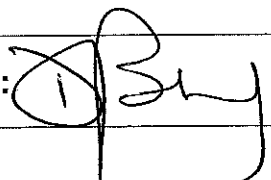
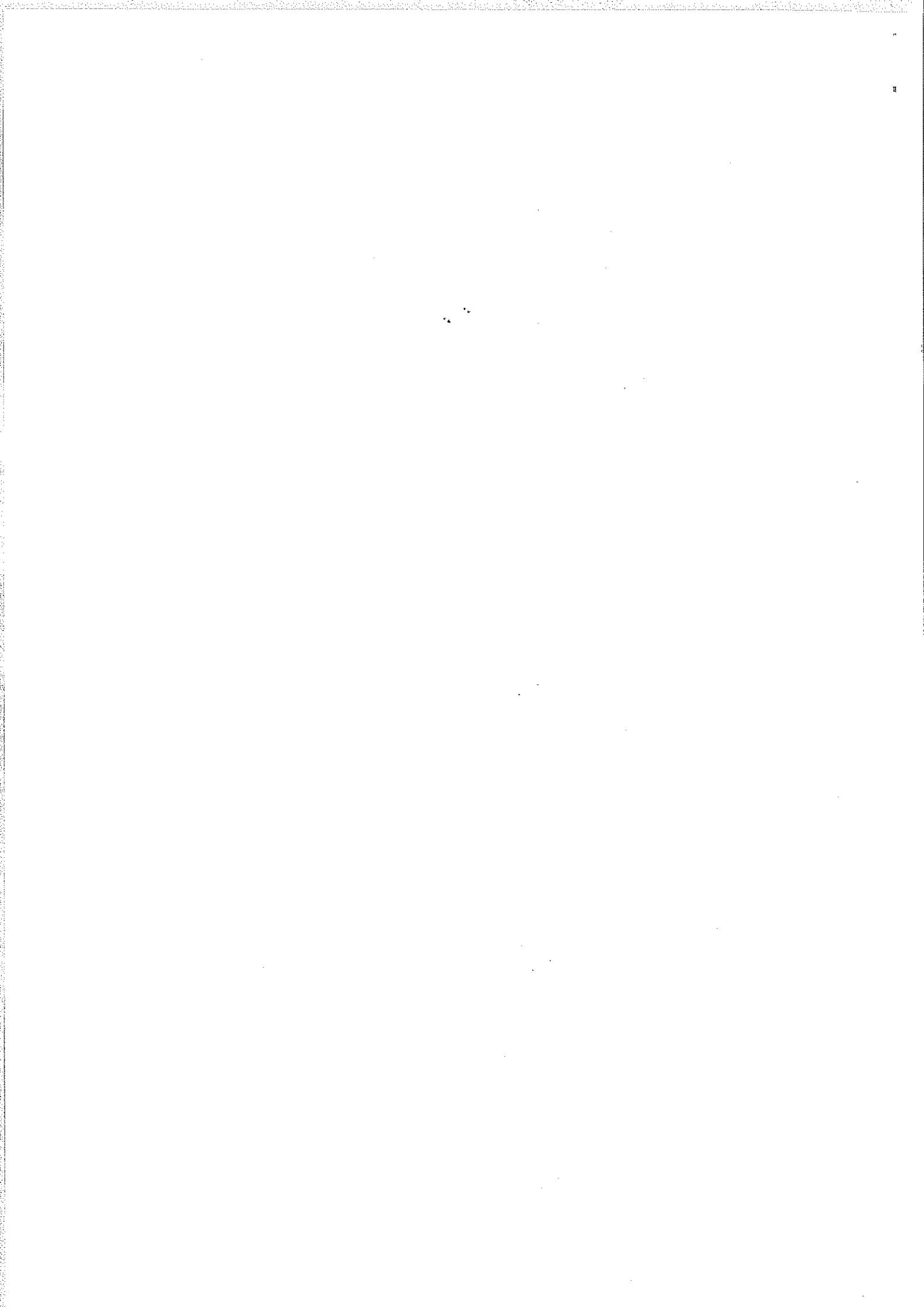


UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
Board of Directors
25 April 2013

Title:	APPROVAL OF POLICIES
Presented by:	David Burbridge, Director of Corporate Affairs
Contact:	Lynda Steele, Head of Corporate Risk and Compliance Ext 13655
Purpose:	To seek Board of Directors approval of the changes to the following policies: Health and Safety Policy Immunisation Policy
Confidentiality Level & Reason:	None
Annual Plan Ref:	None
Key Issues Summary:	The documents listed above have been reviewed and amended in line with the Policy for the Development and Management of Controlled Documents, the Board of Directors' approval of the above policies is sought.
Recommendations:	The Board is asked to consider and if thought fit, approve the amendments to: Health and Safety Policy (revised) Immunisation Policy (revised)
Signed: 	Date: 16th April 2013



UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

Board of Directors

25 April 2013

APPROVAL OF POLICIES

PRESENTED BY THE DIRECTOR OF CORPORATE AFFAIRS

1. Health and Safety Policy

1.1 The Health & Safety Policy has been previously approved by BOD (December 2010). However, the policy has since passed its review date and some minor changes have been necessitated by the organisational restructure.

1.2 The new version incorporates the following changes:

1.2.1 The duties section of the policy was reviewed to ensure that it is reflective of the current organisational structure. The Board of Directors has been removed from the duties section of the policy. Divisional Directors of Operations have been included within the Executive Director section.

1.2.2 Where there has been in a change in job titles, all references have been updated accordingly.

1.3 The revised policy has undergone stakeholder consultation, including the Health & Safety Committee and has also been reviewed by the Policy Review Group.

2. Immunisation Policy

2.1 The Immunisation Policy has been previously approved by CEAG (July 2010). However, the policy has since passed its review date and some minor changes have been identified as necessary, including the following:

2.1.1 The wording of the 'Scope' section within the policy has been changed to reflect the standard Trust wording which includes *'all individuals employed by the Trust including contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts'*.

2.1.2 The wording of the 'Framework' section of the policy has been amended to render it clearer (e.g. 'staff working in a health care setting' has been replaced with 'staff working in a clinical environment'). It further mentions the necessary checks related to staff who are not directly employed by the Trust and those staff who are new to Exposure Prone Practices.

- a) Any member of staff who is not directly employed by the Trust (e.g. visiting clinicians, specialist registrars, medical and nursing students and student AHPs, whose Occupational Health is provided externally) have to report to OHD in order that OHD can obtain evidence of their immunity status to hepatitis B, Tuberculosis, Rubella (German Measles), Measles and Varicella (Chickenpox) prior to their commencement.
- b) Staff, who entered a training post involving Exposure Prone Practices, or were new entrants to the NHS involved in EPP work post March 2007, are required to demonstrate to OHD their non carrier status to HIV. This requirement must be included in any service level agreements with Universities and Medical/Nursing/AHP/agencies that supply staff to the Trust.
- c) The importance of the Trust immunisation programme will be stressed at Trust Induction and by managers during local induction.

2.2 All changes have been endorsed by the Policy Review Group.

3. **Recommendations**

The Board of Directors is asked to consider, and if thought fit, approve the amendments to:

Health and Safety Policy
Immunisation Policy

David Burbridge
Director of Corporate Affairs

Health and Safety Policy

CATEGORY:	Policy
CLASSIFICATION:	Health and Safety and Legal (Reserved Policy)
PURPOSE	Policy covering scope and responsibilities for Health and Safety in UHB NHS Foundation Trust.
Controlled Document Number:	193
Version Number:	5
Controlled Document Sponsor:	Director of Corporate Affairs
Controlled Document Lead:	Health and Safety Advisers
Approved By:	CEAG
On:	
Review Date:	April 2016
Distribution:	
<ul style="list-style-type: none"> • Essential Reading for: • Information for: 	<p>All Managers</p> <p>All Staff</p>

