London Ambulance Service NHS Trust

Workforce Immunisation Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: This document sets out the pre-employment and in employment schedules for workforce immunisation against infectious diseases.

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Sponsor Department: Workforce Directorate

Author/Reviewer: Assistant Director of Workforce Development and Support. To be reviewed by August 2018 or sooner if changes occur which materially affect the immunisation schedules or processes.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
30/01/17	2.1	IG Manager	Amendments and Document Profile and Control update.
23/11/16	1.6	AD Workforce Development and Support	Addition to S4.5
23/11/16	1.5	Director of Corporate Governance, Senior HR Manager and IG Manager	Further amendments following 13/10/16 PMAG
07/10/16	1.4	IG Manager	Document Profile and Control update and minor amendments
07/10/16	1.3	AD Workforce Development and Support	Reviewed with amendments and new contact tracing flowchart at Appendix 2.
12/06/15	1.2	IG Manager	Move of APP text from page 15 to page 17; Document Profile and Control update
21/05/15	1.1	IG Manager	Document Profile and Control update
May 2015	0.8	Neil Thomson	EPP added for APPs
April 2015	0.7	AD Workforce Development and Support	Mantoux test and BCG added for overseas recruits
January 2015	0.6	Director of Nursing and Quality (DIPC)	Minor Amendments based on feedback
September 2014	0.5	Head of Infection Prevention & Control	Minor amendments based on feedback
August 2014	0.4	Guys and St Thomas Occupational Health Services	Numerous minor changes suggested and amendments made
January 2014	0.3	Head of Infection Prevention & Control	Minor amendments based on feedback
June 2013	0.2	Practice Learning Manager-Education Infection Control Lead	Minor amendments based on feedback
June 2013	0.1	AD Workforce Development and Support	New Policy first draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Equality Analysis completed on	By
15 September 2014	Infection Control team
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Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
DH 2007	Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers Department of Health March 2007	
DH 2008	HIV Infected Health Care Workers: guidance on management and patient notification Department of Health February 2008	
HSE 2009	HSE HR Circular 012/2009	
HS 022	LAS Management of Sharps and Inoculation Incident Policy	**2012**
	The Management of HIV infected Healthcare workers who perform exposure prone procedures: updated guidance.	**January 2014**
	LAS Infection Prevention and Control Workbook	**2013**

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

1.1 The Vaccine Administration Task Force 2001 identified three principal aims of immunisation:

- Protect the individual from infectious disease, and the associated acute ill health, long term impact and in some cases death.
- To prevent outbreaks of disease.
- To ultimately eradicate infectious diseases world-wide, as in the case of small pox

1.2 Within the context of the health care environment immunisation of the workforce is a critical component of managing the Health and Safety of the employee at work and managing the risks to patients.

1.3 The LAS through its outsourced Occupational Health Service Provider offers immunisations against infectious diseases that are prevalent within the workplace to all employed staff where their role indicates an identified risk exists (Appendix 1).

1.4 This policy considers the needs of all staff groups employed within the LAS and incorporates recommendations of the relevant national guidance.

1.5 It is a Trust requirement that employees follow this Policy in line with their obligations under health and safety legislation. It is strongly recommended that staff submit themselves to the appropriate screening and immunisation for their role unless it is medically contraindicated. The Occupational Health Service (OHS) will advise in these cases.

1.6 Employees who decline screening or immunisation should be aware that they will be required to sign a disclaimer and that there may need to be restrictions on their practice, based on which immunisation/s have been declined and the risk that this poses to the practitioner, patients and the public. Employment or deployment within the Trust may be jeopardised by any unreasonable refusal to co-operate with this policy.

2. Scope

2.1 This policy applies to all staff who are directly employed by the London Ambulance Service NHS Trust, whether full time of part time, permanent or temporary.

2.2 The principles of workforce immunisation will be applied to individuals employed by agencies, third party providers and contracted services through service specifications, contract management and monitoring.

2.3 Volunteers will be made aware of the recommended immunisations for their role and will be signposted to services where they can access these.

2.4 In implementing this policy managers must ensure that all staff are treated fairly and equitably with due regard for any individual needs they may have in respect of protected characteristics. Special attention should be made to ensure the policy is understood by staff, who are new to the NHS, by staff whose literacy skills may be weak or those who have little experience of working life.

