**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. 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.

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

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.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS)[[1]](#footnote-2).

## Why and how it applies to them

This document provides overall guidance for the required immunisations for healthcare workers. It should be read in conjunction with the referenced publications and regional directives as well as the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014](https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents).   
  
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 with regard to the individual protected characteristics of those to whom it applies.

# 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.

## Exposure prone procedures (EPP)

EPPs are invasive procedures where there is an associated risk to the clinician through exposure to patients’ open tissues/blood. These procedures include those where the worker’s gloved hands may be in contact with sharp instruments.

## Sharps injury

An injury to staff from being pricked by a needle which has been exposed to the body fluids of the patient

## Risk assessment

A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking

## 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.

# Policy

## Role of the Occupational Health Service

[Insert name] Occupational Health Service (OHS) is the local organisation responsible for the immunisation of staff in accordance with the direction detailed in Chapter 12 of The Green Book.[[2]](#footnote-3)

Contact details: [Insert local OHS details here].

## Pre-employment health checks[[3]](#footnote-4)

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 carry out EPPs 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.

## 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 Department of Health and Social Care, 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).

## 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 Nine Taylor (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 [insert organisation’s 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 and/or EPP clearance (where 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.

## Immunisation of staff

CQC guidance[[4]](#footnote-5) states that:

*“GP practices should be able to show that an effective employee immunisation programme is in place. This includes demonstrating how they arrange and pay for this service.*

* *All employees should be able to have an occupational health assessment*
* *New employees should have a pre-employment health assessment”*

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

The rationale for immunising organisation staff is to:

* Protect the individual (including their family) from an occupationally acquired infection
* Protect patients and other service users
* Protect the team
* Protect the community
* Permit the efficient running of the organisation without disruption

## General vaccination requirements

All staff should be up to date with [routine immunisations](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-37-immunisation-healthcare-staff), to include:

* Diphtheria
* Tetanus
* Polio
* MMR (x2 doses)

It should be noted that COVID-19 vaccines are no longer a condition of deployment (VCOD). This is further detailed at [Section 5.11](#_Vaccination_as_a).

Satisfactory evidence of protection would include documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella.

In addition, clinical staff are to have the [following vaccinations](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-37-immunisation-healthcare-staff):

* BCG is recommended for staff who may have close contact with infectious patients
* Hepatitis B for staff who may have direct contact with patients’ blood or bodily fluids or who are at risk of direct harm from patients, e.g., being bitten
* The influenza vaccination helps prevent influenza in staff and vulnerable patients; this immunisation is to be offered to staff on an annual basis
* Varicella is recommended for staff who have direct patient contact and cannot give a definitive history of chicken pox or shingles or a blood test does not show they are immune

Non-clinical staff (receptionists, administrators, managers, cleaners) may be offered the following vaccinations in addition to the routine immunisations:

* Hepatitis B
* Varicella
* Influenza\*

\*The annual influenza vaccine should be offered to staff directly involved in patient care. Whilst not routinely offered, Sheerwater Health Centre will routinely vaccinate non-clinical staff.

## Post-immunisation

The OHS will notify the Practice Manager when staff are cleared to perform EPP. In addition, the OHS will:

* Notify the organisation manager when staff fail to attend OH appointments
* Notify the organisation manager when staff decline vaccinations
* Inform the organisation 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 and that satisfactory evidence of protection would be required to allow appropriate decisions to be made about potential work restrictions and/or post-exposure prophylaxis following known or suspected exposure.

## Occupational health requirements

The following processes explain how to manage personnel who will, or who currently do, carry out any exposure prone procedures (EPP) in the course of their employment.

1. **Prospective employee**

Offers of employment will not be given for roles that include EPP unless immunity to hepatitis B can be demonstrated as well as evidence that the staff member is not infectious with hepatitis C or HIV.

1. **Current employee**

Staff already employed must refrain from EPP unless they can demonstrate immunity to hepatitis B and that they are not infectious with hepatitis C or HIV.

## Declining a vaccination

As employees need to demonstrate the outcome of any [antibody titres](https://medical-dictionary.thefreedictionary.com/antibody+titer) following a vaccination, should an employee refuse to have an occupational vaccination then the healthcare worker should not conduct any EPPs.

Staff who are offered but decline a vaccination will be required to sign a declaration (template at [Annex A](#_Annex_A_Staff)) stating that they understand the risk from vaccine-preventable infections that may be acquired through the course of their work.