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1. Policy Statement

- 1.1 University Hospitals Birmingham NHS Foundation Trust's (Trust) policy is to plan for, and safeguard, the health, safety, and welfare of all patients and everyone who works at, or visits, its hospitals and other places of work and who is likely to be affected by its activities, in line with section 2(3) of the Health and Safety at Work etc. Act 1974.
- 1.2 The aim of this policy is to reduce the number of Health and Safety incidents which have a potential to be serious to an absolute minimum and progressively reduce work-related accidents and illnesses to the lowest levels, thereby reducing human and financial losses, improving the quality of patient care delivered, and improving the Trust's effectiveness. The Trust will ensure:
 - 1.2.1 Appropriate arrangements are in place for liaison with other employers that share and/or work on shared premises:
 - a) University of Birmingham;
 - b) Royal Centre for Defence Medicine;
 - c) Balfour Beatty Workplace (BBW); and
 - d) Consort.
 - 1.2.2 It complies with statutory requirements, and
 - 1.2.3 It continues to develop a culture that recognises the importance of Health and Safety.
- 1.3 The Trust will do all it reasonably can to:
 - 1.3.1 Protect patients, visitors and staff from risks at work through effective risk assessment and implementation of appropriate preventive or protective measures;
 - 1.3.2 Ensure that Trust accommodation, equipment, facilities, materials, substances, transport and working practices are safe and without undue risk to health;
 - 1.3.3 Make patients, visitors and staff aware of potential hazards, safe working practices and arrangements for emergencies;
 - 1.3.4 Provide staff, patients and visitors, where appropriate, with personal protective equipment, together with information and guidance regarding its use;
 - 1.3.5 Help employees to meet their legal duty of care, by involving them, and encouraging their co-operation, in the management of their own health and safety, through appropriate information and training;
 - 1.3.6 Consult staff on matters affecting their health, safety, and welfare at work, and nurture a spirit of collaboration among them, their trades unions/professional bodies and Safety Representatives; and
 - 1.3.7 Provide support to managers to assist them to continuously improve and maintain a consistently high standard of health and safety management in their areas of responsibility.

2. Scope

- 2.1 This policy applies to all areas of the Trust and all individuals employed by the Trust including contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts.
- 2.2 It applies to all premises where the Trust provides services and to all Trust employees working within other organisations.

3. Framework

This policy sets out the broad framework for ensuring Health and Safety within the Trust. Detailed requirements and procedures are contained in several other policies, procedures and guidelines, the key ones of which are set out in Section 8: Associated Policy and Procedural Documentation. Trust-wide procedural documents shall be approved by the Trust Health, Safety & Environment Committee. Local procedural documents (i.e. documents applicable to specific departments or areas) shall be approved by the manager of the area/department concerned.

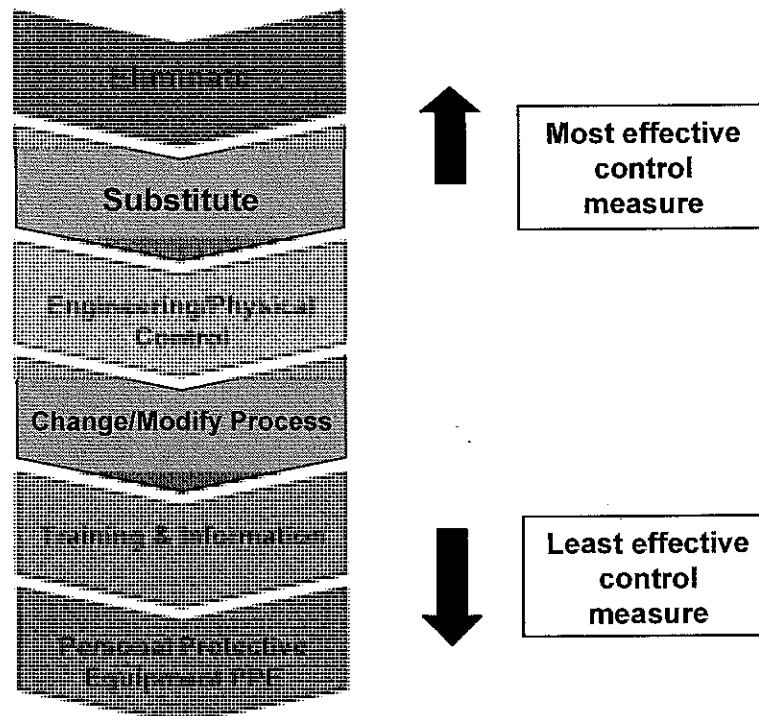
3.1 Definitions

In this policy:

- 3.1.1 Nominated Manager means the post holder identified by the Divisional Director of Operations or, for corporate departments, the relevant Executive Director, as having responsibility for carrying out the duties set out in Section 4 of this policy for a particular ward, department or service (details of Nominated Managers shall be notified to the Health & Safety Team). Unless notified otherwise, the Nominated Manager for a ward shall be the Senior Sister for that ward.
- 3.1.2 Risk Assessors/Link Workers means appropriately trained employees identified (and notified by email to the Health and Safety Team) by the relevant Nominated Manager, to assist the Nominated Manager with carrying out their duties;
- 3.1.3 Safety Representatives means employees appointed either by unions or professional bodies, or at the request of staff in the relevant area/department to represent the staff in consultation with management on any general or specific matters affecting their health, safety and welfare.
- 3.1.4 Health Assessment means an assessment of an individuals' capacity to undertake the physical and emotional demands of a specified job role. This includes identifying any 'reasonable adjustments' that may be required for individuals' with disabilities and/or any temporary restrictions that may be required pending further interventions/investigations.

3.2 Risk Assessments

- 3.2.1 Health and Safety risk assessments for all activities and areas of the Trust must be undertaken by management. Those assessments must be reviewed if the activity, equipment, substance or location changes; new assessments must be done if the risk changes as a result. All assessments must be reviewed by the Nominated Manager at least annually in any event. Risk assessment pro formas are available on the Trust Intranet.
- 3.2.2 Where risks are identified, appropriate measures must be put in place by management to reduce the risk to an acceptable level or eliminate the risk. All risk assessments must take into account staff abilities and disabilities. Appropriate measures should follow the HSEs hierarchy of control:



- 3.2.3 Where the risk cannot be reduced to an acceptable level, the appropriate Director or Director of Operations must consider whether it is appropriate to continue the activity. This should be done with reference to the Procedure for the Assessment of Risks and the Management of Risk Registers.

3.3 Plant and Equipment

- 3.3.1 The Trust shall ensure that all plant and equipment for which it is responsible that requires maintenance is identified, that the maintenance is done and that new or second-hand plant and equipment meets health and safety standards before purchase. For medical equipment this is to be in accordance with the Policy and Procedure for the Management of Medical Devices.
- 3.3.2 Inspections of Health and Safety equipment shall be undertaken in accordance with legislation and maintenance contracts. Records of maintenance must be kept on the unit where the equipment is

located, at the Medical Engineering department or with Balfour Beatty Workplace (BBW).

- 3.3.3 Any problems with plant and equipment should be reported to the Medical Engineering department, BBW or external contractor depending on who is contracted to undertake maintenance.

3.4 Safe Handling & Use of Substances (COSHH)

- 3.4.1 The risks from all substances hazardous to health under the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH), in accordance with the COSHH Procedure, must be assessed using specialist advice where necessary. Nominated managers are responsible for ensuring these assessments are completed.
- 3.4.2 Some specimen COSHH assessments for substances in common use in Wards are available as worked examples to assist the Nominated Manager.
- 3.4.3 All new substances will be assessed before use.
- 3.4.4 Where management identify a need for health surveillance they will liaise with Occupational Health. Where required, employees will receive specialist health surveillance from Occupational Health.
- 3.4.5 Health surveillance records will be kept by the Occupational Health department, with Health Assessments for work placement being retained locally.

3.5 Estates & Common Areas

Where risks are identified in common areas (e.g. corridors, stairs, lifts, footpaths, roads) any information from risk assessments, incident reports and complaints shall be sent to the New Hospital Project Team - Estates Office. They will liaise with BBW on reducing risks. The risks, if local, must also be entered onto the local risk register. Nominated managers are responsible for ensuring these risks are recorded.

3.6 First Aid

Provision for first aid shall be made in accordance with the Trust's First Aid Policy.

3.7 Emergency Procedures

Every area of the Trust shall have emergency procedures in place for fire and other emergencies that may require evacuation. These shall be assessed, implemented and checked in accordance with the Trust's Fire Safety Policy.

3.8 Documentation

3.8.1 Health and Safety Records

All Health and Safety Records, including electronic Health & Safety folders, training records, and inspection reports, shall be maintained in accordance with legislation and Trust procedures (Procedure for

the Assessment of Risks and the Management of Risk Registers and the Corporate Records Procedure).

3.8.2 Risk Registers

Risk Registers for all wards, departments and services within the Trust shall be maintained in accordance with the Trust 'Procedure for the Assessment of Risks and Management of Risk Registers'.