3. Objectives

3.1 To ensure that all staff who have or shall have direct contact with users of the service are offered appropriate screening and immunisation relevant to their role in accordance with current national guidance and as advised by the Trust's OHS.

3.2 To ensure staff are made aware of the benefits and the side effects of immunisation and the impact of declining vaccination or failure to achieve immunity.

4. Responsibilities

4.1 The **Director of Transformation, Strategy and Workforce** is responsible for ensuring:

- That the LAS provide a full range of accredited Occupational Health Services in relation to the screening, immunisations, follow ups and post exposure prophylaxis for staff.
- That all new employees are screened pre-employment and that on employment they are offered the appropriate immunisations.
- That appropriate screening, immunisation programmes are available for staff on employment and throughout their tenure with the LAS.
- That policies and procedures are in place which set out the risk assessment to each staff group, identify which immunisation should be given and the processes by which the immunisations schedule will be managed.
- That systems are in place to manage non-attendance, those who decline immunisations and those who fail to achieve immunity.
- The OHS delivers the services required to screen staff, provide immunisations, boosters and post exposure prophylaxis when required.
- That the OHS works with individuals and managers where staff decline immunisation or where they fail to achieve immunity following immunisation, in order to manage the risks to staff and patients.

- The OHS will record all immunisations accepted by staff. They will also record when an immunisation is declined and the reasons given.

4.2 The **Chief Quality Officer** is the nominated Director of Infection Prevention and Control **(DIPC)** for the LAS, and works closely with the Infection prevention and Control Team to:

- Promote high standards of hygiene and good practice in infection control;
- Ensure that there is training in standards of hygiene, infection control and screening procedures;
- Regularly monitor trends;
- Provide assurance to the Board that protocols for screening and immunisation programmes are in place and working effectively;
- Inform the Executive Team of any outbreaks which may affect LAS staff and co-ordinate any actions to be taken to manage the situation;
- Provide assurance to the Board that that screening, immunisation and treatment programmes are carried out in accordance with this policy and national guidance.

4.3 The **Director of Operations is** responsible for supporting the Director of Nursing and Quality/DIPC, in ensuring strategies and actions plans to manage safe practice to reduce exposure to blood borne viruses are in place and implemented. They will have oversight of compliance through line management structures that all staff with patient contact adhere to this policy.

4.4 **The Infection Prevention & Control Taskforce and Committee** receives Workforce Immunisation data from the OHS Contract Manager regularly. In order to monitor activity and trends, provide assurance as well as guidance to the Executive Team and the Trust Board. The committee will be responsible for ensuring immunisation guidance is being adhered to and that any changes in public health intelligence and practice are reflected within our guidance and policy.

4.5 The out sourced **Occupational Health Service Provider** will**:**

- Provide screening and immunisation services in accordance with appropriate protocols and key performance indicators;
- Maintain contemporaneous records of immunisation history, administration and where employees decline an immunisation they will assess the risk and record the reason given by the member of staff;

- Advise and support the LAS in regarding contact tracing following exposure of staff to blood borne viruses and other infectious organisms, in line with best practice guidance;

- Provide medical services, advice, support and counselling to employees in order that they can make informed decisions with regards to immunisations and screening;

- Where a member of staff has failed to gain immunity or has declined an immunisation the Occupational Health service Provider will provide advice on any restrictions to practice which might apply. It should be noted that disclosure regarding blood borne viruses may be required by law for those undertaking exposure prone procedures.

- Will provide reports on immunisation uptake, Body fluid exposure DNAs and any risks identified through the delivery of the Occupational Health Service to staff which is relevant to the LAS as the employer;

- Maintain confidential occupational health medical records in accordance with data protection regulations. It should be noted that this is not an absolute and may be breached where it is in the public interest to do so. If this should be necessary every effort will be made to communicate with the member of staff about this in advance.

- Support and advise the LAS in the regular review of the policy and procedures.

4.6 The **Health Safety and Security Team** will ensure that:

- Managers are trained to undertake appropriate risk assessments competently;

- Updated guidance is available regarding the prevention and management of sharps injuries;

- Provide data on sharps injuries and body fluid exposure incidents reported to them;

- Reports to the HSE under RIDDOR 1995 are made when required.

