

**GLOUCESTERSHIRE HEALTH AND CARE  
NHS FOUNDATION TRUST  
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**

**STAFF SCREENING AND IMMUNISATION  
POLICY**

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Ratified by:	
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## **1. INTRODUCTION**

1.1 The Trust acknowledges its duties under the Health and Safety at Work Act 1974 to protect, as far as is reasonably practicable, the health, safety and welfare of its staff. Risk assessment, as required by the Management of Health and Safety at Work Regulations and the Control of Substances Hazardous to Health Regulations 2002, identifies that NHS staff may be exposed to infectious agents in the course of their work and should be appropriately protected. The Health and Social Care Act 2008 requires, as far as reasonably practicable, that healthcare workers will be free of and protected from exposure to communicable infections. Furthermore, the Trust has a responsibility to reduce the risk of infection to patients.

1.2 The Department of Health, Health Protection Agency and NICE issue guidance on best practice.

1.3 This policy applies to all prospective and existing staff and contractors of the Trust who may have direct patient contact through their work. This includes:

- i. All clinical staff involved in direct clinical care e.g. doctors, nurses, midwives, physiotherapists, occupational therapists, radiographers. Students/trainees in these disciplines are included.
- ii. All non-clinical staff who have social contact e.g. receptionists, porters, domestic staff.
- iii. Laboratory and pathology staff who handle pathogens and specimens including secretarial reception, portering and cleaning staff who work in the laboratory.

## **2. PURPOSE**

2.1 To ensure that all staff with patient contact are screened and protected in accordance with current national guidance.

## **3. DUTIES**

3.1 The Director of Human Resources has overall responsibility for this policy.

3.2 The Occupational Health Clinical Lead of Working Well has responsibility for the effective implementation of this policy and will review the policy when guidance changes or as indicated by policy review date.

3.3 Line managers are responsible for ensuring their staff comply with this policy. Where an employee cannot be protected, the manager must adjust the work in such a way as to minimise the risk to the employee, other staff or patients.

3.4 Trust staff have a duty to co-operate with the Working Well Service in the implementation of this policy and to undergo screening and immunisation as advised by Working Well. This is to ensure that all vulnerable groups, including older people, pregnant women and those with underlying health conditions, are protected wherever possible.

## 4. DEFINITIONS

4.1 Blood borne virus (BBV) – viral infection transmitted principally by blood spread and contamination. In practice this refers to Hepatitis B, Hepatitis C and HIV.

4.2 Exposure prone procedure (EPP) - procedures where injury to a healthcare worker may result in contamination of the patient's open tissues with the blood of the healthcare worker in a situation where the operator's hands are not visible at all times.

4.3 Identified validated sample (IVS) - photo identification required prior to taking a blood sample. The identification can include a passport, photo driving licence or Trust identity badge. The blood sample must be taken in Working Well by the person verifying identity and the sample must not be conveyed to the laboratory by the employee.

4.4 Exposure incident – contamination of an individual by the body fluids of another individual. This usually applies to a staff member being contaminated with a patient's body fluid but can also apply the other way round.

4.5 Healthcare Workers (HCW) – any staff member who has social or clinical contact with patients in the course of their work.

4.6 Working Well (WW) – occupational health provider for the Trusts.

## 5. CONTEXT

5.1 At appointment, all staff will be advised in writing of the Trust's policy on immunisation and screening. All staff appointed to posts with patient contact will be expected to comply with the policy unless there are clear medical contra-indications advised by Working Well.

5.2 Unless satisfactory evidence is submitted to Working Well with the New Employee Health Declaration, new staff will be asked to make an appointment with Working Well for screening and immunisation as appropriate.

5.3 Line managers will ensure that staff attend in a timely manner for screening and immunisations both at recruitment and should further immunisation assessment be required.

5.4 Line managers will check annually that their staff are up to date with required immunisations by checking the 'Manager's Report of Staff Immunity' issued by Working Well. If the staff member is not protected appropriately from any of the specific infectious diseases then the manager will encourage the staff member to attend Working Well for an immunisation assessment.

5.5 All staff who have patient contact will be required to undergo standard screening and immunisation. This includes:

- Tuberculosis (TB) – check status and immunise where indicated
- Hepatitis B immunisation and screening
- Varicella screen and immunisation where indicated
- Mumps Measles Rubella (MMR) immunisation or screen where indicated
- The offer of Hepatitis C and HIV screening.

5.6 Working Well will advise managers whether staff are protected against TB, MMR, VZ and Hepatitis B by providing a 'Manager's Report of Staff Immunity'. These reports will be sent out at recruitment and after any immunisation assessment where the staff member's immunity status has changed.

