start work
* The individual can start work with reasonable adjustments being made. This will also include recommendations outlining what adjustments may need to be considered
* Any immunisation applicable to the role

If no recommendations have been made, the process should end at this point and the appointment decision confirmed to the applicant.

## Post-immunisation

The OHS will notify the practice manager when staff are cleared to be patient facing.

In addition, the OHS will:

* Notify the practice manager when staff fail to attend an OHS appointment
* Notify the practice manager when a staff member declines a vaccination
* Inform the practice manager when new members of staff are declared fit to begin work or otherwise, detailing any restrictions

It should be noted that the Green Book (Chapter 12) advises that both managers and employees need to have relevant information about the outcome of the immunisations.

## Temporary (COVID-19) pre-employment health checks

There may be an increased requirement to recruit staff at short notice to cover for staff absences during the COVID-19 pandemic. NHS Employers has been working closely with the DHSC, the Home Office and NHS England and NHS Improvement to provide guidelines which will give a proportionate and safe level of assurances where there is an urgent need to appoint workers and volunteers to provide emergency support.

The special arrangements which will be in place for as long as the COVID pandemic lasts together with COVID-19 Frequently Asked Questions (FAQs) are to found on the [NHS Employers web page](https://www.nhsemployers.org/covid19/assurance/preemployment-checks/preemployment-checks-faqs).

The Home Office announced that the temporary right to work check guidance ceased on 30 September 2022 (inclusive). Further information can be found on the [gov.uk website](https://www.gov.uk/guidance/coronavirus-covid-19-right-to-work-checks).

# COVID-19 vaccination

## Vaccination requirements

There is no longer a vaccination as a condition of deployment (VCOD) with regards to all staff members needing to have a COVID vaccine to undertake their role. This was withdrawn for primary care in [this](https://www.england.nhs.uk/coronavirus/documents/update-vaccination-as-a-condition-of-deployment-vcod-for-all-healthcare-workers-february-2022/) NHS E statement.

The CQC’s [GP Mythbuster 37](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-37-immunisation-healthcare-staff) states that COVID-19 vaccine is an important protective measure for both staff and patients of the organisation. All staff should be offered and encouraged to have any of the approved COVID-19 vaccines in line with the latest government guidance.

COVID-19 is not on the list of mandated vaccines for HCW, all are simply encouraged to remain fully vaccinated. Therefore, should any staff member not be vaccinated then there is no longer any requirement to locally collate this information, nor is there any requirement to raise either a risk assessment or EIA.

## Pregnancy and fertility

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that pregnant women should be offered COVID-19 vaccines as detailed [here](https://www.gov.uk/government/news/jcvi-issues-new-advice-on-covid-19-vaccination-for-pregnant-women) and that they should discuss the risks and benefits of vaccination with their healthcare professional, including the latest evidence on safety and which vaccines they should receive.

The Royal College of Obstetricians and Gynaecologists (RCOG) advises [here](https://www.rcog.org.uk/guidance/coronavirus-covid-19-pregnancy-and-women-s-health/vaccination/covid-19-vaccines-pregnancy-and-breastfeeding-faqs/) that women trying to become pregnant do not need to avoid pregnancy after vaccination and there is no evidence to suggest that COVID-19 vaccines will affect fertility.

Further guidance about COVID-19 vaccination and pregnancy can be found [here](https://www.nhs.uk/conditions/covid-19/covid-19-vaccination/about-covid-19-vaccination/).

## Vaccine hesitancy

To reduce any hesitancy, the following will be adopted at this organisation:

* We will make it as simple and convenient as possible for staff members to receive their vaccine

Should the vaccine be given on these premises, this can be given during work time. However, should an external vaccination clinic be attended, then this will be in their own time. This is at the discretion of the practice manager

* We will engage with all staff who have not received their vaccination although we will be mindful that some communities have a lower uptake. In any instance, we will work with unvaccinated individuals and provide one-to-one discussions to offer structured support and provide access to expert clinical advice
* At Sheerwater Health Centre, our partners, other clinicians and management will all proactively encourage vaccination uptake for all individuals
* Any staff member who has side effects following a vaccination should advise the practice manager. Should they be unable to work, then this will be treated as for any other sickness absence.