4.7 **Line Managers** will:

- Ensure high standards of hygiene and good practice in infection control are promoted and maintained in their area of control;

- Ensure they are trained to undertake Health and Safety Risk assessments in order to determine, assess and prevent sharps injuries and bodily fluid splash contamination of mucosa;

- Support, in a confidential manner, any employee who is exposed to a blood borne virus and communicable disease;

- Ensure that staff are aware of both this policy and the Infection Prevention and Control training workbook available on the intranet http://thepulse/uploaded_files/Clinical/training_workbook_february_2013.pdf

- Ensure that staff report all and any sharps injuries and splash contamination to the mucosa, in line with Appendix 2 of LAS HS022 Management of Sharps and Inoculation incident Policy (2012) ;

- Ensure that any incidents resulting in exposure to blood borne viruses are reported on the Datix system as an assessment will be required as to whether the incident is RIDDOR reportable.

4.8 **All Staff** are expected of to be immunised according to the risk assessment for their role. Staff who decline immunisation must understand that in doing so they put themselves, their families, patients and the public at risk. All staff are expected to:

- Comply with all and any reasonable management request that they attend Occupational Health appointments made for them with regard to screening, immunisation, boosters and post exposure prophylaxis.

- Ensure high standards of hygiene and good practice in infection prevention and control are promoted and maintained in their area of control;

- Ensure they maintain their knowledge and understanding relating to communicable diseases, exposure prone procedures, blood borne viruses and relevant health and safety guidance, for example HS022

- Ensure that the appropriate Personal Protective Equipment is used when it is required;

- Minimise the risk to themselves, other employees and members of the public;

- Advise their line manager if they become aware that they have had contact with a blood borne virus, or communicable disease;

- Report all sharps injuries, body fluid exposure incidents or near misses to their line management without delay using the Trust's Incident Reporting form (LA52);

5. DEFINITIONS

5.1 For matters concerning this policy the term ‘blood borne virus’ refers to Hepatitis B, Hepatitis C and HIV1 & HIV2 (Human Immunodeficiency Virus 1 and 2). These viruses may infect and cause serious disease to humans. Once infection has occurred it may persist and give rise to a carrier state in which the agent is present continually in the blood and other tissues of the infected person thereby posing a risk to others.

5.2 Immunisations are the vaccines used to stimulate immunity to common viruses and illnesses.

6. Risk assessment

6.1 The LAS has undertaken a comprehensive risk assessment (Appendix 1) of workers exposure to biological agents in the work place, as required by The Control of Substances Hazardous to Health (COSHH) Regulations 2002.

6.2 The assessment identifies the screening and immunisation control measures required. Where a risk of infection is recognised and where effective vaccines are available, the immunisations will be available to staff who are not already immune, if they are exposed.

6.3 Staff may move between roles so different immunisation recommendations may then apply. Staff moving from one role to another should be referred to OH for pre-commencement screening in relation to the new role. If they regularly move or if there is any doubt about their category, they should be immunised to the higher standard. If they change jobs or the nature of their work within an existing job changes, their immunisation needs must be reviewed.

7. Pre-commencement screening and health clearance

7.1 All new staff must be referred to the Occupational Health Service which will be responsible for ensuring that appropriate pre-commencement screening and immunisation procedures are followed in line with national guidance (Appendix 1). Line managers will be informed if employees do not attend for screening, immunisations or any follow ups.

7.2 All new employees to the LAS and existing employees changing jobs will undergo a pre-commencement health assessment by qualified healthcare professionals from the occupational health provider. This will, where required (Appendix 1) include a review of immunisations required for proposed role. (Either paper screening or attendance at the department).

7.3 Confirmation of routine immunisations will be established for all workers and consensually administered if outstanding; specific immunisations will be offered to healthcare workers who will be exposed to specific pathogens as a

pre-exposure prophylaxis measure. (As set out in the risk assessment Appendix 1)

7.4 Health care professionals have a duty of care (as stipulated by the various professional governing bodies), towards patients in their care, which includes taking every reasonable precaution to protect them from communicable diseases. Healthcare workers are expected to follow stipulations within local and national guidelines and policies and ensure their immunisations regimes are completed and that they are aware of their immunity status. Staff appointed to posts involving contact with users of LAS services in any form are expected to comply fully with this policy unless there are good medical reasons not to do so, this will be established on the advice of the occupational health provider.

