**Hepatitis B Immunisation Policy**

1. **Introduction**
	1. Oxford Brookes University is aware that some of its staff may be exposed to the Hepatitis B virus as a consequence of their employment.

1.2 Good working practices should minimise the risk of occupationally acquired Hepatitis B, but as an additional measure, these are to be augmented by a Hepatitis B immunisation programme as defined by the guidance in this policy. This will apply to all work activities involving actual or potential handling of blood or other bodily fluids and tissues.

1.3 This policy should be read in conjunction with the following documents if pertinent to the employee’s/student’s duties:

* Local Risk Assessments relating in the Faculty of Health and Life Sciences and Estates and Facilities Management
* Standard Operating Procedure for blood taking via Venepuncture using Winged Device (SOP-PEG05); Standard Operating Procedure for Capillary Blood Sampling (SOP-PEG04); Standard Operating Procedure for Cannulation (SOP-PEG07); Stand Operating Procedure for Collection of Blood Samples from Peripheral Venous Cannula (SOP-PEG06) Approved in November 2014
* OBUHSN-11Accident, Incident, Dangerous Occurrence & Disease Reporting Procedures and Investigations Issue July 2014

1.4 The policy applies to employees of Oxford Brookes and students and excludes health care students where alternative OH service arrangements exist in the assessment of fitness to practice.

**2. Legislation**

2.1 This includes:

* Health and Safety at Work Act 1974
* Management of Health & Safety at Work Regulations 1999

2.2 Specific Legislation

* Control of Substances Hazardous to Health Regulations 2002 (COSHH)

**3. Hepatitis B**

3.1 Hepatitis B is a serious viral infection causing inflammation of the liver. The virus is spread by contact with blood or body fluids (through vaginal/anal intercourse, blood -to-blood contact - including needle sharing, ‘needle-stick injury) from an infected person.

3.2 The virus can infect without causing symptoms but some suffer an acute disease with flu-like symptoms. If the infection persists it becomes chronic and the infected person may go on to develop cirrhosis or liver cancer.

3.3 Transmission rates from infected persons are variable depending upon the degree of risk and the individual’s immune status.

**4. Who Requires Vaccination**

4.1 This includes all employees/students who have direct contact with blood, blood- stained body fluids or human tissue samples.

4.2 Employees/students who are at risk of injury from blood-stained instruments.

4.3 Any employees/students who have reasonably anticipated contact with blood or other potentially infectious materials during the performance of their jobs are considered to have occupational exposure and to be at risk of being infected.

**5. Occupations Considered at Risk**

* 1. **This includes:**
* Staff and students carrying out research e.g. Human sciences.
* Maintenance /Refuse disposal / Estates and Accommodation Site Services.
* Laboratory Researchers / Technicians / Forensic work etc.
* Medical / Dental / Health Care.

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This list should not be considered as definitive.

5.2 Faculties and Directorate that have identified a potential for exposure to blood borne viruses are required to carry out a local risk assessment, taking into account the general guidance contained within this policy.

**6. General Principles**

6.1 The risk of exposure to blood borne viruses can be significantly reduced by:

* Implementing good hand washing techniques.
* Using protective clothing that is supplied; proportionate to the anticipated level of risk.
* Covering broken skin with plasters and suitable gloves.
* Not consuming food or drink in areas where there may be a risk of exposure to blood borne viruses.

6.2 Gloves and skin protection

* Gloves of a suitable kind for the activity should be worn when handling body fluids. (Latex and powdered gloves should be avoided).
* The wearing of gloves does not replace the need for scrupulous hand washing.
* An alcohol based rub may be used where the hands are not visibly contaminated and no wash facilities are available.
* Laboratory clothing should be washed at a high temperature (ideally over 60 degrees).

6.3 Waste disposal and sharps

* All sharps (metal & glass, needles, blades, pipette tips able to puncture plastic bags must be placed in the designated yellow sharps containers.
* Wastes contaminated with cytotoxic or cytostatic substances may require further segregation.