3.9 Incidents – Reporting and Investigations

- 3.9.1 All incidents or any matter, such as a “near miss”, that may be considered to represent a shortcoming in the protection arrangements for Health and Safety should be reported in accordance with the Trust’s Incident Reporting system (detailed in the 'Policy for the Reporting and Management of Incidents including Serious Incidents Requiring Investigation'). The system supports the management of all risks in the Trust. Details of reported Health and Safety incidents will be passed to the Health & Safety team for monitoring.
- 3.9.2 External reporting of health and safety incidents to the appropriate enforcing authority, involving injuries, diseases and dangerous occurrences, shall be made by the Health & Safety Team. RRPPS are responsible for reporting radiation incidents to Office of Nuclear Regulation, Health & Safety Executive, Environment Agency and the Police.
- 3.9.3 Incidents shall be investigated by local managers in accordance with the Procedure for the Reporting and Investigation of Incidents. Incidents resulting in serious harm/death shall be investigated by the Health & Safety Team in conjunction with local management.

3.10 Competence

All staff, students, staff on honorary contracts, agency staff and contractors must be competent to undertake any work in the Trust. Competence is established by Human Resources, Medical Resourcing and local management in accordance with the Recruitment Selection Policy and the Procedure for Employment Checking. Estates contractors are controlled by Balfour Beatty Workplace (BBW) and New Hospital Project Estates.

3.10.1 Training

- a) All staff must receive appropriate Health and Safety training in accordance with the Trust’s Mandatory & Statutory and Induction Training policy and procedures (this includes Trust corporate induction training). Compliance monitoring, reporting and the follow up process are outlined in these documents;
- b) Job-specific training will be provided as part of local induction and recorded in the '*Additional subject areas pertinent to the area*' section of the Local Induction form. These local inductions are monitored and followed up according to the Mandatory, Statutory and Induction Training Policy and Procedures;

- c) Training needs for new equipment/systems of work should be identified as part of the risk assessment process. The provision of new training, information and supervision must be considered if risks change or new processes/equipment are introduced. If competency is eroded due to infrequent use of skills/knowledge refresher training must be provided;
- d) Training is mainly recorded in accordance with the Mandatory & Statutory Training and Induction Policy and Procedures.

3.10.2 Supervision

- a) As part of establishing competence there may have to be supervision of staff. For clinical staff this will be organised locally, through the Clinical Skills department. For non-clinical areas supervision should be organised by local management;
- b) Supervision of young workers has to be agreed with the Human Resources department in accordance with the Work Experience/Work Shadowing Policy.

3.10.3 Information

- a) The Occupational Health department and the Health & Safety Team produces posters, leaflets and guidance on Occupational Health and Safety. This information is available to all staff on the Trust Intranet;
- b) Any information from professional bodies that have Health and Safety implications should be made available to affected staff and contractors.

3.11 Consultation

3.11.1 The Trust recognises the need for consultation and co-operation between executives of the Trust and employees in all Trust Health and Safety matters. This consultation may be undertaken directly with staff or through staff side representatives.

3.11.2 Safety Representatives

- a) The appointment of safety representatives, either by unions or professional bodies, or at the request of staff in the department is recognised by the Trust.
- b) Staff in each department/area may appoint a Safety Representative. The identity of, and any changes to, Safety Representatives should be notified by email to the relevant Nominated Manager.
- c) The function of safety representatives is to:
 - i) Represent the staff in consultation with management on any general or specific matters affecting their health, safety and welfare;
 - ii) Carry out inspections of work places;
 - iii) Bring to managers' attention unsafe or unhealthy conditions or working practices;

- iv) Investigate incidents within the workplace and to examine the cause of those incidents and liaise with management on prevention; and
 - v) Investigate Health and Safety complaints made by any employee.
- d) Nominated Managers and Safety Representatives shall as far as possible resolve Health and Safety problems at a local level. If a resolution cannot be made locally it shall be taken to the appropriate Divisional Consultative Committee.

3.11.3 Divisional Consultative Committees (DCC)

The Trust has established divisional consultative committees that meet monthly. The aim of these committees is to act as a forum for consultation and co-operation between the Trust and employees in all matters including health, safety and welfare at work. If resolution cannot be made at the DCC it shall be taken to the Trust Health, Safety & Environment Committee.

3.11.4 Trust Health, Safety & Environment Committee

Details of this committee are set out in 'Monitoring' and Appendix 4. Part of its function is to act as a forum for senior management and senior safety representatives to consult on all aspects of Health and Safety. If resolution of a matter raised by safety representatives cannot be made at this committee it shall be taken to the Trust Partnership Team.

3.12 Occupational Health Department

3.12.1 In order to assist managers and employees of the Trust with their responsibilities under this policy the Trust has established an Occupational Health Department, the functions of which are to:

- a) Assist the Trust Health, Safety and Environment Committee and Specialist Advisory Groups;
- b) Promote a positive Health and Safety culture;
- c) Encourage the protection and promotion of employee health;
- d) Provide immunisations and health surveillance, including health screening and medical examination;
- e) Liaise with specialists in or outside the Trust as appropriate;

3.12.2 The Trust is committed to ensuring adequate resources are available for the functioning of this department.

3.13 Health and Safety Team

3.13.1 In order to assist managers and employees of the Trust with their responsibilities under this policy the Trust has established a Health & Safety Team, the functions of which are to:

- f) Assist the Trust Health, Safety and Environment Committee and Specialist Advisory Groups;
- g) Promote a positive Health and Safety culture;

- h) Facilitate Health and Safety planning in the Trust to include setting objectives and agreeing priorities;
- i) Design and support Health and Safety Management systems for the Trust;
- j) Provide advice on Health and Safety matters, including risk assessment and implementing controls (see Framework - page 11 for Trust criteria for competent Health and Safety advice and assistance);
- k) Act as formal point-of contact between the Trust and relevant enforcing authorities, in particular the Health and Safety Executive, Environmental Health Departments;
- l) Liaise with specialists in or outside the Trust as appropriate;
- m) Organise Health and Safety training for the Trust;
- n) Receive accident and incident reports, investigate as appropriate, compile and analyse accident and incident data;
- o) Liaise with recognised trade unions and their appointed workplace representatives on issues relating to Health and Safety of their members;
- p) Publicise and promote Health and Safety information policies and guidance;
- q) Advise the Trust on Health and Safety legislation, standards and good practice;
- r) Distribute a leaflet for this policy; and
- s) Assist the Director of Corporate Affairs in reviewing Trust Health and Safety performance.

3.13.2 The Trust is committed to ensuring adequate resources are available for the functioning of this team.

3.14 Health and Safety Advice and Assistance

3.14.1 The Trust shall ensure that appropriate support and advice is available to managers and risk assessors from the Occupational Health and Governance departments.

3.14.2 The Trust will ensure that management and employees have access to competent advisers on areas of Health and Safety risks, such as the following:

- a) General Health and Safety;
- b) Occupational Hygiene;
- c) Manual Handling and Ergonomics;
- d) Radiation;
- e) Biological Risks;
- f) Engineering; and
- g) Construction.

- 3.14.3 Where appropriate, if advice is not available internally, external consultants should be contracted to provide that advice.
- 3.14.4 These advisors may include, Trust Security Management Specialist, Fire Safety Adviser, Radiation Protection Adviser, Back Care Adviser, Ergonomist, Control of Infection Team, University Biological Safety Officer, Occupational Hygienist, Health and Safety Advisers and Occupational Health Advisers.

4. Duties

4.1 Chief Executive

The Chief Executive has overall responsibility for all Health and Safety issues and compliance with statutory requirements and legislation. In line with the Trust philosophy, maximum delegation of responsibility will occur and managers will be accountable for the active management of Health and Safety within their designated areas.

4.2 Director of Corporate Affairs (DCA)

- 4.2.1 The Director of Corporate Affairs is the named director responsible for Health and Safety throughout the Trust, and, as such, the Board of Directors has assigned responsibility to the DCA for overseeing compliance throughout the Trust with this policy. The DCA will provide assurance to the Board of Directors on compliance with this policy and will report any material failures of compliance or other concerns regarding Health and Safety to the Board of Directors.
- 4.2.2 The DCA is responsible for:
- a) Overseeing management arrangements for Health and Safety;
 - b) Chairing the Trust Health, Safety and Environment Committee;
 - c) Acting as the link between the Trust Health, Safety and Environment Committee, the Management Executive and Divisional Directors of Operations;
 - d) Keeping the Chief Executive informed about Health and Safety priorities in the Trust; and
 - e) Ensuring that the Trust's Health and Safety performance is adequately monitored and its systems reviewed as necessary.
- 4.2.3 The DCA shall ensure:
- a) The Health & Safety Team is staffed by experienced persons who have appropriate qualifications and knowledge of Health and Safety issues arising from health service activities.
 - b) For Health and Safety advice:
 - Advisers have appropriate competence; qualifications and suitable level of experience in the profession, and

- Advisers have the authority to stop work if it is likely to cause death or serious injury to staff, patients and visitors. This authority will only be exercised after consultation with the executive on call.
- c) Advisers can liaise with other specialist advisers in the Trust to ensure co-operation in dealing with Health and Safety issues; and
- d) Adequate resources are made available to enable the adviser to carry out his/her duties.