8. Immunisation.

8.1 The Green Book 2006 (updated 2014) Immunisation Against Infectious Disease recommends vaccination of all healthcare and, laboratory staff that during execution of their work duties comes into contact with vaccine preventable diseases. The LAS has undertaken a risk assessment and from this has identified clear staff groupings, the job risks and issues and the immunisations which relate to these. (Appendix 1)

Healthcare workers with direct patient contact

8.2 All staff should be up to date with their routine immunisations e.g. **tetanus, diphtheria, polio and MMR (measles mumps and rubella)**. MMR is particularly important in the context of healthcare workers being able to pass the disease on to vulnerable persons (children and maternity). Some healthcare workers may need it for their own protection against the diseases of rubella and measles, non-immunised workers could act as carriers for these diseases if they became infected, vaccination, previous infection (documented) or serological evidence is required for this group of workers. In addition those staff working in direct patient contact roles will be screened and offered the vaccinations relevant to their role as set out in Appendix 1.

8.3 There are some staff within the LAS who have direct patient contact in extreme and hazardous environments e.g. HART and Airport teams, these staff should have the basic immunisations as stated above and the additional screening and immunisations listed in Appendix 1.

8.4 The OHS will advise Operational Managers of any healthcare workers with an inadequate response to vaccine; who because of the nature of their employment could compromise either their own or another's health. This information is given solely in the form of a risk assessment and actions required to manage the risk to the individual and patients.

Volunteer Healthcare workers with direct patient contact

8.5 Volunteer healthcare workers generally fall into two categories, those who are already working for the NHS for whom immunisation will be a requirement of their current role and those who work in the NHS or outside of it who do not require immunisation in their current role.

8.6 All volunteers should on commencement in a role be advised of the immunisations recommend for the role (Appendix 1) they are fulfilling. They should be advised of the benefits and risks of immunisation, in order that they can make informed choices if they are not already immunised and/or immune. Where a volunteer is not immunised they should be advised to see their own GP or if they are working in a patient contact role with a Healthcare provider, the occupational health service for that provider in order to obtain the relevant immunisations.

Healthcare workers with limited or no direct patient contact.

8.7 It is an expectation that as members of the public those individuals will have had the routine childhood vaccinations. Whilst it is not current Department of Health policy to immunise this group against influenza they will be vaccinated if they request it.

8.8 The need to vaccinate this group when national immunisation campaigns are launched in response to known rises in infectious disease cases e.g. measles and/or predicted epidemic or pandemic events e.g. bird flu, will be assessed and immunisations offered as deemed appropriate based on a risk assessment of the individuals within the staff group and the potential impact of outbreaks on the delivery.

Non-clinical ancillary staff

8.9 It is an expectation that as members of the public those individuals will have had the routine childhood vaccinations. Whilst it is not current Department of Health policy to immunise this group against influenza they will be vaccinated if they request it.

8.10 The need to vaccinate this group when national immunisation campaigns are launched in response to known rises in infectious disease cases e.g. measles and/or predicted epidemic or pandemic events e.g. bird flu, will be assessed and immunisations offered as deemed appropriate based on a risk assessment of the individuals within the staff group and the potential impact of outbreaks on the delivery.

Corporate/Support services staff

8.11 It is an expectation that as members of the public those individuals will have had the routine childhood vaccinations. Whilst it is not current Department of Health policy to immunize this group against influenza they will be vaccinated if they request it.

8.12 The need to vaccinate this group when national immunisation campaigns are launched in response to known rises in infectious disease cases e.g. measles and/or predicted epidemic or pandemic events e.g. bird flu, will be assessed and immunisations offered as deemed appropriate based on a risk assessment of the individuals within the staff group and the potential impact of outbreaks on the delivery.

9. Third party providers and contracted staff

9.1 Where the LAS is setting up a new service the service specification will set out the expectations in terms of the level of pre-employment health screening staff will need to have been subject to and the schedule of immunisations the employees should have based on the role they are being contracted to perform (Appendix 1). This should be no less than the levels expected for directly employed staff.