An NHS E webpage titled [Resources available for engaging and communicating with staff to increase vaccination uptake](https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/vaccination-as-a-condition-of-deployment-for-all-healthcare-workers/resources/) can support those groups where take-up is lowest and features the following toolkits and resources:

* Breastfeeding, fertility and pregnancy
* Ethnic minority communities
* General resources for specific target groups
* Senior leadership engagement

NHS England have provided, in [video-clip](https://www.england.nhs.uk/london/our-work/covid-19-vaccination-programme-2/covid-19-vaccine-communication-materials/) format communication materials to support any HCW for whom English is not their first language.

## Occupational health

At Sheerwater Health Centre, our occupational health provider is The Heales Medical Group <https://www.england.nhs.uk/south/2017/05/08/new-occupational-health-service/>. Should a HCW be hesitant about receiving a COVID-19 vaccine, then a referral may be made to OHS.

Further information can be sought from the [Staff Occupational Health Policy](https://practiceindex.co.uk/gp/forum/resources/staff-occupational-health-policy.1102/).

## Further reading on COVID vaccination

Further reading on COVID-19 and COVID-19 vaccinations can be found in the following:

* [Gov.uk](https://www.gov.uk/coronavirus)
* [UKHSA: COVID-19 guidance](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance)
* [UKHSA: COVID-19 vaccination: information for healthcare practitioners](https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners)
* [Specialist Pharmacy Services](https://www.sps.nhs.uk/home/covid-19-vaccines/)
* [Green Book chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)
* [COVID-19 vaccination: a guide to pregnancy and breastfeeding](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-on-pregnancy-and-breastfeeding)

# Summary

It is essential that staff receive the necessary immunisations to fully undertake their role at Sheerwater Health Centre safely and effectively. This will also minimise the risk of the spread of infection and it will ensure that the organisation continues to function without disruption.

Should there be any reason why a HCW is unable to have the mandated vaccines as detailed within the Green Book, then this may result in redeployment, restrictions being placed on that worker or, should any significant risk remain, ultimately it may result in the termination of their employment.

# Annex A – Guide to HCW immunisation or testing requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Infectious disease** | **New clinical HCW (EPP)** | **New clinical HCW (non EPP)** | **Existing clinical HCW** | **Non-clinical HCW (social patient contact)** |
| Hepatitis B | Mandatory for all new HCWs to provide evidence they are non-infectious  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 and evidence of antigen seroconversion | EPP – Mandatory Hep B and evidence of non- infectivity  All to have evidence of antigen seroconversion | Advised to be protected if at risk from blood and or body fluids.  Non-clinical HCW are not normally at risk with only having social contact |
| Risk includes having direct contact with patients’ blood or blood-stained fluids, such as from sharps, or there is a risk of being injured or bitten by patients | | | |
| Bacillus Calmette–Guérin (TB) | Evidence of immunity required on commencing employment | Evidence of immunity required on commencing employment  HCWs working in higher risk areas must provide evidence of immunity | All HCWs to have evidence of immunity | No risk |
| Immunity is required should any HCW have close contact with infectious tuberculosis (TB) patients | | | |
| Measles Mumps Rubella (MMR) | 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 |
| Evidence of satisfactory immunity to MMR is either a positive antibody test, or having had two doses of the MMR vaccine | | | |
| Varicella (Chicken Pox) | 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 |
| Evidence could be either a definite history of having had chicken pox or shingles, or a blood sample showing that the HCW is immune | | | |
| Diphtheria Tetanus Polio (DTP) | Advised full protection | Advised full protection | Advised full protection | Advised full protection |
| Annual influenza vaccine | DHSC recommend that all HCWs in patient facing roles are protected against flu, although this is not routinely recommended for non-clinical HCW.  At Sheerwater Health Centre, we will provide an annual flu vaccination programme. | | | |
|  |  |  |  |  |
| 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 | EPP it is a recommendation for a blood test for HIV  All others, it is not a work requirement | Not a work requirement |
| COVID-19 | Vaccinations are not a condition of deployment (VCOD) as detailed [here](https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/vaccination-as-a-condition-of-deployment-for-all-healthcare-workers/). | | | |

Sources: [GP Mythbuster 37](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-37-immunisation-healthcare-staff) and [Solent NHS Trust](https://www.solent.nhs.uk/media/1257/healthcare-workers-screening-and-immunisation-policy.pdf)

# Annex B – Confirmation of vaccination history

All persons involved in a CQC regulated activity at Sheerwater Health Centre, be it staff or visitor, and who have direct contact with patients are to be current with their routine immunisations.