5.7 Additional health checks are required for staff new to the NHS who will be carrying out exposure prone procedures (or for existing staff moving to EPP work for the first time. Existing EPP staff who are changing jobs may be required to demonstrate freedom from infection with Hepatitis B, Hepatitis C and HIV in certain circumstances. Working Well will advise managers in this regard

5.8 Employees have the same right to medical confidentiality as any other patient. The Working Well service adheres to strict guidelines of confidentiality. In circumstances where patients may be placed at risk, some information may be passed to the Trust in the public interest. The healthcare worker will be fully involved in this process.

5.9 Employees are reminded of their professional obligations as outlined by the General Medical Council, Nursing and Midwifery Council and Health Professionals Council.  
(See Appendix 1)

5.10 Working Well will retain confidential records of screening and vaccinations securely.

5.11 Managers should keep a record of the status of their staff for infectious diseases so they can be referred to easily in the event of an instance where either contact tracing may be required or to ensure that staff caring for a patient with an infectious disease (eg Measles) are not at risk of becoming infected.

## **6. SPECIFIC DISEASES**

### **6.1 HEPATITIS A**

Immunisation against Hepatitis A is indicated for those staff who are exposed to raw sewage or higher risk samples. In practice, this is likely to apply to staff working in Estates or Laboratory Staff who can be exposed to blood or faecal samples with high levels of Hepatitis A.

### **6.2 HEPATITIS B**

6.2.1 All staff with patient or specimen contact should be vaccinated against Hepatitis B.

6.2.2 The immunisation programme consists of three doses at 0, 1 and 3 months. Antibody levels will be checked 1 - 4 months after the third dose to assess the response to vaccination. Non responders will be investigated for past infection and whether there is evidence of natural immunity; further tests for evidence of current infection will be carried out.

6.2.3 A single booster dose is required at 5 years after the primary course. A booster dose may be recommended following a potential exposure to the virus.

6.2.4 Non responders (<10mIU/ml) in whom there is no evidence of past infection, will receive a second course of vaccine and retesting.

6.2.5 Weak responders (between 10mIU/ml and 100mIU/ml) to the vaccine will receive an immediate booster dose after the blood test followed by the 5 year booster.

6.2.6 Approximately 10% of the population do not produce an antibody response to Hepatitis B vaccine. Having excluded previous infection, such individuals will be advised to ensure they seek prompt advice in the event of a contamination injury so that Hepatitis B immunoglobulin can be administered if indicated.

6.2.7 Staff found to be infected with Hepatitis B will be referred for appropriate investigation and treatment. The WW Service will advise the Trust about necessary work restrictions and the Trust will explore temporary or permanent job modification, redeployment or retraining as appropriate.

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

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

(See Appendix 1)

### ***Staff participating in Exposure Prone Procedures***

6.2.10 Non responders to Hepatitis B vaccination and who are undertaking exposure prone procedures will be required to have an annual blood test on an identified, validated sample to ensure they have not contracted Hepatitis B.

6.2.11 Healthcare workers participating in EPP must undergo testing for Hepatitis B surface antigen (HBSAg) on an identified validated sample. Alternatively, adequate documentary evidence of previous testing will be accepted as long as this meets the testing standard laid down by Department of Health in HSC 2002/101.

6.2.12 Those who are HBSAg negative are fit to undertake EPP.

6.2.13 Those who are HBSAg positive should undergo further tests to assess infectivity.

6.2.14 Staff found to be Hepatitis B e Antigen positive, are not fit to undertake EPP.

6.2.15 Those with a viral load that does not exceed 103 genome equivalents per ml may undertake EPP subject to annual assays. Fitness will be withdrawn permanently if the levels rise above 103 genome equivalents per ml.

6.2.16 Hepatitis B infected healthcare workers with a viral load in excess of 103 genome equivalents per ml will be restricted from EPP. They may be allowed to return to EPP following a course of successful treatment that stably reduces their viral load to less than 103 genome equivalents per ml but must then undergo long term monitoring by Working Well and will be restricted from EPP if their viral load rises above 103 genome equivalents per ml once again.

6.2.17 Any healthcare worker who is associated with the transmission of Hepatitis B to a patient must cease EPP regardless of their viral load.

6.2.18 Staff found to be infected with Hepatitis B will be referred for appropriate investigation and treatment. Working Well will advise the Trust about necessary work restrictions and the Trust should explore temporary or permanent job modification, redeployment or retraining as appropriate.

6.2.19 HCWs who refuse to comply with testing will be considered unfit for EPP.

6.2.20 In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Trust policy on this subject. Any HCW involved in an exposure incident will be allowed to continue EPP work and would only be considered unfit if blood tests showed seroconversion.