4.3 Executive Directors

Executive Directors and Divisional Directors of Operations shall ensure that Health and Safety risks are actively managed within their respective Divisions and their Corporate departments and that Trust Health and Safety policies and initiatives are implemented within those Divisions and departments. For their Corporate departments, Executive Directors shall ensure that:

- 4.3.1 Nominated Managers are identified for each department and service within their control; and
- 4.3.2 Health and Safety Inspections of departments are conducted by senior management (all wards/departments to be inspected over a 2 year rolling program).

4.4 Divisional Directors of Operations (DOps) and Associated Directors of Nursing (ADN)

DOps and ADNs shall ensure that:

- 4.4.1 Nominated Managers are identified for each ward, department and service within their Division;
- 4.4.2 Health and Safety risks arising out of clinical practices or clinical decisions are properly identified, assessed, recorded and controlled within their Division;
- 4.4.3 Suitable arrangements are in place to ensure compliance with this policy and associated procedures, including:
 - a) Maintenance of a chart detailing Health and Safety responsibilities and accountabilities for the Division;
 - b) Ensuring that any recommendations arising out of Health and Safety audits or inspections are implemented in accordance with the timescales required;
 - c) Ensuring adequate resources are made available for Health and Safety (see Appendix 3);
 - d) Using data from Divisional inspections, Divisional risk register and Divisional Consultative Committees to guide actions to prevent or reduce the risk of serious incidents; and

- e) Analysing and acting upon Divisional and Group Incident data.
- 4.4.4 The effectiveness of arrangements for Health and Safety matters within the Division are monitored;
- 4.4.5 Appropriate Health and Safety reports are submitted to the Trust Health, Safety and Environment Committee (report format and content to be agreed at the Committee);
- 4.4.6 Health and Safety Inspections of departments are personally conducted (all wards/departments to be inspected over a 2 year rolling program); and
- 4.4.7 They, or an appropriate Divisional representative, attend the Trust Health, Safety and Environment Committee and act on Committee actions.

4.5 Group Managers, Senior Nurses (Modern Matrons) and Clinical Service Leads (CSL) and equivalents in Corporate Areas

- 4.5.1 The Trust is a large diverse organisation with variations in structure across Divisional and Corporate areas. The duties in this section apply to Group management and Senior Nurses, Clinical Service Leads and their equivalent officers in Corporate departments. Examples of Trust systems for managing Health and Safety are outlined in Appendix 2.
- 4.5.2 Group Managers, Senior Nurses, Clinical Service Leads and the equivalent officers in Corporate departments shall:
 - a) Ensure suitable management and monitoring of arrangements so that this policy and its associated procedures are being adhered to;
 - b) Support their DOps/Executives in identifying the nominated managers for departments, wards and services;
 - c) Manage the Health and Safety risks within their area of responsibility;
 - d) Ensure line managers are competent to manage Health and Safety;
 - e) Set objectives in Health and Safety within the appraisal process;
 - f) Co-ordinate incident investigations within their area of responsibility; and
 - g) Analyse and act upon Group/Corporate incident data.

4.6 Managers

All managers are accountable to the Chief Executive for ensuring that this policy is properly applied in their area of control. In particular, they shall:

- 4.6.1 Implement Trust Health and Safety Policies, procedures and programmes;

- 4.6.2 Ensure adequate supervision of all staff and students is provided, commensurate with their skills and competency;
- 4.6.3 Ensure that staff receive appropriate training and information necessary for them to carry out their role safely and competently;
- 4.6.4 Keep detailed local training records for all staff;
- 4.6.5 Ensure that all incidents that occur in their area are reported and investigated in accordance with the Trust's Prevention and Management of Incidents, Including Serious Untoward Incidents Policy, and
- 4.6.6 Use data from Divisional inspections, Divisional risk register and Divisional Consultative Committees to guide actions to prevent or reduce the risk of serious incidents.

4.7 Nominated Managers

Each Nominated Manager shall:

- 4.7.1 Ensure there are electronic Health & Safety folders or equivalent system covering their area and that the contents of the their system are accurate and up to date;
- 4.7.2 Ensure their area has a current Risk Register and they can demonstrate progress on that register;
- 4.7.3 Ensure that there are appropriate emergency procedures in place for their area and that these procedures are known to staff and checked/rehearsed regularly in accordance with the Fire Safety Policy.
- 4.7.4 Ensure that risk assessments (e.g. General, COSHH, Slips and Trips, Working at Height, Manual Handling, Display Screen Equipment, Stress and Violence and Aggression) are carried out and reviewed at least annually and filed in electronic folders or other approved electronic system;
- 4.7.5 Ensure there is adequate consultation with their staff and staff representatives;
- 4.7.6 Ensure adequate supervision of all staff and students is provided, commensurate with their skills and competency;
- 4.7.7 Ensure that staff receive appropriate training, supervision and information necessary for them to carry out their role safely and competently;
- 4.7.8 Monitor work practices as appropriate to ensure procedures are being implemented;
- 4.7.9 Ensure that all external people coming into their department are properly instructed in Health and Safety matters;
- 4.7.10 Where practicable, within resources, implement control measures. Where departmental resources are insufficient to implement a solution, pass recommendations to senior management so that

appropriate allocation of resources can be considered and prioritised (see Appendix 3);

- 4.7.11 Ensure that all incidents that occur in their area are reported and investigated in accordance with the Trust's Prevention and Management of Incidents Including Serious Untoward Incidents policy;
- 4.7.12 Undertake the Trust 'Managing Risks' training, and
- 4.7.13 Be involved in joint inspections of their area of responsibility (with staff side and/or senior managers).

4.8 Risk Assessors/Link Workers

- 4.8.1 Risk assessors/link workers may assist Nominated Managers with their duties, however they will not be held ultimately accountable for risks not under their direct control. Nominated Managers may delegate any Health and Safety tasks, but they cannot delegate accountability.
- 4.8.2 Risk assessors shall be given adequate training and resources to fulfil their delegated role.

4.9 Employees

All employees must comply with Trust Health and Safety policy and procedures. They must not undertake any actions that could compromise their health and safety or the health and safety of others. Employees have a duty to:

- 4.9.1 Use machinery, equipment, dangerous substances, transport or safety devices in accordance with any instruction and training provided by the employer;
- 4.9.2 Not interfere with or misuse anything provided in the interests of health, safety or welfare;
- 4.9.3 Report to their Nominated Manager and the Health & Safety Team any work situation which may be considered to represent a serious and immediate danger to Health and Safety;
- 4.9.4 Attend training sessions as required and put training into practice;
- 4.9.5 Attend health surveillance checks as required; and
- 4.9.6 Report any incident or any matter that may be considered to represent a shortcoming in the protection arrangements for Health and Safety to their Line Manager and via the Trust incident reporting system.

4.10 Head of Occupational Health Department

The Head of Occupational Health Department shall ensure:

- 4.10.1 The Occupational Health Department carries out its duties in a proper and timely manner; and

- 4.10.2 The department is staffed by experienced persons who have appropriate qualifications and knowledge of occupational health and safety issues arising from health service activities.
- 4.10.3 Advisers can liaise with other specialist advisers in the Trust to ensure co-operation in dealing with occupational health and safety issues; and
- 4.10.4 Adequate resources are made available to enable their advisers to carry out his/her duties.

4.11 Expert Advisers

Expert Advisers will provide advice and support to all levels in the Trust including the following:

- 4.11.1 Interpreting the Law and highlighting any implications to the Trust;
- 4.11.2 Providing advice on their area of expertise, including risk assessment and control implementation;
- 4.11.3 Advising on the establishment and maintenance of standards; within policies, procedures, personal protective equipment (PPE), engineering controls and training.