Immunising all staff is essential to:

* Protect the staff member and their family
* Protect patients and service users, in particular vulnerable and immune-suppressed individuals
* Protect other healthcare staff
* Allow for the efficient running of services without disruption

Confirmation of vaccine

The required vaccinations as detailed within the Green Book Chapter 12 have been conducted to enable the HCW to conduct their role at this organisation.

Evidence has been provided to the [organisation manager]. This form will be retained within the above-named occupational health record at [insert location].

|  |  |  |
| --- | --- | --- |
| Employee full name |  | |
| Type of and date(s) of vaccines | 1.  2.  3.  4.  5.  6.  7.  8. | 1.  2.  3.  4.  5.  6  7.  8. |
| Role |  | |
| Date of checks |  | |

|  |  |  |
| --- | --- | --- |
| Manager name and signature |  |  |
| Date |  | |

# 

# Annex C – Declining a vaccination and disclaimer

All patient facing staff (or visiting HCWs at Sheerwater Health Centre are to have had routine immunisations for their role. HCWs have a duty of care to their patients, this includes taking reasonable precautions to protect themselves by having had the necessary immunisations as detailed within The Green Book.

Therefore, it is confirmed that I:

* Will be referred to Occupational Health Service (OHS) for suitability to continue in my patient facing role
* Understand that by refusing the above, I will continue to be at risk of the disease which I would have otherwise been immunised against
* Understand that if I would like to receive any of the above vaccines at a later date or have further questions about receiving any of the above, I can contact [insert name/role]
* Understand that having chosen not to receive the above vaccine(s) at this time I will need post-exposure treatment if I have direct contact with infectious pathogens to address potential exposure concerns
* Acknowledge that the partners and management will be informed of this decision.
* Have seen the risk assessment and have had the risks explained to me. I understand and accept the risk of working in a clinical environment unvaccinated although understand that this may not be possible
* Have been afforded the opportunity to ask any questions/seek further advice
* Am aware that refusal of any vaccination may mean there may be an inability to undertake my role, or that a restriction(s) on my employment may be placed on me
* Understand that by not having a mandatory vaccination may ultimately result in my termination of employment at this organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Role in organisation |  | | | |
| Date |  | | | |
| Signature |  | | | |
| Manager name and signature |  | |  | |
| Date |  | | | |
| Risk assessment undertaken | Yes |  | No |  |
| Date of risk assessment |  | | | |

# Annex D – Equality Impact Assessment

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| **Equality Impact Assessment – Staff Immunisations** |

This EIA is to be completed following completion of an Equality Impact Assessment –

Initial Screening. The initial screening form can be found [here](https://practiceindex.co.uk/gp/forum/resources/equality-impact-assessment-initial-screening-form.1741/).