A copy of this declaration will be forwarded to the Practice Manager who will refer to the supporting documentation and in particular the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12 (Safe Care and Treatment)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment).

## Care Quality Commission compliance

Refer to [CQC GP Mythbuster 37 – Immunisation of healthcare staff](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-37-immunisation-healthcare-staff) where it states that GP practices should be able to show that an effective employee immunisation programme is in place and, upon inspection, organisations should be able to demonstrate how they arrange and pay for this service.

In particular, organisations are to provide:

* All employees with an occupational health assessment
* New employees a pre-employment health assessment

During these assessments, immunisation needs should be reviewed.

The 'Green Book' [Immunisation Against Infectious Diseases](https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12)gives detailed information on immunisation for staff in general practice. Guidance is provided on the immunisations that may be appropriate for different groups of staff and this depends on their role and place of work

## Supporting documentation

The following publications should be read in conjunction with this policy:

* [Health and Safety at Work etc. Act 1974](https://www.legislation.gov.uk/ukpga/1974/37/contents)
* [The Control of Substances Hazardous to Health Regulations 2002](http://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)
* [CQC GP Mythbuster 37 – Immunisation of healthcare staff](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-37-immunisation-healthcare-staff)

## Recording staff health information

As for any other personal data, at Sheerwater Health Centre, any staff health care 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 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 2022/23 pay rise letter. However, DPA18 and our 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].

# COVID-19 vaccination

## Vaccination requirements

It should be noted that information throughout this chapter was originally intended to support Vaccination as a Condition of Deployment (VCOD) in both care homes and a healthcare setting.

Whilst staff are no longer legally required to have a COVID-19 vaccine solely to work within the practice, it is still a requirement for any member of the staff, clinical or non-clinical who visit a care home in the course of their employment to be fully vaccinated against COVID-19.

Therefore, much of the content in this chapter is still relevant and has been retained to support those that attend care homes.

## COVID vaccination requirements for care homes

It is a legal requirement under the [Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021](https://www.legislation.gov.uk/uksi/2021/891/contents/made) for any staff member who may, in the course of their employment attend a care home for them to be fully vaccinated against COVID-19 as of 11 November 2021.

Further reading can be sought within:

* DHSC document titled [Coronavirus (COVID 19) vaccination of people working or deployed in care homes: operational guidance](https://www.gov.uk/government/publications/vaccination-of-people-working-or-deployed-in-care-homes-operational-guidance/coronavirus-covid-19-vaccination-of-people-working-or-deployed-in-care-homes-operational-guidance)
* NHS E and NHS I document titled [Vaccinations for NHS staff entering care homes](https://www.england.nhs.uk/coronavirus/publication/vaccinations-for-nhs-staff-entering-care-homes/)

## Supporting clinical exemptions

Some individuals who may have been advised not to have the COVID-19 vaccine due to a medical condition will remain exempt providing the individual provides evidence of this exemption. Guidance on medical exemption can be sought from the DHSC guidance document titled [COVID-19 medical exemptions: proving you are unable to get vaccinated](https://www.gov.uk/guidance/covid-19-medical-exemptions-proving-you-are-unable-to-get-vaccinated)

A full list of these conditions that support an exemption are detailed within the [Green Book 14a](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1045852/Greenbook-chapter-14a-11Jan22.pdf). It should be noted that any staff member that is clinically exempt could be protected by the disability provisions within the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents).

The domestic NHS COVID Pass will look and work in the same way for people with clinical exemptions as it will for people who are fully vaccinated. However, the pass will not show that a worker has a clinical exemption. Employees will receive a confirmation letter which they should keep for their records and use to prove that they are unable to be vaccinated. The letter will explain that the individual is medically unable to be vaccinated whereas the pass does not.

Any staff member who is clinically exempt is to also complete the form at [Annex A](file:///C:\Users\matdp\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GQPNOXLI\*Note%20at%20the%20time%20of%20updating%20this%20guidance,%20the%20legislation%20is%20still%20proceeding%20through%20Parliament.%20To%20track%20its%20passage%20from%20the%20Commons%20to%20the%20Lords,%20see%20here) to enable a full record of COVID-19 vaccination status for all persons within the organisation. Furthermore, a Risk Assessment and Equality Impact Assessment are to be completed.

## Risk assessment

A risk assessment to ascertain the potential risk of the spread of COVID-19 caused by unvaccinated (but exempt) workers has been established and identifies the level of risk of exposure to the individual, other workers, patients and visitors.