5. Implementation

This policy shall be implemented by all levels of management in the Trust (see Duties). This policy will be available to all staff on the intranet. To facilitate communication of the key duties and arrangements of this policy a leaflet will be designed, produced and disseminated to the Trust by the Health & Safety Team.

5.1 Managers' Health & Safety Documentation

All departments will need to store documentation in electronic folders or equivalent electronic filing system (see Procedure for the Assessment of Risks and Management of Risk Registers on the intranet). Pro formas for all health and safety documentation are available on the Trust Intranet.

6. Monitoring

The policy standards and the Trust's monitoring arrangements to ensure policy compliance are detailed in Appendix 5.

6.1 Inspections

There are various types of inspection conducted across the disciplines, for example by the Health and Safety Team, Back Care & Ergonomics, Staff Representatives, DOps, Fire Safety Adviser and Infection Control. Inspections provide local, Group, Divisional and Trust monitoring

information. DOps and Executive Directors must ensure inspections are carried out on all their wards/departments over a 2 year rolling program.

6.2 Audit

The Health & Safety team carries out general Health and Safety audit and the Occupational Health Department carries out Manual Handling audit.

The Head of Occupational Health Department will be responsible for maintaining the Manual Handling audit team. The Director of Corporate Affairs will be responsible for maintaining the Health and Safety Audit team. The Teams will audit the Trust regularly, with the objective of identifying both deficiencies and successes within the Trust and advising on appropriate prevention and control of any identified health and safety risks. The Health and Safety audit schedule will be approved by the Health, Safety and Environment Committee. Monitoring of audits will be carried out by the Audit Committee.

6.3 Specialist Advisory Groups

These are ad hoc groups set up, with Health, Safety and Environment Committee approval, to examine particular issues for the Trust, e.g. Stress Steering Group. They will:

- 6.3.1 Develop Health, Safety and Welfare Policies and strategies for the Trust;
- 6.3.2 Advise the Trust Health, Safety and Environment Committee on resource issues;
- 6.3.3 Make recommendations on developing or changing safety procedures or systems; and
- 6.3.4 Consider accident report statistics and trends related to their area of study in order to recommend corrective action.

6.4 Health, Safety and Environment Committee

The Health, Safety and Environment Committee is responsible to the Director of Corporate Affairs, (DCA), for monitoring the management of risks to Health and Safety throughout the Trust and consider the appropriate action to be taken (see Appendix 4 for the Committee Terms of Reference). To ensure that the UHB Trust achieves the aims and objectives as specified in this Policy the committee shall:

- 6.4.1 Consider Health and Safety policies, including specific policies for identified risks, and make recommendations to the DCA;
- 6.4.2 Advise the DCA to enable the Trust to achieve the aims and objectives specified in the Trust Health and Safety Policy and Healthcare Standards;
- 6.4.3 Make strategic decisions on the development of a Health and Safety culture within the Trust and to consider priorities and resourcing issues;

- 6.4.4 Approve Trust-wide Health and safety procedures;
- 6.4.5 Advise the DCA on the implementation of policies by means of regular audits, reports and recommendations made by the Specialist Advisory Groups;
- 6.4.6 Recommend action as appropriate where standards are not being met;
- 6.4.7 Consider reports on health, safety and environmental issues, e.g. incident reports, DOps Reports and audit reports;
- 6.4.8 Facilitate policy, procedures and information development in accordance with Trust systems; and
- 6.4.9 Monitor standards to ensure they are being met, and
- 6.4.10 Encourage the protection and promotion of employee health.

7. References

HMSO - reprinted 1989	Health and Safety at Work etc. Act 1974
HMSO - Statutory Instrument 1999 No. 3242	Management of Health and Safety at Work Regulations 1999
HSE Books - reprinted in 2003 (ISBN 0 7176 1276 7)	HSG65 Successful Health and Safety Management
Department of Health July 2004	Health and Social Care Standards and Planning Framework 2005/06-2007/08
www.hse.gov.uk	Health & Safety Executive Website

8. Associated Policy and Procedural Documentation

A list of all Trust Health and Safety related policies and procedures can be found on the Trust's intranet, under Health and Safety.

Key Policies

[Fire Safety in Trust Premises Policy](#)

[First Aid at Work Policy](#)

[Mandatory & Statutory Training and Induction Policy](#)

[Prevention and Management of Incidents including Serious Untoward Incidents Policy](#)

[Prevention and Management of Stress at Work Policy](#)

[Policy for the Prevention, Reduction and Management of Slips, Trips and Falls](#)

[Radiation Safety Policy](#)

Risk Management Policy

Security Policy (including the Prevention and Control of Violence and Aggression)

Policy for Managing Patients who are Violent or Abusive, Including Possible Withholding of Treatment