### **6.3 HEPATITIS C**

6.3.1 There is no vaccine to protect staff against Hepatitis C.

6.3.2 Staff who are new to the NHS will be offered testing for Hepatitis C. Refusal of testing or a positive result will not impact upon that individual's employment if they are not undertaking EPP.

6.3.3 All staff are reminded of their professional obligations to protect the health of patients and to seek expert advice if they think they may be infected with or have placed themselves at risk of a blood borne virus. (See Appendix 1).

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

6.3.5 All new staff are reminded of their professional obligations to protect the health of patients and to seek expert advice if they think they may be infected with or have placed themselves at risk of a blood borne virus.  
(See Appendix 1)

#### ***Staff participating in Exposure Prone Procedures***

6.3.6 Staff who are new to the NHS and undertaking EPP will be offered testing for Hepatitis C. Refusal of testing or a positive result will not impact upon that individual's employment if they are not undertaking EPP.

6.3.7 Existing staff who are undertaking EPP for the first time, commencing a training programme that involves EPP or who have done so elsewhere since 2002, must be tested for Hepatitis C. Testing must be carried out on identified, validated samples.

6.3.8 Where EPP staff are found to be infected with a blood borne virus, further advice should be sought from UK Advisory Panel on Blood Borne Viruses (UKAP).

6.3.9 If Hepatitis C antibody is positive, testing for Hepatitis C RNA will be carried out. Staff who are Hepatitis C RNA positive will be considered unfit to undertake EPP.

6.3.10 Previous test results will be accepted if undertaken in a UK laboratory on an IVS.

6.3.11 An infected HCW who is successfully treated for Hepatitis C can return to EPP work if they remain PCR negative at 6 months post completion of successful treatment and undergo further testing at one year.

6.3.12 HCWs who refuse to comply with testing will be considered unfit for EPP.

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

6.3.14 Where EPP staff are found to be infected with Hepatitis C, further advice should be sought from UK Advisory Panel on Blood Borne Viruses (UKAP).

6.3.15 In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Trust policy on this subject. Any HCW involved in an exposure incident will be allowed to continue EPP work and would only be considered unfit if blood tests showed seroconversion.

## **6.4 HIV**

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

6.4.2 At appointment, all new staff will be offered HIV testing. Refusal of testing will not affect the individual's employment providing they do not participate in EPP. A positive result may require some modification in duties.

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

6.4.4 Staff members infected with HIV have the same rights to medical confidentiality as other patients. No information will normally be disclosed to the Trust without consent. In situations where patients have been or are at risk, it may be necessary for Working Well to disclose some confidential information in the public interest but the staff member will be fully involved with this.

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

(See Appendix 1)

### ***Staff participating in Exposure Prone Procedures***



6.4.6 Staff who are new to the NHS and undertaking EPP will be required to be tested for HIV.

6.4.7 Existing staff who are undertaking EPP for the first time, commencing a training programme that involves EPP or who have done so elsewhere since 2007, must be tested for HIV. Testing must be carried out on identified, validated samples. Previous test results will be accepted if undertaken in a UK laboratory on an IVS.

6.3.8 Where EPP staff are found to be infected with a blood borne virus, further advice should be sought from UK Advisory Panel on Blood Borne Viruses (UKAP).

6.4.9 HCWs who refuse to comply with testing will be considered unfit for EPP.

6.4.10 In the event of an exposure incident, HCW must report their injury and follow the detailed guidance in the Trust policy on this subject. Any HCW involved in an exposure incident will be allowed to continue EPP work and would only be considered unfit if blood tests showed seroconversion.

## **6.5 TUBERCULOSIS**

6.5.1 All staff who have patient contact should be screened for tuberculosis on appointment. Staff working with vulnerable or immunocompromised patients, eg oncology, paediatrics, renal unit should be screened before they take up clinical duties.

6.5.2 All staff who have patient or specimen contact may be at risk of tuberculosis and should be protected.

6.5.3 Screening for tuberculosis may include a history, examination for characteristic BCG scar, skin test and chest x-ray or blood test.

6.5.4 For new employees with patient contact who have not lived or visited an endemic area, and do not have evidence of a BCG scar, a skin test will be carried out. Those found to be susceptible will be offered BCG vaccination regardless of age.

6.5.5 Those who have a strongly positive skin test or symptoms suggestive of TB will undergo chest x-ray and IGRA (blood) testing. They may be referred to the Consultant Respiratory Physician for consideration of further investigation or treatment, if appropriate.