Considerations for this risk assessment have included:

* A review of personal protective equipment (PPE) use
* Ongoing regular lateral flow testing
* Remote working options
* Adequate ventilation and use of fans in the workplace
* Additional cleaning requirements and regimes
* Hand hygiene processes, training and protocol

Risk assessments will need to be reviewed and repeated as necessary in line with changes to individual circumstances, emerging evidence and/or national advice. This is to ensure the mitigation of workplace risk, the identification of reasonable steps that will be required to be taken and the adoption of any additional support required.

Supporting information can be found at [COVID-19 risk assessment-an aide-memoire](https://practiceindex.co.uk/gp/forum/resources/covid-19-risk-assessment-an-aide-memoire.1518/).

## Equality impact assessment

An equality impact assessment (EIA) is to be completed to ensure that no member of staff who cannot be vaccinated for a clinical reason will not be disadvantaged due to any protected category.

Background information can be sought from the Department of Health and Social Care (DHSC) document titled [Making vaccination a condition of deployment in health and wider social care settings - Equality Impact Assessment](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1032170/making-vaccination-a-condition-of-deployment-in-health-and-wider-social-care-settings-equality-impact-assessment.pdf) dated 9 November 2021.

A supporting template to implement an EIA can be found at [Equality impact assessment – initial screening form](https://practiceindex.co.uk/gp/forum/resources/equality-impact-assessment-initial-screening-form.1741/).

## Pregnancy and fertility

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that pregnant women should be offered COVID-19 vaccines 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[[5]](#footnote-6).

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.[[6]](#footnote-7)

While the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives (RCM) and the UK Tetralogy Service recommend the COVID-19 vaccination for pregnant and breastfeeding women, pregnant women are eligible to request short-term medical exemptions from vaccination. For pregnant women, the exemption expires 16 weeks after giving birth. This will allow them to become fully vaccinated after birth. A MATB1 certificate can be used to provide evidence of exemption status[[7]](#footnote-8)

For further guidance regarding supporting pregnant women in the workplace, please refer to Coronavirus (COVID-19): advice for pregnant employees – GOV.UK (www.gov.uk) and [COVID-19 vaccines, pregnancy and breastfeeding (rcog.org.uk)](https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/)

## Exemptions due to participation in clinical trials

In line with clinical advice, those who are taking part or have previously taken part in a clinical trial for a COVID-19 vaccine will be exempt from the requirement, although this organisation will need to evidence the exemption

The worker should, in writing, provide confirmation from the organiser of the clinical trial, evidencing that the clinical trial they are participating in, or have participated in, is:

* For a vaccine against coronavirus; and
* Is regulated by one of the regulatory bodies within the [Making vaccination a condition of deployment in health and wider social care sector](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1032203/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector-government-response.pdf) – Government response to public consultation document

## Vaccine hesitancy

Supporting information targeting vaccine hesitancy can be found [here](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/11/C1451-vaccination-as-a-condition-of-deployment-for-all-healthcare-workers.pdf). Furthermore, to target communities where uptake is the lowest, specific advice in various languages has been provided by NHS E/I London in [video-clip](https://www.england.nhs.uk/london/our-work/covid-19-vaccination-programme-2/covid-19-vaccine-communication-materials/) format to support any staff for whom English is not their first language.

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.

NHS E have provided a 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/). This 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

## Occupational health

This organisation may refer any staff member who is exempt from having the COVID-19 vaccine, be it clinically exempt or because of pregnancy, to occupational health for advice and recommendations.

At Sheerwater Health Centre, our occupational health provider is [insert]. Further information on this can be sought from the [Staff Occupational Health Policy](https://practiceindex.co.uk/gp/forum/resources/staff-occupational-health-policy.1102/).

## Legal basis for obtaining staff vaccination status

There is a legal basis for obtaining and using vaccination status information. Data protection law states that it is lawful to ‘process’ (use) ‘special category data’ (i.e., health data, including information about vaccination status) where:

* It is necessary for employment purposes
* It is in the ‘substantial public interest’, including to comply with legal obligations
* It is necessary for the management of healthcare services; and/or
* It is necessary for public health purposes

Further information is available on the legal framework which supports access to the vaccination data: [COPI notice – frequently asked questions](https://www.nhsx.nhs.uk/covid-19-response/data-and-covid-19/information-governance/copi-notice-frequently-asked-questions/).

To support the pandemic response, these COPI notices provide a legal basis for this organisation to use what would otherwise be confidential patient information. In particular, this organisation will need to know the vaccination status of individual members of staff who have direct face-to-face contact with patients and service users in order to protect patients.