**Step 1: Scoping and identification**

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| **Question** | | **Answer** | | | |
| What are the main aims and objectives of the document? | | To reduce the risk of Healthcare Worker (HCW)-to-patient infection.  To restrict infected HCWs from working in areas where their infection may pose a risk to others.  To support infected HCWs to manage their own health.  To support infected HCWs to make decision about their careers.  To align to current UKHSA doctrine as detailed within [The Green Book](https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12). | | | |
| Who will be affected by it? | | All job applicants and all employees throughout all stages of their employment. | | | |
| What are the existing performance indicators/measures for this? | | All job applicants will be screened by the Occupational Health Service (OHS) prior to commencing employment.  In the case of exposure prone procedures (EPP), applicants will be required to produce documented evidence of non-infectivity/or be screened for blood borne viruses in accordance with current DHSC guidance. | | | |
| What are the outcomes you want to achieve? | | New employees will attend OHS to commence their vaccination programme.  HCWs will be screened for infection to identify either infection or immunity. HCWs who are identified as infected will be able to manage their own health. They will be given OHS advice and there may be restrictions on work activities to prevent.  HCWs will be offered vaccination programmes to protect them from pathogen in the workplace  HCW who are infected with a blood-borne virus will be monitored by OHS. | | | |
| What information do you already have on the equality impact of this document? | | The Staff Immunisation Policy is supported by current UKHSA guidance and applies to all HCWs at Sheerwater Health Centre.  This information is aligned to all HCWs throughout the NHS.  Current UKHSA doctrine 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 policy is consistent with UKHSA existing policy titled:  [Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1115603/Integrated-guidance-for-management-of-BBV-in-HCW-November-2022-update.pdf)  This document details both principles and obligations on the working practices of those healthcare workers who are known to be infectious carriers of BBV such as HIV, Hepatitis B and Hepatitis C.  Further reading can be found at Annex B to the [IPC Handbook](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-ipc-handbook.2001/). | | | |
| Are there demographic changes or trends locally to be considered? | | No, this policy covers all staff that work at this organisation | | | |
| What other information do you need? | | None | | | |
| **Step 2: Assessing the impact, consider the data and research** | | | | | |
| **Question** | | **Yes** | **No** | **Answer** | |
| Could the document unlawfully discriminate against any group? | |  | x |  | |
| Can any group benefit or be excluded? | |  | x |  | |
| Can any group be denied fair and equal access to or treatment as a result of this document? | |  | x |  | |
| Can this actively promote good relations with and between different groups? | | x |  |  | |
| Have you carried out any consultation internally/externally with relevant individual groups? | | x |  |  | |
| Have you used a variety of different methods of consultation/involvement | | x |  |  | |
| **Mental Capacity Act implications** | | | | | |
| Will this document require a decision to be made by or about a service user?  Refer to the [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) or [Health and Wellbeing Policy](https://practiceindex.co.uk/gp/forum/resources/health-and-wellbeing-policy.1534/) for further information | |  | x |  | |
| **External considerations** | | | | | |
| What external factors have been considered in the development of this policy? | | x |  | Current policy from UKHSA | |
| Are there any external implications in relation to this policy? | | x |  | External guidance from OHS and Peninsula | |
| Which external groups may be affected positively or adversely as a consequence of this policy being implemented? | |  | x | None | |

Guidance for this EIA was sought from the Solent NHS Trust document titled [Healthcare workers screening and immunisation policy](https://www.solent.nhs.uk/media/1257/healthcare-workers-screening-and-immunisation-policy.pdf).

# Annex E – Risk assessment

**Risk assessment and control form**

Brief task description: Immunisation of all healthcare workers (HCW) with the required vaccines to undertake their role

Organisation name: Sheerwater Health Centre Risk assessment reference: [Insert local reference number]