6.5.6 Staff who are new to the NHS and have spent time in a country where TB is endemic as defined by the World Health Organisation, will be screened by blood test. Individuals with positive results will undergo further investigation and referral to the Consultant Respiratory Physician. BCG vaccination will be offered where there is no evidence of previous vaccination and IGRA is negative.

6.5.7 Immuno-compromised staff are at increased risk of contracting TB and should not work with patients known to have open TB.

6.5.8 In the event of a case of open TB, contact tracing amongst exposed staff will be undertaken in conjunction with Infection Control.

## **6.6 VARICELLA**

6.6.1 Varicella zoster can cause severe infections in adults and in the immunocompromised.

6.6.2 At appointment staff with clinical or social contact with patients will be screened for immunity to varicella.

6.6.3 A good history of chicken pox or shingles will be accepted as evidence of immunity in staff brought up in this country.

6.6.4 Staff who do not have a clear history or were brought up abroad will be tested for varicella antibodies and vaccinated if found to be susceptible.

6.6.5 Post vaccination serological testing is indicated in those working in high risk areas such as maternity, paediatrics and oncology.

6.6.6 Screening may also be carried out for existing staff particularly in high risk areas to ensure compliance with the policy.

6.6.7 Contact tracing will be carried out of staff exposed to chicken pox in conjunction with infection control.

## **6.7 MEASLES, MUMPS AND RUBELLA**

6.7.1 Measles can cause severe infections in both children and adults, but particularly in very sick or immunocompromised patients, pregnant women and young children. Although the incidence has declined over the last two decades with the advent of immunisation, outbreaks do occur.

6.7.2 Mumps outbreaks continue to occur and can cause significant complications in adults.

6.7.3 Rubella infection during the first trimester of pregnancy causes congenital rubella syndrome in the infant.

6.7.4 All staff who have clinical or social contact with patients should be protected from these three infections in order to protect their own health and that of their patients. Healthcare workers will be immunised with 2 doses of MMR vaccine unless they can provide documentary evidence of previous vaccination or have documentary evidence of immunity. MMR vaccine is a combined vaccine and single vaccines to the individual diseases are not available on the NHS. There is no contraindication to receiving MMR to achieve immunity against one disease component when an individual is already immune to the other infections.

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

## **6.8 INFLUENZA**

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

6.8.2 Working Well will work with the Trust to ensure all staff are offered an annual influenza immunisation.

## **6.9 OTHER INFECTIOUS DISEASES**

6.9.1 In the event of a case of some specific infections, contact tracing amongst exposed staff who work with high risk patients, maybe required and undertaken in conjunction with Infection Control. This could include diseases such as:

- Pertussis (Whooping Cough)
- Meningitis
- Parvovirus

Other infectious diseases may be added on a case by case basis.

## **7. LABORATORY/PATHOLOGY STAFF**

7.1 Staff working directly with pathogens or with specimens that are potentially infected are at risk of infection with a wider range of pathogens.

7.2 The standard vaccination programme as outlined above will apply to all staff working in the laboratory including the administrative, cleaning and porter staff.

7.3 In addition, they will be immunised against diphtheria and post immunisation screening will be carried out. Working Well will ensure that they are immune to polio and tetanus and they will be offered typhoid vaccination. If the nature of the work in the laboratory changes, further risk assessment may indicate the need for additional vaccination. (See GHNHSFT Policy for Laboratory Staff Immunisation)

## **8 NON SUBSTANTIVE STAFF**

8.1 Agency workers/Locum doctors: The Trust requires any staff undertaking work on behalf of the Trust to comply with the vaccination and screening standards outlined in this document. Those in the Trust responsible for agency contracts will ensure that the organisations they are contracting with comply with Department of Health guidance and the standards in the Trust policy.

8.2 Volunteers: Most volunteers have very limited patient contact and it would be most unlikely that volunteers would attend to very sick or vulnerable patients. Volunteers should ensure that their routine vaccinations are up to date with their GP. Line managers will ensure that volunteers are not deployed to help with infectious cases and information will be provided for volunteers. Individual cases may require additional risk assessment.

8.3 Honorary contractors will be expected to comply with the standards of the Trust.

8.4 All students undertaking placements will be expected to comply with the standards of the Trust and the Trust should seek assurance that the medical schools operate the same standards. The Trust has the right to refuse students who do not comply with Trust standards unless there is a medical reason for non-compliance.

8.5 Contractors. Staff delivering care to patients on behalf of the Trust will be expected to meet the Trust standards. The Trust will ensure that external organisations operate to these standards and either utilise their own occupational health provision or seek the services of Working Well to achieve this.