9.2 In administering the contract the LAS will seek assurances of the required specification being met:

- On signing of the initial contract
- At least annually through contract monitoring meetings.

10. Post exposure prophylaxis

10.1 Staff exposed to communicable disease should follow the contact tracing guidance which can be found on the PULSE , the flow chart which is available on every Vehicle, (Appendix 2) and seek advice from the OHS related to the suspected/confirmed communicable disease they have been exposed to.

10.2 Staff exposed due to body fluid exposure should follow the guidelines agreed with the OHS, the flow chart is available on every vehicle (HS022 LAS Management of sharps and inoculation incident policy, Appendix 3).

11. Measuring performance of this Policy

11.1 All employees will be made aware on induction to the LAS of the existence of this policy and their responsibilities under it.

11.2 This policy will be reviewed on a 2-year basis or sooner if new directions are received from the Department of Health, NHS England or Public Health England.

11.4 The Occupational Health Service Provider will produce quarterly activity reports on immunisations, Body fluid exposure incident follow ups, post exposure prophylaxis, risks and issues to the Infection Control Manager via the contract monitoring process. All such data will be presented to the Infection Prevention and Control Committee for consideration of the level of assurance, identification of risks and issues.

IMPLEMENTATION PLAN				
Intended Audience	All LAS staff			
Dissemination	The PULSE			
Communications	Indicate how staff will be informed of the document and made aware of its contents			
Training	If training is required indicate how this will be provided to relevant staff			
Monitoring:				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**
Uptake of immunisations	Annual audit by OHS provider	OHS provider outputs monitored through contract management.	Reported to IPCC	Actions to be determined by IPCC based on reports
Incidence of exposure and injury e.g. needlestick, splash contamination to mucosa	Quarterly audits of LA52s	Safety and risk department	Reported to IPCC quarterly	Actions to be determined by IPCC based on reports.

Appendix 1

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Healthcare workers with direct patient contact Emergency Medical technicians, Doctors Paramedics and EACs, TEACs, NETs PTS Student Paramedics Operational Managers EPA Apprentices Staff transferring Category 3/4 patients	Patient contact Handling Body Fluids.	**8 AMBER**	Pre-commencement health questionnaire	**Immunisation screen**: • BCG scar check (for TB immunity) • Hepatitis B vaccination history • Varicella Zoster Virus immunity • Rubella immunity • Measles immunity Immunisation offered as required by the individual. • Tetanus- if not had for 10 years + will be offered Will be offered screening for HIV, Hepatitis C and Hepatitis B infectivity. Overseas Paramedics may also need a Mantoux test and BCG	Hep B at 0, one month and 6 months post immunisation blood titre at 6-12 weeks after last immunisation. If immunity above 100, discharge and recall after 5 years. If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks. Hep B One off booster at 5 years.

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
CBRN and HART Team	Patient contact Handling Body Fluids. Exposure Prone Procedures Raw Sewage/Flooding Handling group/ category 4 biological agents	**8 AMBER**	Pre-commencement health questionnaire Review immunity/non-infectivity ; • Hepatitis B • Hepatitis C • HIV virus • Tetanus	**Immunisation screen**: • BCG scar check (for TB immunity) • Hepatitis B vaccination history • VZV immunity • Rubella immunity • Measles immunity • Hepatitis A Immunisation offered as required by the individual. • Tetanus- if not had for 10 years + will be offered. EPP clearance this will include screening for HIV, Hepatitis C and Hepatitis B infectivity Nb due to the nature of the role deployment specific immunisations may be required i.e. yellow fever specific advice should be sought form OHS at the time of travel.	Hep B at 0, one month and 6 months post immunisation blood titre at 6-12 weeks after last immunisation. If immunity above 100, discharge and recall after 5 years. If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks. Hep B One off booster at 5 years. Hep A 2 vaccines given over 6-12 months - Booster at 10-20 years (period determined by brand of original vaccine given, to be advised by OHS)

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Helicopter (HEMs) Paramedics Advanced Paramedic Practitioners	Patient contact Handling Body Fluids. Exposure Prone Procedures	**8 AMBER**	Pre-commencement health questionnaire. Review immunity/non-infectivity ; • Hepatitis B • Hepatitis C • HIV virus • Tetanus Plus • HEMs only vitalograph (lung function test)	**Immunisation screen**: • BCG scar check (for TB immunity) • Hepatitis B vaccination history • VZV immunity • Rubella immunity • Measles immunity Immunisation offered as required by the individual. • Tetanus- if not had for 10 years + will be offered. EPP clearance will include screening for HIV, Hepatitis C and Hepatitis B infectivity	If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks. Hep B One off booster at 5 years.