Date completed: [Insert date completed] Relevant documents reference: [Insert supporting document name/ref no]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General risk description**  (Hazard Consequence) | **Hazard rating** | **Likelihood**  **(Including relevant people, environmental and data factors as well as existing control measures)** | **Likelihood rating** | Risk rating | Additional control measures required | **To be implemented By who?**  **By when?** | **Residual risk**  **(*Risk - after all additional controls are implemented)*** |
| HCW-to-patient infection following HCW not having had the required immunisations | 5 | [This section is to be bespoke to the individual and the reason as to why HCW is unwilling to have the vaccination(s)]  National guidance (The Green Book Chapter 12) identifies the requirement  Any staff that have not had the required vaccines (as detailed at Annex A), there is a risk to service users and visitors including those that may be vulnerable  HCW are aware of the policies and guidance documents (such as CQC GP Mythbuster 37 and The Green Book) that supports this subject  The organisation utilises the service of [insert OHS] to support staff health and wellbeing  There is a mandatory requirement upon recruitment to ensure staff have had the full set of required immunisations | 3 | 15 | Seek OHS advice  Additional PPE/ infrastructure measures for staff member (as appropriate and as practicable)  Infection prevention control training and understanding of any measures to minimise risk  Co-worker awareness of HCW (seek advice from OHS and discuss with HCW) | PM | 10 |
| HCW unable to have vaccine due to underlying healthcare condition themselves, or unwilling due to religious or personal reason | 5 | [This section is to be bespoke to the individual and the reason as to why HCW is unable to have the vaccination(s)]  Specialist advice and additional support from OHS to consider restrictions on HCW role  OHS to discuss alternative vaccine options with HCW [insert outcome here]  A decision may ultimately result in the HCW dismissal should they it be considered that they be able to fulfil their role  Policy and guidance available | 2 | 10 | One-to-one meeting with any existing HCW who is not able to have a vaccine(s). The HCW is to understand that there may need to be restrictions being placed upon their role  Additional PPE/ infrastructure measures for HCW (as appropriate and as practicable)  [Detail any mitigating measures such as alternative working arrangements, inability to see certain patients that can support service user, visitor and the HCW]  Infection prevention control training and understanding of any measures to minimise risk  [Infection Prevention Control (IPC) Handbook](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-ipc-handbook.2001/)  Co-worker awareness of HCW (seek advice from OHS and discuss with HCW). [This would be a delicate conversation and would need to be handled correctly] | PM | 5 |
| Infected HCWs posing an infection risk to colleagues and any others | 5 | [This section is to be bespoke to the individual detailing the reason(s) as to why HCW poses a risk]  The organisation utilises the service of [insert OHS] to support staff health and wellbeing  Specialist advice and additional support from OHS to consider restrictions on HCW role.  Policy and guidance available | 2 | 10 | One-to-one meetings with HCW to explain risk  Staff training and understanding of BBV  Additional PPE/ infrastructure measures for staff member (as appropriate and as practicable)  IPC training and understanding of any measures to minimise any risks  [Infection Prevention Control (IPC) Handbook](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-ipc-handbook.2001/)  Co-worker awareness of HCW (seek advice from OHS and discuss with HCW). [This would be a delicate conversation and would need to be handled correctly] | PM | 5 |
| Infected HCW to manage their own health | 5 | HCW will be afforded NHS and OHS support following any diagnosis. This will be ongoing and will include detailed information on how to safely manage their condition in a healthcare setting  HCW with existing diagnosis will be aware of requirements and any limitation on their role  Following specialist guidance, restrictions may be placed on the HCW role | 2 | 10 | One-to-one meetings with HCW  Additional PPE/ infrastructure measures for staff member  IPC training and understanding of any measures to minimise any risks  Refer to the [Infection Prevention Control (IPC) Handbook](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-ipc-handbook.2001/)  UKHSA policy titled:  [Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1115603/Integrated-guidance-for-management-of-BBV-in-HCW-November-2022-update.pdf)  [Health and wellbeing policy](https://practiceindex.co.uk/gp/forum/resources/health-and-wellbeing-policy.1534/) provides further information  Co-worker awareness of HCW (seek advice from OHS and discuss with HCW). [This would be a delicate conversation and would need to be handled correctly] | PM | 5 |
| To support infected HCW to make decision about their careers | 3 | HCW will be afforded NHS and OHS support following any diagnosis. This will be ongoing and will include detailed information on how to safely manage their condition in a healthcare setting.  HCW with existing diagnosis will be aware of requirements and any limitation on their role | 2 | 6 | One-to-one meetings with HCW  Guidance and support from UKHSA policy titled:  [Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1115603/Integrated-guidance-for-management-of-BBV-in-HCW-November-2022-update.pdf)  [Health and Wellbeing Policy](https://practiceindex.co.uk/gp/forum/resources/health-and-wellbeing-policy.1534/) | 3 | PM |

**General Administration**

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| --- | --- | --- |
| **Risk assessor Name:** | **Contribution to risk assessment by:** | **Manager approval** |
| [Insert name of risk assessor] | [Insert name of any contributors] | [Insert name of manager] |
| **Risk assessor’s job role:** | **Contributor’s job role:** | **Date of approval** |
| [insert job role] | [insert job role] | [insert date] |

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| **This document was reviewed/updated by:** | **Job Role:** | **On Date:** | **Next planned review due:** |
| [Insert name of assessor] | [insert job role] | [insert date] | [insert date] |

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| **Risk Review Profile** | **Recommended risk assessment and risk controls review periodicity.**  ***Guidance*** *Note: The principle of review is that the more significant the risk level, the more often it must be reviewed.*  **Always review if an incident has occurred:** |
|  | If the risk is 15 – 25 (Very high) Review at least every 1 – 3 months |
|  | If the risk is 8 – 12 (High) Review at least every 6 – 12 months |
|  | If the risk is 4 – 6 (Moderate) Review at least every 12 – 18 months |
|  | If the risk is 1 – 3 (Low) Review at least every 18 – 24 months |