## **9. MEDICAL SUSPENSION TO PREVENT SPREAD OF INFECTION**

9.1 For the purposes of preventing the spread of infection, healthcare workers may be medically suspended on “special leave” for a period of time on the advice of Working Well. This leave will not be considered as ‘sick leave’ for the purposes of calculation of sick pay entitlement and the individual will be entitled to their usual salary and allowances. However, in the event that a healthcare worker has failed to comply with the Trust Immunisation and Screening Policy without reasonable cause, the manager may consider withholding salary or entitlements during a period of medical suspension.

## **10. NON-COMPLIANCE WITH THE POLICY**

10.1 Any staff member who unreasonably refuses to cooperate with the requirements of the policy will be considered unprotected against infection which may affect areas of deployment and, in some cases, their continued employment.

## **11. MONITORING**

11.1 To ensure compliance with this guidance, an audit of the Staff Screening and Immunisation Policy will be undertaken every three years, commissioned by the Director of HR and OD. This will involve selection of a sample of records/documents to be checked against relevant criteria from the policy.

11.2 The outcomes of this audit (which may be in the form of exception reporting) will be presented in report format to the Committee responsible for the development and monitoring of any identified actions within the scope of the audit.

11.3 The audit report should contain the following:

- Scope
- Period covered
- Findings
- Recommendations/Action Plans

11.4 Audits of the immunisation status of existing staff will be undertaken intermittently and as demanded by Department of Health directives.

## 12. TRAINING

12.1 Working Well staff will be appropriately trained to screen and deliver immunisations as directed in the policy.

12.2 Employees new to the Trust will be informed of the requirements of the policy by Recruitment using WWR-005H and WWR-006.

12.3 Employees new to the Trust will be informed of the policy by their Managers at Local Induction.

Existing staff will be reminded at mandatory infection control updates.

## 13. REVIEW DUE

September 2019

## BIBLIOGRAPHY

1. The Management of *HIV-infected health care workers who perform exposure prone procedures: updated guidance, January 2014*  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/333018/Management\\_of\\_HIV\\_infected\\_Healthcare\\_Workers\\_guidance\\_January\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333018/Management_of_HIV_infected_Healthcare_Workers_guidance_January_2014.pdf)
2. Department of Health *Immunisation against Infectious Diseases (The Green Book)*  
Available at  
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
3. NICE guidelines for the management of Tuberculosis  
<https://www.nice.org.uk/guidance/ng33/resources/tuberculosis-prevention-diagnosis-management-and-service-organisation-1837390683589>
4. EAGA guidance on HIV post-exposure prophylaxis  
<https://www.gov.uk/government/publications/eaga-guidance-on-hiv-post-exposure-prophylaxis>
5. The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance, January 2014  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/333018/Management\\_of\\_HIV\\_infected\\_Healthcare\\_Workers\\_guidance\\_January\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333018/Management_of_HIV_infected_Healthcare_Workers_guidance_January_2014.pdf)
6. GHNHSFT Microbiology Laboratory Staff Immunisation Policy 2007
7. Biological agents: Managing The Risks in laboratories and health care premises  
<http://www.hse.gov.uk/biosafety/biologagents.pdf>
8. National Minimum Standards for Immunisation Training  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/362171/National\\_Immun\\_Train\\_Stand1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362171/National_Immun_Train_Stand1.pdf)

## APPENDIX 1

### 1. Extract from General Medical Council: Good Medical Practice: Domain 2 Safety and Quality 2013

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice/your\\_health.asp](http://www.gmc-uk.org/guidance/good_medical_practice/your_health.asp)

#### **'Protect patients and colleagues from any risk posed by your health'**

28. If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.

29. You should be immunised against common serious communicable diseases (unless otherwise contraindicated).

30. You should be registered with a general practitioner outside your family.'

### 2. Extract from Nursing and Midwifery Council Guidance

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

'19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.4 Take *all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.*'

### 3. Extract from Health Professional Council: Standards of conduct, performance and ethics

<http://www.hcpc-uk.org/assets/documents/10004EDFStandardsOfconduct,performanceandethics.pdf>

#### **'6 Manage risk**

##### **Identify and minimise risk**

6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible. '

**4. Extract from Public Health England: The national flu immunisation programme 2016/17  
26<sup>th</sup> May 2016**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/529954/Annual\\_flu\\_letter\\_2016\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529954/Annual_flu_letter_2016_2017.pdf)

**'Healthcare workers**

Healthcare worker vaccination is an essential part of the overall infection prevention and control arrangements in any health and social care setting. Frontline health and social care workers also have a duty of care to protect their patients and service users from infection'