**7. Risk Assessment**

7.1 Eligibility for immunisation will be determined by risk assessment carried out by the Line Manager before the start of employment and annotated on the employee’s/student’s Health Exposure Record (Appendix 1)

7.2 Eligibility for immunisation of existing employees/students will be determined by risk assessment carried out by the Line Manager and annotated on the employee’s individual Health Exposure Record. The employee/student will also be required to complete a Vaccination History Document prior to vaccination being considered / completed (Appendix 2).

7.3 University employees/students who may be at risk of occupational exposure to Hepatitis B will be categorised into the following groups:

7.3.1 High risk roles include employees who, as a part of their normal duties would be expected to experience frequent direct exposure to blood or other potentially contaminated human tissue or fluids; and where an acute contamination incident may not be immediately noticed e.g. clinical academic staff involved in invasive or exposure prone procedures, forensic pathologists and dentists.

 Exposure prone procedures are those where the worker’s/student’s gloved hands may be in contact with sharp instruments, needle tips and sharp tissue inside an open body cavity, wound or confined anatomical space; where the hands are not visible at all times.

7.3.2 Moderate risk roles include employees where there is a risk of contamination on a regular basis, but safe systems of work should normally provide adequate protection against blood borne virus contamination. Contamination incidents are isolated and recognisable e.g. academic medical staff not carrying out invasive or exposure prone procedures; laboratory technicians in pathology, haematology etc.

7.3.3 Low risk roles include work where there is occasional risk of exposure, but this is not a regular feature of the role. Potential contamination incidents are isolated and recognisable. This includes security staff, porters, safety officers and domestic staff in areas where Hepatitis B is a significant hazard.

7.3.4 Roles identified as no normal riskincludes those where there is no potential for contamination during the normal course of employment e.g. administrative, clerical and kitchen staff and most non-clinical academics.

7.4 The cost of the vaccination course, subsequent serology and booster doses will be met by the Faculty/Directorate identifying employees’ as being at risk from exposure to the Hepatitis B virus.

7.5 Students admissions only – The Faculty will issue guidance to students during the admissions process on the need for vaccination course, subsequent serology and booster doses. Any costs incurred during the vaccination process will be met by the Faculty/Directorate responsible for issuing the guidance.

**8. Risk Management**

8.1 Under normal circumstances the risk assessment will be undertaken within each Department by a member of staff deemed suitably qualified to carry out assessment of risk within that specified work environment e.g. Departmental Manager or Laboratory Technician. Additional advice however, may be sort from the University Health and Safety Adviser or Occupational Health Department if required.

8.2 Each Department will submit details of the employees/students who fall into ‘at risk’ categories to the University Occupational Health Department and annotate the employees/students Health Exposure Sheet accordingly.

8.3 In addition to suitable risk assessments being provided the Occupational Health Department should be informed of any re-classification of employees as a result of changes in their work practices.

8.4 In the case of new employees please note the requirement for information in 7.1 plus relevant information should also be made available through the computerised HR programme when an employee is recruited.

8.5 These processes will enable Occupational Health to maintain an accurate register of ‘at risk’ personnel.

8.6 For employees at high risk, unless there are medical reasons to the contrary, Oxford Brookes University will normally require evidence of immunity to Hepatitis B.

8.7 For employees at moderate to low risk immunisation will be recommended but will not be compulsory.

8.8 For employees with no risk immunisation will not be advised.

8.9 For those employees who also hold Honorary NHS contracts, that aspect of their employment will continue to be determined by the Hepatitis B Policy in the NHS Trust concerned.

**9. Policy Implementation**

9.1 Once identified as being at high risk Occupational Health will contact employees/students either directly or via their Department to arrange a review.

9.1.1 Employees/students who do not have evidence of current immunity against Hepatitis B will be referred to the Medical Centre (part of St Bartholomew’s Health Centre) for immunisation or serological testing; whichever is deemed appropriate.