## Information governance

To ensure that we meet information governance requirements, at Sheerwater Health Centre we will:

* Complete a data protection impact assessment (DPIA) describing how we plan to use staff vaccination status information, including privacy risks that might arise from this
* Promote awareness of the vaccination requirement
* Inform all persons as to how we process staff information in a lawful manner and furthermore how we do so fairly and in a transparent manner. This is called ‘fair processing’ and complies with current data protection law and is detailed within the [Privacy Notice – Employee](https://practiceindex.co.uk/gp/forum/resources/privacy-notice-employee-england.1793/)
* Limit who has access to information about staff vaccination status.

Only partners and mangement will have access to this information, due to this being a requirement as part of their role. These persons will be reminded of the importance of the confidential and sensitive nature and, as such, all information will be retained appropriately

A DPIA template can be found at Annex B to the [UK GDPR Policy](https://practiceindex.co.uk/gp/forum/resources/uk-gdpr-policy.1703/) although advice may be sought from the Data Protection Officer.

## Vaccination as a condition of deployment in practice

The Government announced that Vaccination as a condition of deployment (VCOD) that was due to be implemented on 1st April 2022 for all healthcare workers to be fully vaccinated against COVID-19 was withdrawn.

Further information can be found in [this](https://www.gov.uk/government/speeches/oral-statement-on-vaccines-as-a-condition-of-deployment) statement on 31st January 2022, specifically the announcement from Secretary of State for Health and Social Care Sajid Javid stated the following:

*“While vaccination remains our very best line of defence against COVID-19, I believe it is no longer proportionate to require vaccination as a condition of deployment through statute”*

## Further reading on COVID vaccination

Information on COVID-19 vaccination, can be found at:

* [www.gov.uk/coronavirus](https://www.gov.uk/coronavirus)
* [COVID-19 The Green Book, Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)
* [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/)

# Summary

It is essential that staff receive the necessary immunisations. Not only will this enable them to conduct their jobs safely and effectively, it will also minimise the risk of the spread of infection and it will ensure that the organisation continues to function without disruption.

# Annex A – Confirmation of vaccination and disclaimer

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 up to date with their routine immunisations.

Immunising all staff is essential in order 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

I confirm that I am either exempt or have received all required vaccinations to enable me to conduct my role at this organisation. Evidence as such has been provided to the practice manager. This annex will be retained at [insert location].

|  |  |  |
| --- | --- | --- |
| Full name |  | |
| Exempt (Yes or No)  If yes is there a copy of their evidence |  | |
| Type of and date(s) of vaccines | 1.  2.  3.  4.  5.  6. | 1.  2.  3.  4.  5.  6. |
| Role in organisation |  | |
| Date |  | |
| Signature |  | |

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

I confirm that I:

* Understand that by refusing the above I continue to be at risk of the disease which I would have otherwise been immunised against
* Was afforded the opportunity to ask any questions/seek further advice
* 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 the practice manager
* Understand that having chosen not to receive the above vaccine(s) at this time I will need post-exposure treatment in the event that I have direct contact with blood, body fluids or other infectious pathogens in order to address potential exposure concerns
* Acknowledge that the organisation manager will be informed of this decision
* Am aware that refusal may mean there may be an inability to undertake, or a restriction(s) being placed my work and that my employer will take a view on this matter.

|  |  |
| --- | --- |
| Full name |  |
| Role in organisation |  |
| Date |  |
| Signature |  |

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

1. [Network DES specification 2021-22](https://www.england.nhs.uk/publication/network-contract-des-specification-2021-22/) [↑](#footnote-ref-2)
2. [The Green Book](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf) [↑](#footnote-ref-3)
3. [Pre-employment health checks](https://www.nhsemployers.org/your-workforce/recruit/employment-checks/work-health-assessments) [↑](#footnote-ref-4)
4. [CQC GP Mythbuster 37: Immunisation of healthcare staff](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-37-immunisation-healthcare-staff) [↑](#footnote-ref-5)
5. [JCVI advice on COVID-19 vaccination for pregnant women](https://www.gov.uk/government/news/jcvi-issues-new-advice-on-covid-19-vaccination-for-pregnant-women) [↑](#footnote-ref-6)
6. [COVID-19 vaccines, pregnancy and breastfeeding](https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/) [↑](#footnote-ref-7)
7. [DHSC - Making vaccination a condition of deployment in health and wider social care sector](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1032203/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector-government-response.pdf) [↑](#footnote-ref-8)