

Vaccinations Guidance

What do we need to know?

There is the possibility that some members of staff may come in to contact with viruses or bacteria, during the course of their work, that have the potential to cause infection or illness. These include blood borne viruses such as the Hepatitis viruses and Human Immunodeficiency Virus (HIV). Bacterial infections such as tetanus are also a concern. Certain staff may also be at greater risk of contracting other 'community based' infections, such as flu, because of the nature of their work.

Some of these infections, including HIV, cannot be immunised against. Others, such as tetanus, should be given routinely as part of your general immunisations.

Is there legislation or guidance on when vaccinations should be given in work?

There is no specific legislation; however the general principles of the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 do apply.

The Control of Substances Hazardous to Health (COSHH) Regulations require employers to protect employees at work from biological agents and communicable diseases but do not specifically require vaccination.

The HSE's guidance document 'Blood Borne Viruses in the Workplace' that states immunisations can be used as a control measure if the risk warrants it, but it should only be seen as a supplement to reinforce other risk control measures.

The Department of Health 'Green Book' includes sections on immunisations for occupational groups that may be at risk whilst at work. This guidance refers to the need to assess the risks to occupational groups and only immunise where absolutely needed.

What is CCBC policy?

It is CCBC policy not to vaccinate staff except in exceptional circumstances, as the risk should be mitigated by other control measures such as safe handling practices and appropriate PPE. The table below sets out under what circumstances CCBC will and will not vaccinate staff for the most commonly requested vaccinations.

Why are we not vaccinating staff?

The first control measure in any circumstance must be to avoid exposure to the infection. Vaccinations are not 100% effective so the only way to make absolutely sure that you are not infected is to not be exposed in the first place. Safe handling techniques, good personal hygiene, adherence to PPE and following advice from risk assessments are all suitable control measures to prevent the majority of people from coming into contact with infections.

Injection of any vaccination has potential risk and side effects and so should not be given unnecessarily.

Some of the more serious diseases cannot be immunised against, therefore stringent, risk-assessed control measures must be in place to prevent staff coming in to contact with these

diseases, e.g. HIV. The control measures put in place to prevent contact with these diseases which cannot be immunised against will also be sufficient in most cases to protect against other possible infections.

Some diseases, such as hepatitis B, can be immunised against retrospectively (after a possible exposure). Immunisation in this way is equally as effective as vaccination before exposure. In immunising post possible-exposure you avoid the possibility of side effects from having an unnecessary vaccination.

What do we need to do?

In all cases where it is suspected that pre-exposure vaccination might be required (see table below), a risk assessment will be carried out to determine whether that employee is at high risk of contracting the virus before it will be provided. The risk assessment will take in to consideration the type of work that the individual is undertaking and the likelihood of exposure to the virus from their work, based on the guidance in this document and the other guidance documents mentioned above. Where that risk is considered to be sufficiently high, vaccination will be offered.

For other occupational groups, where the risk of exposure is not high, good working and hygiene practices, combined with post-exposure immunisation (where available) should an incident occur, is a more appropriate option. Guidance on how to prevent needlestick injuries and handle hypodermic needles safely can be obtained from the Health and Safety Division via the Health and Safety Portal (see below – further sources of information).

Following an incident in which an employee may have been exposed (e.g. a needlestick injury), that employee must inform their line manager immediately, be instructed to attend accident and emergency and follow the advice of the medical professionals there. Occupational Health should also be contacted for advice. This applies whether or not the person has been vaccinated against the disease of concern.

What if I want to have a particular vaccination but CCBC will not provide it?

You will need to speak to your GP. Some vaccinations, such as Tetanus, should be given as part of your routine vaccination programme. Others, such as Hepatitis A, many people will have had when they travelled abroad.

Most GPs will provide vaccinations such as Hepatitis B, however they will often have to be paid for. CCBC will not reimburse the cost of privately obtained vaccinations.

Contacts

In the event of you needing advice/further information on the issue of vaccination please contact Occupational Health on 01443 863117 or the Health and Safety Division on 01443 864901

Further Sources of Information

- Guidance Sheet 038: Needlestick Injuries – Minimising the risk of injury and infection
- Generic Risk Assessment for Handling Hypodermic Needles
- <http://www.hse.gov.uk/biosafety/blood-borne-viruses/hepatitis-b-vaccination.htm>
- <https://www.wp.dh.gov.uk/immunisation/files/2012/07/Green-Book-original-2006.pdf>
- <http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>

Disease	Vaccination Exists?	Routinely offered by CCBC?	Notes	Exceptions
Flu	Yes	Yes	The seasonal flu vaccine may be offered to staff identified as being in an 'at risk' group by CCBC. The decision about whether and who to vaccinate will be made annually based on appropriate medical advice.	N/A
HIV	No	N/A	No vaccine available. Risk should be managed by appropriate working practices and PPE.	N/A
Hepatitis A	Yes	No	Very unlikely that staff will come in to contact with infected material. Risk should be managed by appropriate working practices and PPE.	<i>Following an outbreak, based on a risk assessment, for people in the 'at risk groups' (based on the Department of Health 'Green Book').</i>
Hepatitis B	Yes	No	Very unlikely that staff will come in to contact with infected material. Risk should usually be managed by appropriate working practices and PPE. Post possible-exposure immunisation is equally effective.	Based on a risk assessment, for people in the 'at risk groups' (based on the Department of Health 'Green Book') and where there is a known risk.
Hepatitis C	No	N/A	No vaccine available. Risk should be managed by appropriate working practices and PPE.	N/A
Hepatitis D	No	N/A	No vaccine available. Risk should be managed by appropriate working practices and PPE. Only people who have Hepatitis B can contract Hepatitis D.	N/A
TB	Yes	No	<p>Many people will have had the BCG vaccination at school (vaccination programme stopped in 2005).</p> <p>BCG vaccine is not very effective in people over 16 and there is virtually no evidence that it is effective in people over 35.</p> <p>Because of its lack of effectiveness in people over 16 immunisation is only recommended for people in very specific at risk groups.</p>	Based on a risk assessment, for people in the 'at risk groups' (based on the Department of Health 'Green Book') and where there is a very high risk.
Tetanus	Yes	No	Part of routine vaccination schedule	N/A