



POLICY/PROCEDURE INFORMATION (Policy no HR0035)	
Subject	Vaccination and Immunisation Policy HR0035 <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>
Applicable to	Clinical, patient-facing staff of Nottinghamshire Hospice
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	11 April 2023
Next review date	11 April 2024
Lead responsible for Policy	Director of People Services
Policy written by	Governance Lead / Director of People Services
Notified to (when)	Senior Leadership Team
Authorised by (when)	Board of Trustees 11 April 2023
CQC Standard if applicable	Safe, Well-led
Links to other Hospice Policies	Recruitment and Selection Policy HR0025
Links to external policies	
Summary	This policy outlines Nottinghamshire Hospice's position on staff immunisation and vaccination.
This policy replaces	N/A

IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL		
Status	Date	Reviewed date
Original policy written by Governance Lead, Director of People Services	Jan 2023	
Policy notified to Board of Trustees	11 April 2023	
Policy ratified by Board of Trustees	11 April 2023	11 April 2024
Updated control sheet and published on website	April 2023	

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<p>1.</p>	<p>Introduction</p> <p>Nottinghamshire Hospice recognises that promoting the immunisation of healthcare staff protects staff, patients and their significant others from a range of vaccine-preventable transmissible diseases.</p> <p>Healthcare workers have a duty of care towards their patients which includes taking reasonable precautions to protect them from communicable diseases. Immunisation of healthcare workers may therefore protect the individual and their family from an occupationally- acquired infection; protect patients and vulnerable patients who may well not respond to their own immunisation; protect other healthcare staff and allows for the efficient running of the Hospice service without disruption.</p>
<p>2.</p>	<p>Policy Aim</p> <p>The aim of this policy is to outline the Nottinghamshire Hospice's position on staff immunisation and vaccination for (Lead) Registered Nurse roles and (Senior) Health Care Assistant roles that deliver direct patient care.</p>
<p>3.</p>	<p>Responsibility and Accountability</p> <p>It is the responsibility of the Human Resources (HR) team to oversee the policy implementation through the recruitment process for new staff and Occupational Health process for existing staff.</p> <p>It is the responsibility of the Registered Manager / Director of Care to periodically review the clinical content of this policy to ensure that it is up-to-date with current clinical practice.</p>
<p>4.</p>	<p>Overview</p> <p>All staff in (Lead) Registered Nurse and (Senior) Health Care Assistant roles that deliver direct patient care should be up to date with the following vaccinations.</p> <p>MMR</p> <p>The MMR vaccine is especially important in the context of the ability of staff to transmit measles or rubella infections to vulnerable groups. While healthcare</p>

workers may need MMR vaccination for their own benefit, they should also be immune to measles and rubella in order to assist in protecting patients. Satisfactory evidence of protection would include documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella.

If an individual is unsure of their vaccination history or cannot produce satisfactory documentary evidence of immunity to the Hospice's Occupational Health provider, he/she will be considered susceptible and will be offered 2 doses of MMR vaccine via the Hospice's Occupational Health provider. There are no ill effects from immunising such individuals because they have pre-existing immunity that inhibits replication of the vaccine viruses. It is safer to be vaccinated again rather than risk contracting and spreading the virus.

BCG Vaccine

BCG vaccine is recommended for healthcare workers who may have close contact with infectious patients, are under the age of 35 and have not had the vaccine. If this is the case, relevant staff will be required to contact their GP for the vaccine. If any cost is incurred, this will be reimbursed by Nottinghamshire Hospice.

Hepatitis B vaccination

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

If an individual has never had the vaccine, an initial course of Hep B vaccine will be offered by the Hospice's Occupational Health provider. This includes an initial dose of the vaccine, a second dose of the vaccine 4 weeks later and a third dose of the vaccine 5 months after the second vaccine. A blood test will be taken 8-12 weeks after the third vaccine to establish a level of immunity.

The results of the blood test will determine, what if any, action is required.

Titres above 100mIU/ml are regarded adequate immunity forever and no further course of action is required.

Titres between 10mIU/ml and 100mIU/ml are regarded as low immunity and an extra dose of the vaccine will be offered.

Titres below 10mIU/ml are regarded as not immune and the individual will be offered a further course of vaccines (see above) and a final blood test to check immunity levels. If the test result confirms that the individual is not immune, no further vaccination will be offered.

If an individual is unsure of their vaccination history or cannot produce satisfactory documentary evidence of immunity to the Hospice's Occupational Health provider, he/she will be considered susceptible and will be offered a blood test to measure titres. The results of the test will determine what, if any, action is required in line with the above titres results and subsequent processes.

Influenza immunisation

This helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care. Nottinghamshire Hospice strongly advise all health care staff to visit a GP or a pharmacy during the autumn of each year to receive an influenza vaccination which is provided free of charge to healthcare workers.

Varicella vaccine

This is recommended for susceptible healthcare workers who have direct patient contact. Those with a definite history of chickenpox or herpes zoster can be considered protected. Healthcare workers with a negative or uncertain history of chickenpox or herpes zoster will be offered a blood test by the Hospice's Occupational Health provider and follow-up vaccine if required.

	<p>COVID-19 vaccine</p> <p>The objective of occupational immunisation of health workers is to protect workers at high risk of exposure who provide care to vulnerable individuals. Although there is yet no evidence on whether vaccination leads to a reduction of transmission, a small effect may have major additional benefit for staff who could expose multiple vulnerable patients and other staff members. Government advice is that both staff involved in direct patient care and all non-clinical ancillary staff based at Woodborough Road should be immunised.</p>
5.	<p>Implementation</p> <p>New starters in the roles of Registered Nurse and (Senior) Health Care Assistant must complete a pre-screening occupational health assessment. If the pre-screening assessment shows that there is a risk of exposure to biological agents, and effective vaccines exist, then provision should be made to determine whether a staff member is already immunised, and immunisation should be offered to those not already immunised. The pros and cons of immunisation/non-immunisation should be explained when offering immunisation to the worker at risk. This is undertaken by the Occupational Health Service.</p> <p>In addition, under the Health and Safety at Work Act (HSWA) 1974, employers must pay for protective measures such as immunisation. Where practical, this is provided through the occupational health provider. Alternatively, the employee could arrange immunisation through their own GP if there is no cost.</p>
6.	<p>Refusals</p> <p>Some staff may refuse to be vaccinated or may be unable to be vaccinated for health reasons. Each case must be considered and risk assessed on the circumstances.</p> <p>MMR – Risk Assessment</p> <p>Staff who are aware of the risks and refuse to receive the MMR vaccination (or who are immunosuppressed, have had an anaphylactic reaction to a previous dose of MMR, neomycin, gelatin or any component of the vaccine or who are pregnant) will require a risk assessment to be conducted by their manager to</p>

	<p>consider the risks to patients and staff should there be an outbreak of measles, mumps or rubella. A full review of where they work and duties undertaken to ensure staff and patient safety.</p> <p>Varicella – Risk Assessment</p> <p>For healthcare workers who decline vaccination, workplace restrictions will be considered.</p> <p>Tuberculosis (TB) – Risk Assessment</p> <p>Applicable staff who decline BCG Vaccination will require a risk assessment to be conducted by their manager to consider the risks to patients and staff should there be an outbreak of TB. A full review of where they work and duties undertaken will be reviewed to ensure staff and patient safety.</p>
7.	<p>References</p> <ol style="list-style-type: none"> 1. Control of Substances Hazardous to Health (COSHH) 2. Health and Safety at Work Act (HSWA) 1974