9.1.2 Occupational Health will maintain appropriate records and will notify individuals if any subsequent booster vaccinations or serological testing is required.

9.1.3 It should be noted that all successful applicants to posts designated as high risk would normally be required to demonstrate adequate immunity to Hepatitis B, as a condition of employment.

9.2 Employees/students identified as moderate to low risk will be contacted by Occupational Health either directly or via their Department to arrange a review appointment.

 9.2.1 Although strongly advised, vaccination and subsequent serology will be advisory and not compulsory for those employees and students identified in the moderate or low risk category. If the employee wishes to take up Hepatitis B vaccination will be referred to the Medical Centre by Brookes Occupational Health in line with the agreed protocol.

9.2.2 Staff with honorary NHS contracts and those at risk from contracting Hepatitis B as a direct consequence of those contracts will continue to be subject to the NHS John Radcliffe Hospital NHS Trust Hepatitis B Policy.

9.2.3 Occupational Health will maintain appropriate record documentation of the individual’s immune status and note any decision to refuse immunisation.

9.2.4 Any employee/student classified in this group who is involved in a potential contamination incident should contact OH as soon as possible so that post-exposure vaccination may be considered.

9.3 Prophylactic Hepatitis B vaccination is not considered necessary for employees where there are no normal risks.

9.4 The University recognises that a proportion of recipients fail to develop an adequate immune response after a primary course of Hepatitis B vaccine. If this occurs it will be recommended that:

* A further booster dose be given; followed by serological antibody testing.
* This may be extended into a second complete course if there is still an inadequate response.

9.5 Despite this extended vaccination policy there will still be a cohort of ‘non-responders’. If this is the case:

* The employee/student will be seen by an Occupational Health Adviser for a detailed review of their working practice to assess the potential for modification of those practices to reduce the risk of Hepatitis B transmission as far as is reasonably practicable.
* If this proves impossible, the employee/student will be counselled by an Occupational Health Adviser. This includes action in relation to post-contamination episodes where a post exposure vaccination may be appropriate. If the employee is fully aware of the degree of risk involved, it is expected that the employee confirm in writing that they are conversant with and accept responsibility for the risk in writing. This decision will be notified to Human Resources and/or the relevant Department within the Faculty.

9.6 An employee/student who refuses immunisation and/or subsequent monitoring will be asked to attend Occupational Health for a review. If the employee decides not to take the advice and are fully informed of the risks they will be required to sign a disclaimer which will then be notified to Human Resources and/or the relevant Department within the Faculty.

**10. Vaccination Information**

10.1 Immunisation is given by intramuscular injection of a Hepatitis B surface antigen containing vaccine; this vaccine cannot cause the disease against which it protects.

10.2 There are several regimes available for the administration of Hepatitis B. The vaccination is given by intramuscular injection into the deltoid musclegenerally at 0,1,6 months with serology being performed 2 months after the 3rd injection; there can be some local inflammation / soreness around the site of the injection and occasionally generalised malaise, headache, flu-like symptoms.

10.4 A recommended level of Anti-Hepatitis B antibody for those in high to moderate occupations is >100 IU/ml with a booster dose given after 5 years or following a contamination injury.

10.5 For those in moderate to low risk occupations a level of >10 IU/ml is considered adequate protection. A booster dose at 5 years will be offered to those in moderate risk categories.

10.6 The protocol between Oxford Brookes University Occupational Health Department and St Bartholomew’s Medical Centre located on Campus for staff/students to Receive Immunisations/Vaccinations via the Medical Centre will apply in this case

10.7 Up-to-date risk assessments will inform the need to give vaccinations to protect against occupational risk.

10.8 A Medical Centre Medical History Form will be used to identify which vaccinations will be required.

10.9 The form will be passed to a Medical Centre Doctor for a signature of consent; this is a legal requirement as it is a private service.