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Motor cyclists and cyclists	Patient contact Handling Body Fluids.	**8 AMBER**	Pre-commencement health questionnaire	**Immunisation screen**: • BCG scar check (for TB immunity) • Hepatitis B vaccination history • VZV immunity • Rubella immunity • Measles immunity Immunisation offered as required by the individual. • Tetanus- if not had for 10 years + will be offered Will be offered screening for HIV, Hepatitis C and Hepatitis B infectivity.	Hep B at 0, one month and 6 months post immunisation blood titre at 6-12 weeks after last immunisation. If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks. Hep B One off booster at 5 years.

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Airside Paramedics (predominantly cyclists)	Patient contact Handling Body Fluids.	**8 AMBER**	Pre-commencement health questionnaire	**Immunisation screen**: • BCG scar check (for TB immunity) • Hepatitis B vaccination history • VZV immunity • Rubella immunity • Measles immunity Immunisation offered as required by the individual. • Tetanus- if not had for 10 years + will be offered Will be offered screening for HIV, Hepatitis C and Hepatitis B infectivity.	Hep B at 0, one month and 6 months post immunisation blood titre at 6-12 weeks after last immunisation. If immunity above 100, discharge and recall after 5 years. If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks. Hep B One off booster at 5 years.

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Bank Agency and Private Contract clinical staff- LAS to check compliance with recommended immunisations on commencement of contract and at least annually thereafter.	Patient contact Handling Body Fluids.	**8 AMBER**	Evidence of fitness for role	**Should be able to evidence Immunisation screen including**: • BCG scar check (for TB immunity) • Hepatitis B vaccination history • VZV immunity • Rubella immunity • Measles immunity Immunisation should have been offered as required by the individual. • Tetanus- if not had for 10 years + will be offered Should have been offered screening for HIV, Hepatitis C and Hepatitis B infectivity.	**If applicable evidence of:** Hep B at 0, one month and 6 months post immunisation blood titre at 6-12 weeks after last immunisation. If immunity above 100, discharge and recall after 5 years. If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks Hep B One off booster at 5 years.

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Volunteer Healthcare workers with direct patient contact HATZOLAH EMS Level 3 (2 Groups) British Red Cross St Johns **The LAS would seek assurances from the provider/ individuals about their immunisation status when they enter into an agreement for the provider/person to work with the LAS.**	Patient contact Handling Body Fluids.	**4 Yellow**	No employment relationship so checks are not conducted. The provider/and/or individual should be made aware of the risk and should be signposted to their GP or OH provider (if in a healthcare role) for the immunisations listed.	**Should be able to evidence Immunisation screen including:** • BCG scar check (for TB immunity) • Hepatitis B vaccination history • VZV immunity • Rubella immunity • Measles immunity • Tetanus	**If applicable evidence of:** Hep B at 0, one month and 6 months post immunisation blood titre at 6-12 weeks after last immunisation. If immunity above 100, discharge and recall after 5 years. If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks Hep B One off booster at 5 years.