Work Experience/Work Shadowing Policy

Waste Policy

Policy for the Management of Medical Devices

Recruitment Selection Policy

Key Procedures/Guidance

Asbestos Policy and Procedures

COSHH Procedure

Display Screen Equipment Procedure

Document Archiving Procedure

Procedure for the Reporting and Investigation of Incidents

Manual Handling Procedure

Procedure for the Management of the Heavier Patient

Violence and Aggression: Lone Workers Guidelines

Staff Fire Safety Guidance and Procedures

Procedure for Sharps Safety

Procedure for the Prevention of Slips, Trips and Falls

Internal Pedestrian Transport of Liquid Nitrogen Guideline

Stress Prevention and Management at Work Procedures

Procedure for the Assessment of Risks and Management of Risk Registers

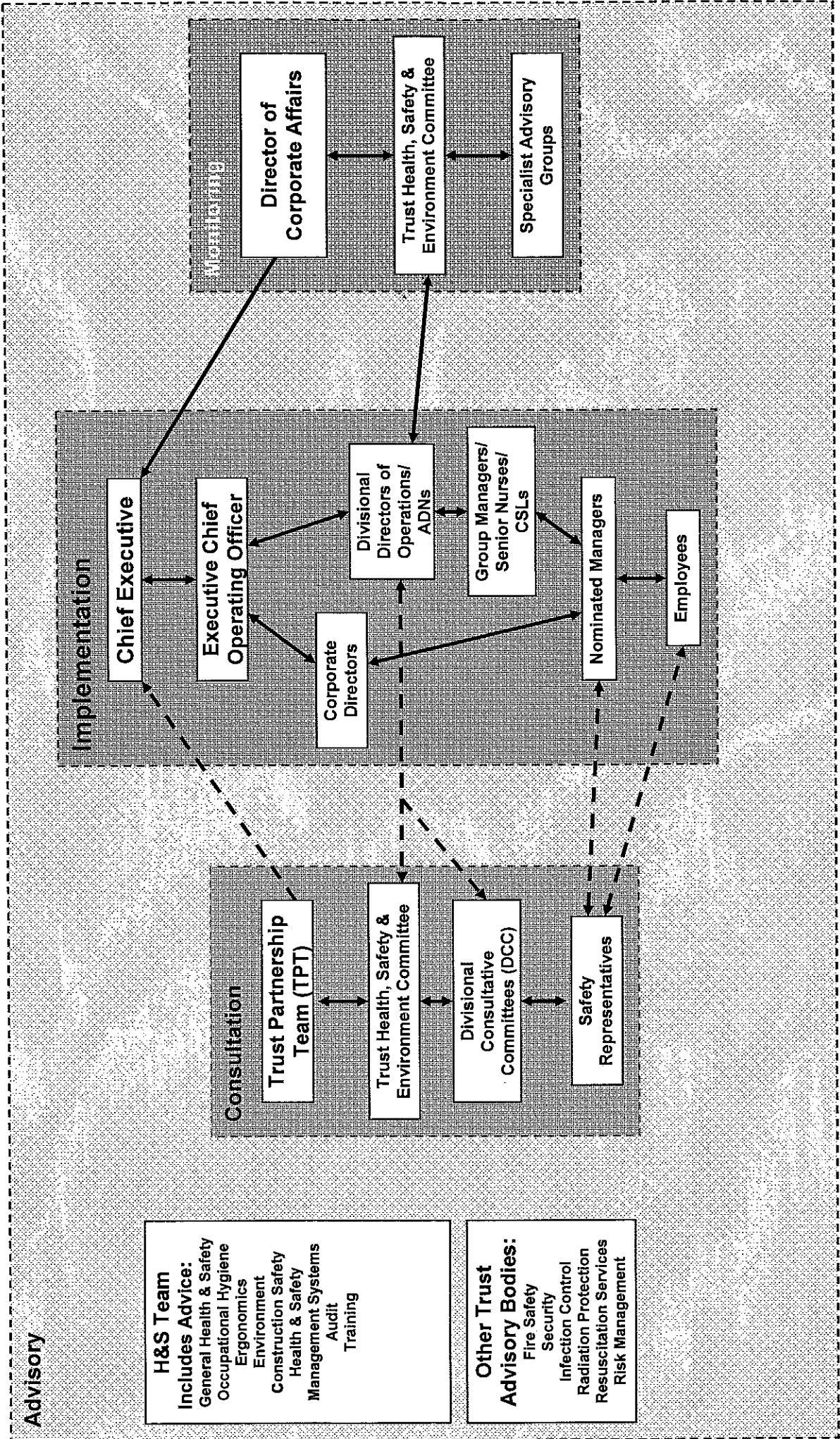
Corporate Records Procedure

Procedure for the Management of Medical Devices

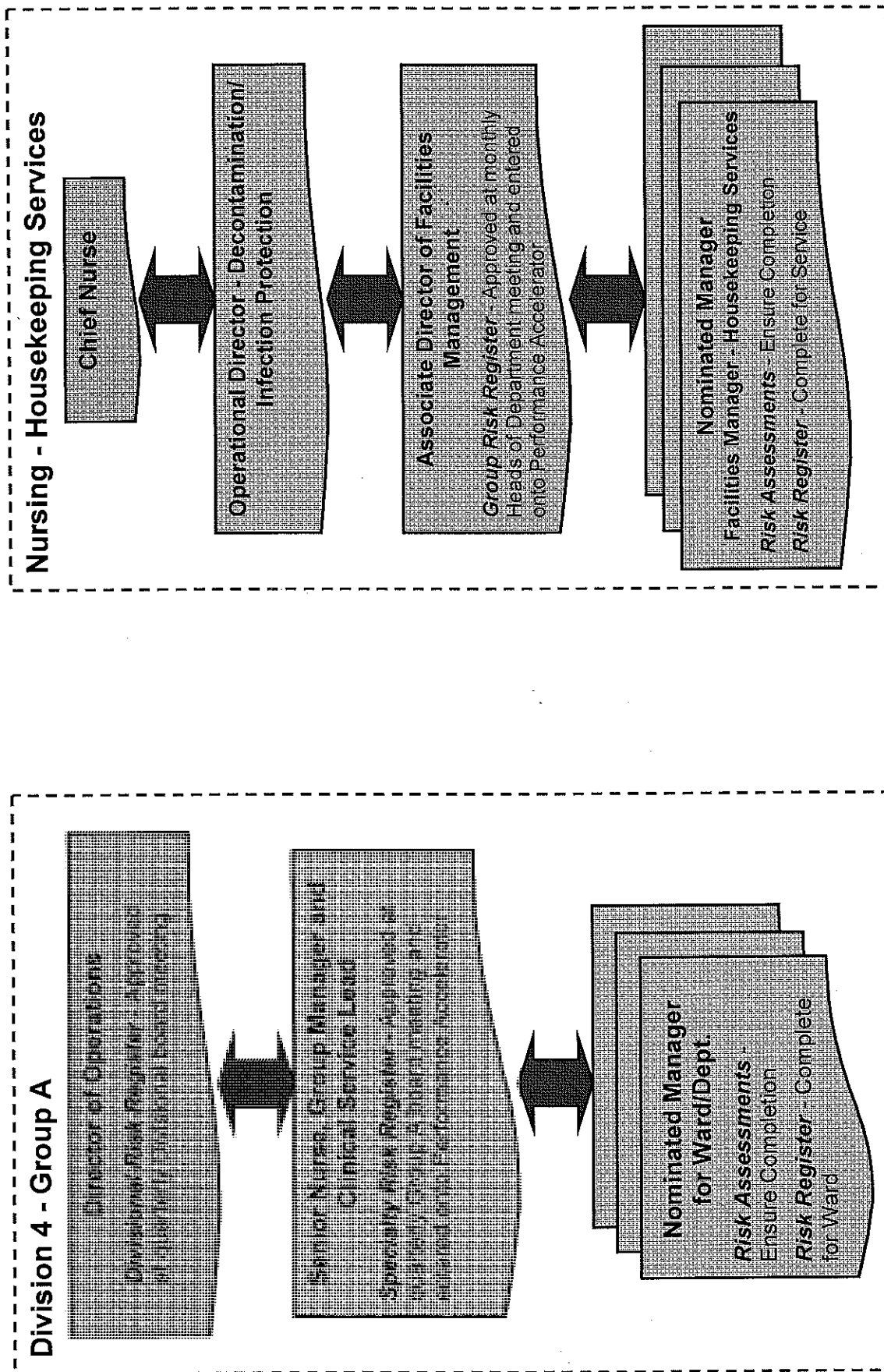
Mandatory & Statutory Training and Induction Procedure

Procedure for Employment Checking

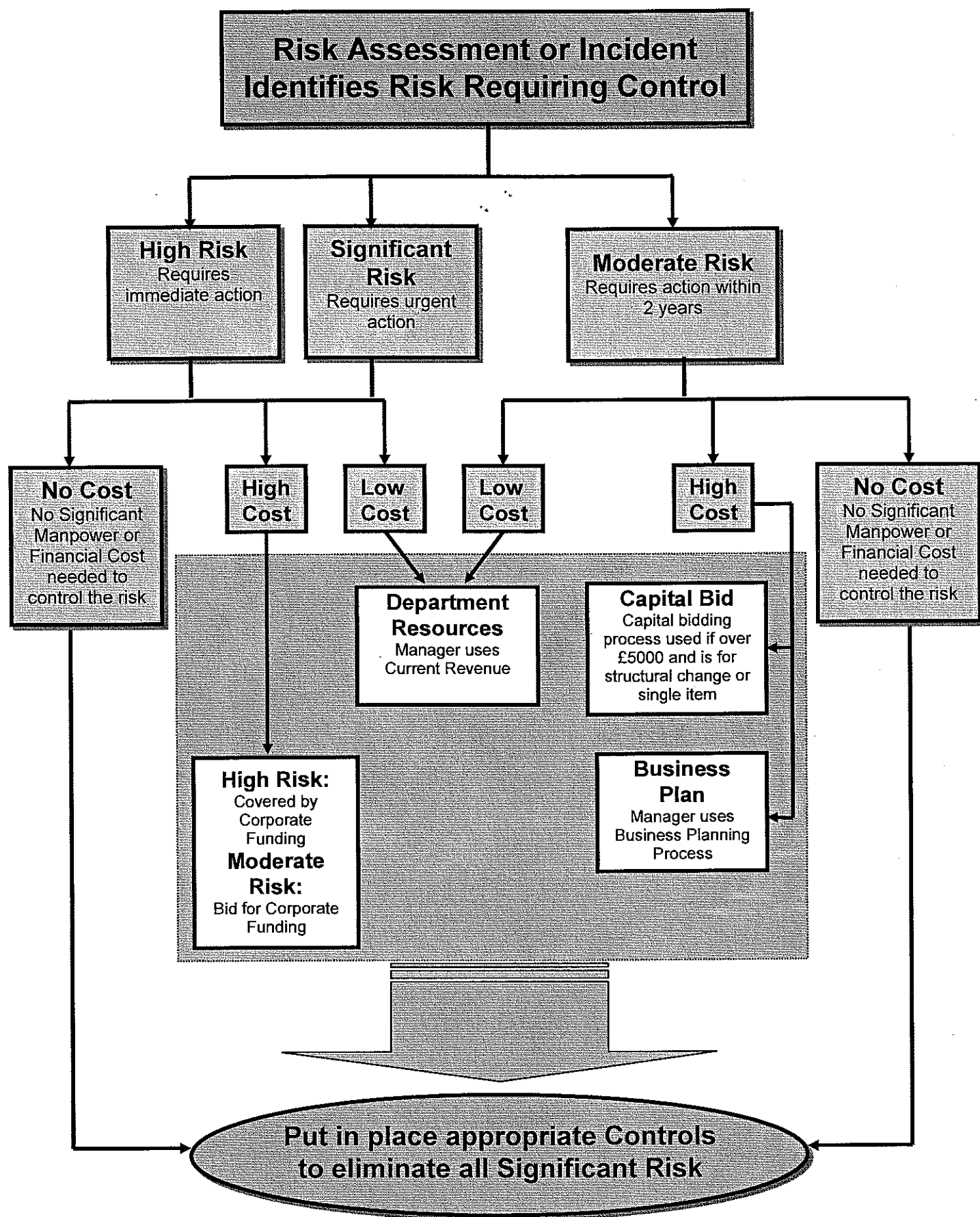
Appendix 1: Trust Organisation for Health and Safety



Appendix 2: Examples of Trust Systems for Managing Risks



Appendix 3: Resources Flow Diagram



Appendix 4: Terms of Reference

Health, Safety and Environment Committee

Reporting Arrangements

The Health, Safety and Environment Committee reports to the Chief Executive through the Director of Corporate Affairs.

