

Policy on the Provision of Vaccination for Staff and Students on Non Clinical Projects or Training

1. Introduction

The University acknowledges that some of its staff and students may potentially be exposed to the infectious materials a consequence of their work activities. Good working practices should minimise the risk of occupationally acquired infection, but these should be supplemented by an appropriate immunisation policy.

The following document provides guidance for provision of immunisation for workers who come into contact with blood, blood products or blood stained biofluids, faeces, tissues and primary cell lines of human or primate origin, or actively undertake research with organisms known to cause infection in humans in the course of their work. Biofluids include: serum, plasma, breast milk, semen, vaginal and cervical secretions, urine, saliva, tears, peritoneal fluid, pleural fluid, sputum, pericardial fluid, synovial fluid, amniotic fluid and cerebrospinal fluid.

Clinical personnel who have contracts with the University and NHS Hospitals and Medical Students will need to comply with the clinical practice requirements of the relevant hospital trust.

2. Legal framework

The Health and Safety at Work Act 1974 (HSWA), requires employers to protect, so far as reasonably practicable, those at work and others who may be affected by their work activity, such as contractors, visitors and patients. Central to health and safety legislation is the need for employers to assess the risks to staff and others.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH), to bring into effect measures necessary to protect workers and others who may be exposed from those risks, as far as is reasonably practicable.

COSHH requires that if the risk assessment shows there to be a risk of exposure to biological agents for which effective vaccines exist, then these should be offered if the employee is not already immune.

When making an offer of vaccination the manager must ensure that the individual is aware of the nature of the hazards and the risk, the pros and cons of vaccination and why the offer is being made. Where the individual declines vaccination then this should be recorded and the individual asked to sign that they have received the offer and understand the potential consequences.

Where individuals decline the offer of vaccination, or else do not respond to a vaccine the risk assessment should be reviewed to determine the likelihood of infection for that particular individual carrying out the work that could result in

exposure. If existing controls are not thought to be adequate then adjustments to work should be made to allow them to work safely. This might include the provision of extra PPE. Immunisation should only be seen as a useful supplement to reinforce physical and procedural control measures, not the sole protective measure.

3. Pre-employment health assessment and risk assessment

All new employees/research workers should undergo a pre-employment health assessment which should include a review of immunisation needs.

The risk assessment required by COSHH regulations which must have been undertaken for the procedure/area should indicate which pathogens staff are exposed to in their workplace and then consider the likelihood of such exposure occurring. Staff considered to be at risk of exposure to pathogens should be offered routine pre-exposure immunisation as appropriate.

Staff not considered to be at risk will not routinely be offered immunisation as this is not a reasonably practicable measure, though post-exposure prophylaxis may occasionally be required and advice is available via Occupational Health. Should it be required, post-exposure prophylaxis will be provided by the hospital Accident and Emergency Department.

4. Immunisation for specific organisms

Staff handling or conducting research on potentially infectious material and/or specific pathogens may have a level of exposure sufficient to justify vaccination. The following vaccines are recommended for those that work with the relevant organism and should be considered for those working with related organisms or with samples with a high risk of infection with the organism:

- Anthrax
- Diphtheria*
- Hepatitis A
- Hepatitis B [see below]
- Japanese encephalitis
- Cholera
- Influenza
- meningococcal ACW135Y / neisseria meningitidis
- Mycobacterium bovis & tuberculosis [BCG vaccine] *
- Measles*
- Mumps*
- Rubella*
- Smallpox
- Tick-borne encephalitis
- Polio*
- Tetanus*
- Typhoid [salmonella typhi]
- Varicella*
- Yellow fever

Items with * indicates immunisations routinely administered within the UK and where confirmation of immunity by medical practitioner may be adequate.

5. Control measures for preventing laboratory acquired infection

Immunisation must never be regarded as a substitute for good laboratory practice, although it provides additional protection. The most effective method for preventing laboratory-acquired infections is by adoption of safe working practices. These should include:

- Handling material from human /primate origin in designated and clearly defined areas of the laboratory.
- Avoidance or containment of aerosol formation.
- Avoiding use of sharps or glassware in the process.
- Where blades have to be used adoption of safe working practices [use of forceps, disposable blade units, blunt scissors, cut resistant glove liners]
- Correct disposal of sharps where use cannot be avoided.
- Defined storage locations and clear labelling of containers as to nature of hazard. This is particularly important in multi use storage facilities.
- Appropriate decontamination and disposal procedures.
- Training, competency and appropriate supervision of workers.
- Provision and use of personal protective equipment [lab coat, gloves and eye protection] **and** immunisation.

6. Hepatitis B vaccination referral policy.

Unless there are medical reasons to the contrary, the University will normally require evidence of immunity to Hepatitis B prior to work commencing for :

High Risk Workers working directly with purified HBV or handling blood, biofluids and tissues from donors with known HBV infection, or from sample populations with increased risk of infection (e.g. intravenous drug users, donors from certain geographical locations where HBV is endemic).

The following **moderate risk workers** are strongly encouraged to have Hep B vaccination.

- Individuals who have direct contact with material of human /primate origin including primary tissue cultures not known or suspected of being infected with HBV, working in accordance with the safe system of work outlined above.
- Individuals working directly with patients on placements in healthcare or veterinary setting which might involve contact with blood/body fluids.
- Certain ancillary workers who handle clinical or other waste where there is a significant likelihood of exposure to injury with contaminated sharps.
- Other situations where the risk assessment has identified this as a *reasonably practicable measure*.

Staff who **do not** have direct contact with human material, but who may work in a laboratory which has a designated area where it is handled by others employing the aforementioned control strategies, will **not be** routinely offered vaccination as the risk of exposure is so low that this would not be considered a reasonably practicable measure.

7. Referral for Vaccination

Where it has been determined that an individual needs to be referred to OH for vaccination this must be done by the line manager or School/Divisional Safety Officer using the [vaccination referral form](#). This may be at the start of their employment in which case it should form part of the pre-employment health screening process. Alternatively it may arise during employment due changes in the nature of the work being undertaken.

When completing the form the referring manager should indicate which vaccinations are required.

For high risk work a copy of the procedural risk assessment should also be provided to OH. OH will be responsible for administering the vaccination programme and will keep a register of individuals that have been immunised and arrange blood tests to determine immunity status. OH will also be responsible for informing individuals and their line manager of their immune status, and for informing line managers of any non-attendance by individuals.