10.10 The Practice Nurses will apply normal nurse protocols for safe administration of immunisations.

10.11 The employee/student will be given a computer printout of the vaccine administered with batch numbers recorded. The staff member can use this to pass to their NHS General Practitioner. A copy of the printout will also be sent in the external post back to the Occupational Health Department at Brookes.

10.12 In the event of an incident exposing the individual to Hepatitis B/Hepatitis C/HIV contaminated material, an incident form must be completed and sent to the Occupational Health Department at Brookes. The employee/student will be referred to the John Radcliffe Hospital Centre for Health and Well-being.

10.13 A contamination incident would include a sharps injury from a used needle/sharp, a splash of blood or blood stained body fluids into eyes, nose or mouth and a bite or scratch that breaks the skin.

10.14 Following a sharps injury an injured employee/student will be referred by their manager to the relevant NHS Occupational Health service provider (John Radcliffe Hospital Centre for Health and Well-Being or Great Western Hospital Swindon) for an assessment of risk and advice. The relevant NHS Trust Policy of the Management of Inoculation Injuries will be followed and any appropriate immunisations and or blood tests will be offered.

10.15 If a contamination incident occurrs out of hours, employees/students should contact the on-call micro-biologist via the John Radcliffe switchboard or attend the A & E Department at the Great Western Hospital, Swindon.

**DATE:** December 2015

**Date of next review:** December 2018

**Appendix 1**

**Oxford Brookes University Health Exposure Record**

**Copies:** Occupational Health Record & Employee’s / Student’s Manager

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| --- | --- | --- |
| Employee’s / Student’s Name:Faculty / Directorate: | Gender:Date of Birth: | P No.:Role: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Substance | Nature of Hazard(1) | Physical State(2) | Quantity | Amount(3) | Frequency/Duration of Use(4) | Control Measures(5) | Date Exposure Commenced | Date Exposure Ceased | Incident/Accident/ Surveillance Records Attached Y/N(6,7) |
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1. Carcinogen, mutagen, reproductive toxicity, respiratory sensitiser, skin sensitiser,

Blood, blood products 5. Fume cupboard, laminar flow bench, LEV, glove box or similar

1. Liquid, slid, dust, vapour or gas PPE/ RPE
2. Include amounts and units 6. Please attach copies of any incident/accident details
3. Daily, weekly, monthly, rarely 7. Please keep with any health surveillance outcomes from OHS



**Appendix 2**

**Confidential Pre-placement Hepatitis B Vaccination History Form**

**Please return this completed form to: A Porat OH Office Coordinator, Room A1/01 Wheatley Campus (x5772) or by email to** **aporat@brookes.ac.uk**

|  |  |
| --- | --- |
| **Name:** | D.o.B: |
| Job Title: | Directorate/Faculty |

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| --- |
| This form is to ensure that Occupational Health has accurate, up to date, information regarding your vaccination status. This will ensure that the correct information is sent to your GP / the OBU Medical Centre to meet your personal vaccination requirements as identified by risk assessment.**It is vital that the information you provide is comprehensive and accurate – do not guess if you do not know. Your GP surgery should be able to provide all the information required if you are uncertain of the accuracy of your own records.** |

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| **Vaccination and Serology History** |

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| **Hepatitis B** |

Initial Course

|  |  |
| --- | --- |
| Date of 1st injection | Date: |
| Date of 2nd injection | Date: |
| Date of 3rd injection | Date: |

Subsequent Hepatitis B booster vaccinations (if any)

|  |  |
| --- | --- |
| Date of 1st booster | Date: |
| Date of 2nd booster | Date: |
| Date of 3rd booster | Date: |

|  |  |
| --- | --- |
| Have you had serial blood tests following Hepatitis B Vaccination? If so what was the result and when was the last blood test? | **Date of last blood test:** **Blood test result:** |

|  |  |
| --- | --- |
| Signature: | **Date:** |