Membership

Director of Corporate Affairs (Chair)
Divisional Directors of Operations
Head of Occupational Health
Director of Human Resources
Specialist Health and Safety Adviser(s)
Risk Manager
RCDM Representative
New Hospital Project Representative
Trust Security Management Specialist
Trust Fire Safety Manager
Staff Side Health and Safety Representatives
Ad hoc membership as required

Terms of Reference

- ◆ Consider Health and Safety policies, including specific policies for identified risks, and make recommendations to the DCA;
- ◆ Advise the DCA to enable the Trust to achieve the aims and objectives specified in the Trust Health and Safety Policy and Healthcare Standards.
- ◆ Make strategic decisions on the development of a Health and Safety culture within the Trust and to consider priorities and resourcing issues.
- ◆ Approve Trust-wide Health and safety procedures;
- ◆ Advise the DCA on the implementation of policies by means of regular audits, reports and recommendations made by the Specialist Advisory Groups;
- ◆ Recommend action as appropriate where standards are not being met;
- ◆ Consider reports on health, safety and environmental issues, e.g. incident reports, DOps Reports and audit reports;
- ◆ Facilitate policy, procedures and information development in accordance with Trust systems;
- ◆ Monitor standards to ensure they are being met, and
- ◆ Encourage the protection and promotion of employee health.

Frequency of Meetings

Quarterly Meetings

Appendix 5: Policy Standards

Monitoring of Implementation	Monitoring Lead	Reported to Person/Group	Monitoring Process	Monitoring Frequency
Risk Documentation				
All departments and wards have: <ul style="list-style-type: none"> • Risk assessments • Departmental/Ward risk register • Health and safety Incident reports/investigations • Emergency evacuation procedures • Training records 	Health & Safety Team	All levels of management, Health, Safety and Environment Committee	Rolling programme of Health and safety audit of Trust departments and wards.	Minimum of 60 per annum.
	Directors of Operations (DOP) and Senior Corporate Management	All levels of management, External Agencies (e.g. HSE), Head of Governance, Director of Corporate Affairs	Review of incidents resulting in: <ul style="list-style-type: none"> • Investigations: <ul style="list-style-type: none"> – Inspections – Interviews – Research – Reports – e-mails • Internal and external reporting (e.g. quarterly report to HSEC, RIDDOR reports to the Health and Safety Executive) 	Daily/weekly
		Health, Safety and Environment Committee (HSEC) Divisional Consultative Committees (DCC)	Rolling programme of Divisional and Corporate inspections of Trust Wards/Departments.	All areas over 2 year period

Monitoring of Implementation	Monitoring Lead	Reported to Person/Group	Monitoring Process	Monitoring Frequency
Trust wide health and safety data				
Health and safety track information on: <ul style="list-style-type: none"> Nominated managers Managing risks training DOP and Senior Corporate Management Inspections Audit Risk register coverage 	Health & Safety Team	Executive Directors HSEC DOP DCC Joint Union Office	Data from this tracking process is sent out with a Senior Management Brief monthly and forms part of the quarterly reports to the HSEC.	Weekly
Reports on Health and safety: <ul style="list-style-type: none"> Audits Compliance data Incidents (including external reports) NHSLA compliance 		Audit Committee Trust Board	Data is pulled from tracking spreadsheets, DATIX and Audits to complete reports.	Bi-annually
The Health, Safety and Environment Committee meet to monitor the Trust health and safety compliance and liaise with Unions. Reports received from: <ul style="list-style-type: none"> Health & Safety Team Trust Security Management Specialist Estates (including BBW/Trust liaison and Fire) Stress Steering Group Sharps Advisory Group Genetic Modifications Safety Committee DOP Other ad hoc task and finish groups 	Director of Corporate Affairs	Trust Board DOP Joint Union Office	Receiving, analysis and discussion of reports at meeting. Minutes, agendas and enclosures managed by Health & Safety Team.	Quarterly

Monitoring of Implementation	Monitoring Lead	Reported to Person/Group	Monitoring Process	Monitoring Frequency
This Committee is the main stakeholder for all health and safety policies and procedures.				

CONTROLLED DOCUMENT



Immunisation Policy

CATEGORY:	Policy
CLASSIFICATION:	Health and Safety - Occupational Health Class D – Information in the public domain
PURPOSE	To protect patients and health care workers from the acquisition and transmission of infectious diseases by the provision of a staff immunisation programme in compliance with DH Guidelines.
Controlled Document Number:	64
Version Number:	3
Controlled Document Sponsor:	Executive Director of Delivery
Controlled Document Lead:	Deputy Head of Occupational Health
Approved By:	CEAG
On:	2013
Review Date:	2015
Distribution:	
• Essential Reading for:	All Directors, Senior Managers and Department Heads
• Information for:	All Staff

Immunisation Policy

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1. Policy Statement

- 1.1 University Hospitals Birmingham (UHB) NHS Foundation Trust is committed to comply with "Department of Health Guidance on the Protection of Staff and Patients from Infectious Diseases" by providing an immunisation and blood screening programme for all staff who have contact with patients, laboratory specimens or clinical waste.
- 1.2 The purpose of this policy is to ensure the provision of an effective immunisation programme for health care workers in order to protect them and our patients from the acquisition and/or transmission of infection that is preventable by immunisation. Immunisation is a very effective health care intervention which forms part of the whole approach to the prevention and control of infection. It is not a substitute for good infection prevention and control practices.
- 1.3 The objectives of this policy are:
 - 1.3.1 To assess the potential risks of acquisition and transmission of infectious diseases that may be preventable by immunisation;
 - 1.3.2 To implement a staff immunisation programme to reduce the risk of acquisition and transmission of infectious diseases;
 - 1.3.3 To comply with Department of Health (DH) Guidelines Immunisation against infectious disease, 2006.

2. Scope

This policy applies to all staff working for the Trust including employees, contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts.

3. Framework

3.1. Definitions

Exposure Prone Procedures - that is procedures where a gloved hand of the clinician could come into contact with sharp object such as an instrument or bone, and where the finger tips cannot be seen such as during surgical procedures (e.g. surgeons, scrub nurses, operating department practitioners/assistants).

- 3.2 An assessment of staff is made by the Occupational Health Department (OHD) at the pre employment stage. Where considered necessary, staff will be identified and advised of needing appropriate immunisations. The immunisation programme is delivered by the OHD and all identified staff will be seen in OHD and advised of the risk of

acquiring and transmitting specific infectious diseases that can be prevented by immunisation (see appendix 1).

- 3.3 In order to identify the appropriate level of immunisation, all health care workers are divided into three categories (see "Summary of Vaccinations" in Appendix 1).
- 3.4 Staff can decline immunisation and in this instance will be made aware of the risks to their health. Staff declining a hepatitis B vaccination, who would normally carry out Exposure Prone Procedures (EPPs) will not be permitted to work, unless they attend Occupational Health for annual blood testing to ensure they have not become a carrier of the virus.
- 3.5 Staff, who are not directly employed by the Trust (e.g. visiting clinicians, Locum doctors, medical and nursing students and student AHPS, whose Occupational Health is provided externally), are to be reported to OHD, in order that OHD can obtain evidence of their immunity status to Hepatitis B, Tuberculosis, Rubella (German Measles), Measles and Varicella (Chickenpox) prior to their commencement. This is particularly important for anyone that may visit and perform EPPs as they must provide evidence of their non carrier status to Hepatitis B and C to OHD before being allowed to work.
- 3.6 Staff, who entered a training post involving EPPs, or were new entrants to the NHS involved in EPP work post March 2007, are also required to demonstrate to OHD their non carrier status to HIV. This requirement must be included in any service level agreements with Universities and Medical/Nursing/AHP agencies that supply staff to the Trust.

4. Duties

4.1 Chief Executive

The Chief Executive has overall responsibility for health and safety. Day to day accountability is delegated to Divisional Directors, Divisional Directors of Operations, Associate Directors of Nursing, Heads of Departments and Ward and departmentWard and department Managers.