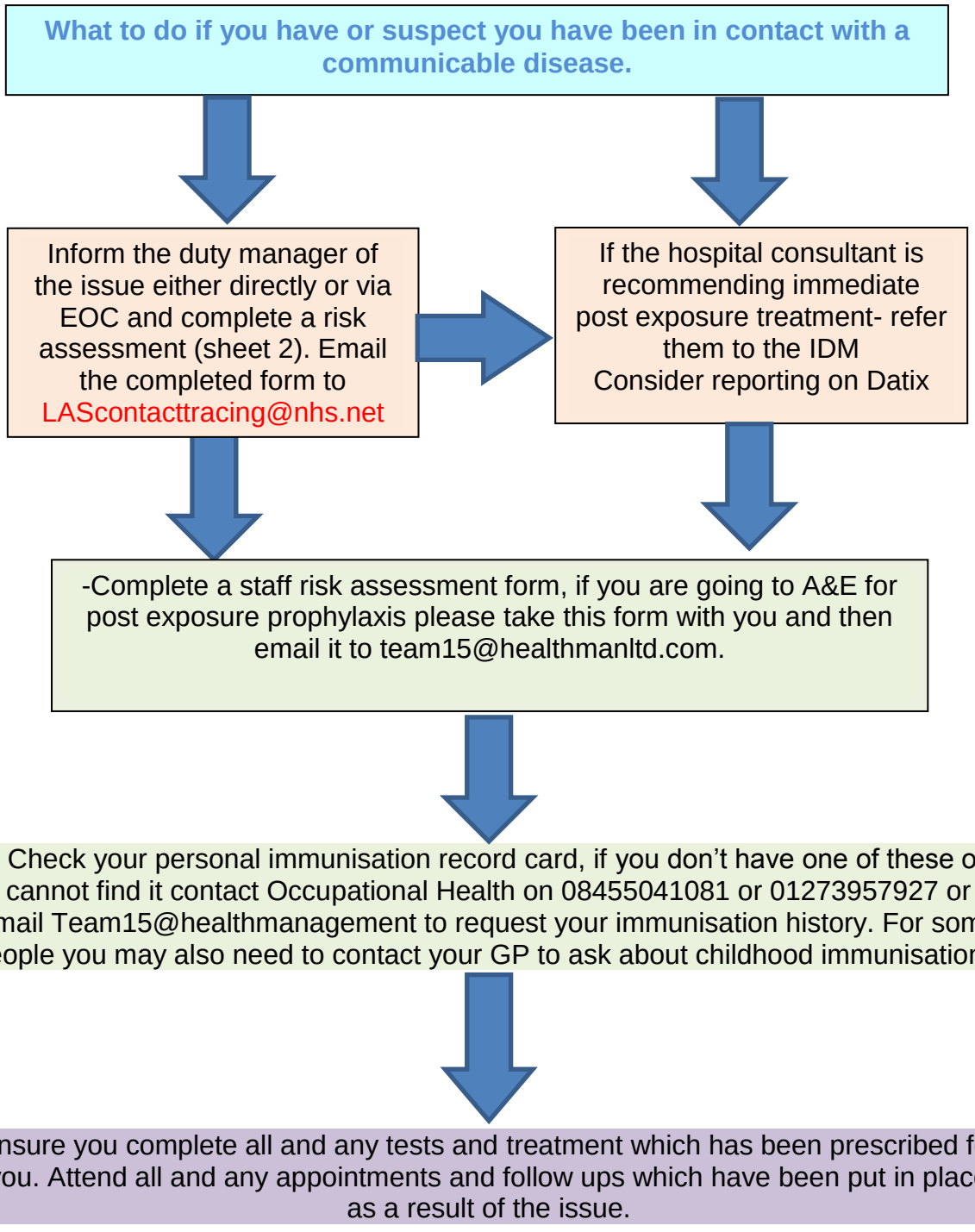
Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Healthcare workers with limited or no direct patient contact. EOC, CSU	Sedentary and use of Display screen equipment	**NO RISK**	Screen for symptoms of TB in pre-employment questionnaire, if positive responses to TB trigger questions, screen. Check childhood immunisations status- signpost as appropriate.	None	N/A
Non-clinical ancillary staff Multi-Skilled Vehicle Technicians	Repair and maintenance of fleet vehicles (risk of sharps injuries /body fluid exposure)	**8 AMBER**	Pre-commencement health questionnaire Review immunity to blood borne viruses: • Hepatitis B	• Hepatitis B vaccination history Immunisation offered according to individual need.	Hep B at 0, one month and 6 months post immunisation blood titre at 6-12 weeks after last immunisation. If immunity above 100, discharge and recall after 5 years. If immunity too low after 3rd dose immediate booster followed by a further blood test at 6-12 weeks Hep B One off booster at 5 years.