4.2 Directors, Ward and Department Managers

Directors, Ward and Department Managers are responsible for:

- Assessing the infection control risks of their area of responsibility that may be reduced and/or controlled by appropriate immunisation regimes.
- Ensuring that health-care staff, working in their areas, are appropriately screened the OHD prior to being taken into employment, and in the event of any change in role or responsibility.

- Ensuring that staff performing Exposure Prone Procedures (EPPs) e.g. surgeons, scrub nurses, Operating Department Practitioners (ODP), have full clearance from OHD before being permitted to carry out EPPs and are not placed on the payroll, until clearance is received.
- Ensuring that Occupational Health are made aware of staff, who are not directly employed by the Trust (see 3.4 above).
- Ensuring that staff are given time to attend their appointment with OHD for immunisation and screening.
- Ensuring that, where restrictions on practice are placed on individuals by OHD, these are implemented e.g. must not perform Exposure Prone Procedures.
- Informing OHDD when staff are exposed to patients with infectious diseases.

4.3 All Staff

Staff are responsible for:

- Bringing to the attention of their Ward/Department Manager, in confidence, any restrictions placed on their practice by OHD.
- Attending the OHD for immunisation/blood testing as indicated and informing OHD in confidence, if they are a known carrier of any infectious disease.
- Reporting to OHD, or A&E during evenings and weekends when OHD closed, any inoculation incident sustained in order for prompt appropriate advice and treatment to be implemented.
- Seeking advice from OHD, if in contact with a known case of infectious disease prior to attending work in a clinical area.

4.4 Occupational Health

The Occupational Health Department will:

- Identify staff that may require immunisation and/or serology screening during the pre-employment screening process.
- Inform all Ward and Department Managers of any restrictions to an individual's practice with regard to prevention of infection on the 'suitability for employment' letter, without disclosing confidential details.
- Maintain staff records and recall system to ensure immunisation programmes are completed.
- Provide prompt advice and treatment to staff who receive inoculation injuries.
- Provide advice to staff who have been exposed to infectious diseases either at work, in the community or following a holiday.

- Provide advice to immuno-compromised and pregnant staff on infection issues and the suitability or otherwise of immunisation in these instances.

5. Implementation and Monitoring

- 5.1 All health care workers new to the NHS will be seen by OHD prior to being given health clearance to undertake screening for TB and to commence the immunisation programme.
- 5.2 All other new health care workers will be asked to provide evidence of previous immunisations and will be informed of any immunisations and blood tests they are required to undergo in order to protect them and the patients in their care. This message will be repeated at Trust Induction and by managers at local induction.
- 5.3 An electronic record of the number and type of immunisations administered will be held by OHD. Non attendance of a scheduled appointment for immunisation is reported to the Ward or Department Manager by OHD.
- 5.4 Compliance with policy standards is measured by the following methods.

Key Performance Indicator	Monitoring	Evidence
1. An immunisation programme is provided for staff according to the risk of their job.	Letters are sent to all new starters; Induction presentations are scheduled monthly; An audit of the number and type of vaccines administered is undertaken annually.	<ul style="list-style-type: none"> • Sample letters in OH Induction presentation by OHD – held in OHD and in the Training department. • OH data – held by OHD • Audit data held by Clinical Governance
2. An appropriate number of competent persons are available to administer immunisations.	OH Nurses work to Patient Group Directions and Specific Patient Group Directions (for unlicensed vaccines)	Training /competency records of OH nurses held in OHD
3. A Record of staff immunity to the list of infectious diseases is maintained where this is required for the job.	OH Electronic record system; Immunisation status reports sent to managers (appendix 2)	OHD Staff personnel files
4. A recall system is in place to ensure	OH Electronic Record System	OHD

staff receive a full course of vaccines and booster doses where this is indicated		
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6. References

This policy is based upon the following:

- Department of Health Guidance on Immunisation against infectious disease, commonly referred to as the 'Green Book' which is available on the DH website:

<http://www.dh.gov.uk/en/Publichealth/Immunisation/Greenbook/index.htm>

- Department of Health 2007 Health clearance for tuberculosis, hepatitis B, C and HIV: New healthcare workers.
- Department of Health 2006 Chapter 18 Immunisation against Infectious disease hepatitis B
- Department of Health 2006 Chapter 21 Immunisation against Infectious disease Measles
- Department of Health 2006 Chapter 23 Immunisation against Infectious disease Mumps
- Department of Health 2006 Chapter 28 Immunisation against Infectious disease Rubella
- Department of Health 2006 Chapter 34 Immunisation against Infectious disease Varicella
- Department of Health 2005 HIV infected health care workers: guidance on management and patient notification
- Department of Health 2002 Hepatitis C infected health care workers HSC2001/010
- NICE clinical guidelines CG117: Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control 2011

7 Associated Controlled Documents

- Infection Prevention and Control Policy and Procedures;
- Patient Group Directions
- Control of Substances Hazardous to Health Policy

Comment [LD1]: Is this all "implementation" and not "Scope"

- Staff Health Procedures – Communicable Infections

Appendix 1 - Summary of Vaccination Recommendations

Cat 1 (HCWS): Staff who have regular contact with patients, including all clinical staff, ambulance staff and porters.

Cat 2 (Lab staff): Laboratory staff who have direct contact with clinical specimens which may be infectious.

Cat 3 (Staff with patient contact): Non- clinical ancillary staff who have contact with patients including cleaners, clerical and maintenance staff and volunteers.

Immunisation	Reason	Cat 1 HCWS	Cat 2 Lab Staff	Cat 3 Staff with patient contact
BCG (a *) (Protection against Tuberculosis)	National Policy (UK) & HCWs	✓	✓	✓
Diphtheria/Tetanus/ Polio (a) (combined vaccine)	National Policy, those involved in care of patients with diphtheria	✓	✓	✓
Hepatitis A	Work with immunocompromised or in institutions for learning impaired, handling faeces in microbiology laboratory	N/A	✓	N/A
Hepatitis B	Direct exposure to blood, body fluids, blood stained fluids, tissues	✓	✓	✓
Influenza	National Policy for 'risk groups', & HCWs to protect vulnerable patient groups	✓	✓	✓
Measles/Mumps/ Rubella (MMR) (a)	To protect immunocompromised patients	✓	✓	✓
Meningococcus	Handling organism	N/A	✓	N/A
Pneumococcus (a)	Protect immunocompromised	N/A	✓	N/A
Smallpox (b)	Administering Small pox vaccine/ Handling organism	N/A	N/A	N/A
Typhoid	Handling organism	N/A	✓	N/A
Varicella Zoster (Chickenpox) (c)	Protect immuno- compromised and pregnant women	✓	✓	✓

(a) Indicates vaccines offered as part of the National Childhood Programme in the United Kingdom. Staff from other countries where this is not part of a Public Health programme would be screened and offered vaccination where indicated according to the risks of their work area and job role. * BCG vaccination no longer part of the National Childhood Programme.

(b) UHB OHDD is the nominated Regional Centre for administering Smallpox vaccine to response teams in the event of a Biological attack.

(c) Offered to staff that are non immune who work with immuno-compromised patients only (usually only 10% of people have no immunity to Chickenpox)

✓ Indicated for healthcare workers

N/A Not applicable

Appendix 2 – Immune status notification

STAFF DETAILS:	
SURNAME:	
FORENAMES:	
DOB:	JOB TITLE:
TRUST:	
<i>Or affix label</i>	

Exposure Prone Worker (EPP)
 This is defined as a worker whose gloved hands may come into contact with sharp objects whilst undertaking invasive procedures on a patient where the gloved hands are not always visible; e.g. surgeon, midwife, dentist.

HEPATITIS B

IMMUNE **NON-IMMUNE**

MUST attend for annual serology if EPP worker and seek OHD advice **URGENTLY** if in receipt of an inoculation injury.

Five Year Booster: Required/Not Required

MEASLES, MUMPS, RUBELLA (German Measles)

IMMUNE **NON-IMMUNE**

Report to OHD if in contact with known case.

TUBERCULOSIS (TB)

IMMUNE **NON-IMMUNE**

Exclude from working where high risk of TB and/or immunocompromised patients.

VARICELLA (Chicken Pox)

IMMUNE **NON-IMMUNE**

Report to OHD if in contact with chicken pox or shingles.

Suitable to perform exposure prone procedures **YES / NO / NOT APPLICABLE**

Signature: **Date:**