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Support Equipment Personnel/ warehouse support	Packing	**NO RISK**	Screen for symptoms of TB in pre-employment questionnaire, if positive responses to TB trigger questions screen. Check childhood immunisations status- signpost as appropriate.	None	N/A
Private contractors Station Cleaning Staff	Sharps injuries/Body Fluid	**NO RISK**	**The LAS seeks assurance from providers that staff are checked advised and immunised on commencement of the contract and at least annually thereafter that risks are assessed and managed by the contractors.**		**N/A**

Staff Group	Job role risks	Level of risk	Pre commencement imms checked	At new starter check	Recalls
Corporate/Support services staff Office based staff-no direct patient contact e.g. H/R Finance etc.	Sedentary and use of Display screen equipment	**NO RISK**	Screen for symptoms of TB in pre-employment questionnaire, if positive responses to TB trigger questions screen. Check childhood imms status-signpost as appropriate.	None	N/A
LAS rideouts/ Observers	Some patient contact no exposure prone procedures No handling body fluids.	**No risk**	Screen for symptoms of TB in pre-employment questionnaire, if positive responses to TB trigger questions screen.	None	N/A
Non LAS rideouts/observers	Some patient contact no exposure prone procedures No handling body fluids.	**No risk**	Seek assurance from individual of vaccinations and check TB symptom trigger questions.	N/A	N/A

Appendix 2

Staff Action Card



APPENDIX 3

LAS Communicable Disease Staff Risk Assessment
One copy per person email to team15@healthmanltd.com

Information Required	**Information Collated**
Your Name: **Date of birth;** **Disease in contact with;**	
What if any procedures did you undertake?	
Have you had this communicable disease in the past? Can you provide evidence of immunity to this disease e.g. immunisation card? If yes please give date immunisation was given and provide a scanned copy of the evidence: OR Date and method by which immunity was confirmed.	Y/N Y/N
Were you wearing personal protective equipment? If yes please specify If no please give reasons why	Y/N
What is your shift pattern and how can they be contacted over the next 4 days	
Could you or anyone you cohabit with be pregnant? If yes how many weeks?	**Y/N**
Do you have any allergies? (please list)	
Are you or do you have reason to believe you are immunocompromised?	**Y/N**
Have you been given/taken any post exposure prophylaxis? If so please state what and when.	
Postal Address Telephone number	

WHAT TO DO IF YOU SUSTAIN A BODY FLUID EXPOSURE

Sharps injuries, cuts, abrasions and bites

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Gently encourage bleeding, wash area with soap and water. Cover with a dressing.

↓

Splash to eyes/mouth, wound or non-intact skin

↓

Immediately irrigate eyes (before and after removing contact lenses if in situ) or mouth with water or normal saline for at least 30 seconds

↓

INFORM EOC AND YOUR LINE MANAGER

ATTEND THE LOCAL A&E AS SOON AS POSSIBLE

INFORM THE TRIAGE NURSE THAT YOU HAVE SUSTAINED A BODY FLUID EXPOSURE.

A RISK ASSSESSMENT* WILL BE UNDERTAKEN AND TREATMENT PROVIDED BY A&E

- **Please ask A&E to take a "serum save" blood sample from you;**
- **If HIV PEP to be started, ensure A&E take a blood sample from you for: FBC, U&Es, LFTs, amylase, bone profile (calcium and phosphate), blood glucose, lipids, Gamma GT & urinalysis**
- **Please ask A&E to give you a Hepatitis B vaccination (if you haven't had one in last year)**
- **If the source person has consented for blood borne virus (HIV, Hep C and Hep B) testing by A&E, please ensure consent includes the release of the results to Occupational Health to assist management of your case.**
- **Please ask for a copy of the risk assessment and treatment received and request a copy to be faxed to Occupational Health.**

On the next working day i.e. Monday- Friday (excluding Bank Holidays) you MUST contact Occupational Health to inform them of the incident and arrange an appointment for follow up**
As soon as possible complete and submit LA52

***Source (patient you sustained injury from) patient's details which will assist with the risk assessment (if known):**

- Name, date of birth
- Current location
- Consultant/ doctor in charge of source patient's care
- Ethnic origin & country of birth
- Sexual history (i.e. men having sex with men, past or present high risk sexual behaviour, commercial sex worker) Past or present IV drug use History of blood/plasma transfusion Sexual partner at risk of BBV