

Guideline for the Immunisation of New and Existing Health Care Workers

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Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

This guideline has been developed by Workplace Health & Wellbeing.

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a clinical guideline applicable to Norfolk & Norwich University Hospitals NHS Foundation Trust

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Quick Reference				
Health Care Worker (HCW) Immunity to Infectious Disease Work Requirements				
Infectious Disease	New Clinical HCW undertaking EPPs / Undertaking clinical duties in Renal unit	New Clinical HCW non EPP	New Laboratory and Pathology HCWs	Existing Clin HCW
Hepatitis B	Mandatory for all new HCWs to provide evidence they are non-infectious for Hep B - IVS blood sample for antibody and surface antigen prior to employment. If	All HCWs advised to be protected if at risk from blood and or body fluids	All HCWs advised to be protected if at risk from blood and or body fluids	EPP / Renal workers- man Hep B and ev of non-infectiv All others adv Hep B protect

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	positive further testing will be required to assess if able to undertake these duties This is not required for HCW who are undertaking clinical duties in Renal Units			
Hepatitis C	Mandatory blood test for all new HCWs who commenced EPPs after 1 st April 2007 undertaking EPPS for first time. If positive further testing will be required to assess if able to undertake these duties This is not required for HCW who are undertaking clinical duties in Renal Units	Not a work requirement but to offer blood test for Hep C	Not a work requirement but offer blood test for Hep C	EPP - recommend blood test for
				All others not requirement
HIV	Mandatory blood test for all new HCWs who have commenced EPPs after 1 st April 2007 and undertaking EPPs for the first time. If positive further testing will be required to assess if able to undertake these duties This is not required for HCW who are undertaking clinical duties in Renal Units	Not a work requirement but to offer blood test for HIV	Not a work requirement but offer a blood test for HIV	EPP - recommend blood test for
				All others not requirement
TB	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	HCWs working in higher risk areas* must provide evidence of immunity prior to employment	HCWs working in higher risk areas* must provide evidence of immunity prior to employment
Measles Mumps Rubella (MMR)	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	All HCWs to have evidence of immunity
VZV- Chicken Pox	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	Evidence of immunity required on commencing employment	All HCWs to have evidence of immunity
Pertussis	HCWs working with women in the last month of pregnancy (e.g. in midwifery, obstetrics and maternity settings) and neonatal and paediatric intensive care staff who are likely to have close and/ or prolonged clinical contact with severely ill young infants are required to	HCWs working with women in the last month of pregnancy (e.g. in midwifery, obstetrics and maternity settings) and neonatal and paediatric intensive care staff who are likely to have close and/ or prolonged clinical contact with	Not a work requirement	Not a work requirement

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	have had a pertussis vaccination in the last 5 years	severely ill young infants are required to have had a pertussis vaccination in the last 5 years		
Diphtheria Tetanus Polio	Advised full protection - GP	Advised full protection - GP	Immunity required if risk identified - OH	Advised full protection - G
<p>*TB (higher risk area) - Mortuary, Histopathology, Microbiology, Thoracic surgery, Respiratory medicine (including procedures including bronchoscopies / Chest physiotherapy, Oncology/Haematology, Renal dialysis department (ED), Urgent Care Centre (UCC), Children's Assessment Unit (CAU), Acute Medical Unit (AMU) (Surgery), Older Peoples emergency department (OPED), Rapid access and treatment service (RATS), Accident and Emergency department (AED).</p>				
<p>Seasonal Vaccination - it is recommended that all clinical HCWs are protected against flu. The Trust provides a programme which can be accessed by all trust staff. Following the COVID-19 Pandemic, where JCVI recommends seasonal vaccination is also advised.</p>				

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Introduction

Rationale

The Trust recognises the importance of protecting HCWs from infectious diseases, which could pose a risk to patients, other HCWs and the need to sustain the workforce.

The Trust places an importance on reinforcing and extending existing measures to reduce the risk of HCW to patient transmission of infectious disease. This includes providing evidence of immunity to Hepatitis B, C HIV, TB and other infectious diseases such as Varicella (chicken pox), Measles Mumps and Rubella (MMR), Diphtheria, Tetanus, Pertussis (whooping cough) and Polio.

Objective

The aim of this Guideline is to ensure all staff who are employed have the appropriate level of immunisation protection according to their job role and ensure compliance with the following guidance documents:

- UK Health Security Agency (UKHSA) (2021) Integrated Guidance for the health clearance of HCW and the management of HCW infected with BBVS
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033571/Integrated_guidance_for_management_of_BBV_in_HCW_November_2021.pdf
- Department of Health guidance on “Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New Health Care Workers (2007).
- Department of Health ‘Green Book’ – Immunisation against infectious diseases,
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- [Pertussis occupational vaccination of healthcare workers](#)
[Pertussis: occupational vaccination of healthcare workers - GOV.UK \(www.gov.uk\)](#)
- NHS Health at Work Network, Core List New Starter Immune Status Check, Vaccinations, Testing & Blood-Borne Virus Clearance
https://www.nhshealthatwork.co.uk/images/library/files/Streamlining/Formatted_On_e-page_FINAL_Core_List_of_NHS_England_Imms_and_Vaccs_October_2019.pdf
- Health and Social Care Act 2008 (updated Jan 2015): Code of Practice for health and adult social care on the prevention and control of infections and related guidance. – Criterion 10.
- The Control of Substances Hazardous to Health (COSHH) – biological agents

Scope

This guideline applies to all **new and existing** HCWs who have direct clinical contact with patients and staff who regularly handle pathogens or potentially infected specimens.

This guideline also applies to non-Clinical Health Workers (e.g. ward clerks, ancillary staff etc) and volunteers who work with patients and have direct face to face social contact.

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This guideline must be implemented in line with all other relevant Trust guidelines.

- [The management of Hepatitis C Infection in Health Care Workers](#)
- [The management of Hepatitis B protection for health care workers and guidance in relation to Exposure Prone Procedures\(EPP\)](#)
- [The prevention of tuberculosis and management of tuberculosis exposure in healthcare workers.](#)
- [EPP Areas and Immunisation Requirements](#)
- [Workplace Health Assessment Screening Procedure](#)

Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
Exposure Prone Procedure (EPP)	<p><i>EPPs are defined as those where there is a risk that injury to the worker may result in the exposure of the patients open tissues to the blood of the worker. These procedures include those where the workers gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (spicules of bone or teeth) inside a patients open body cavity, wound or confined anatomical space, where the hands or finger tips may not be visible at all times.</i></p> <p>Reference: UK Advisory Panel sited in Aids/HIV Infected Health Care Workers: Guidance on the management of infected health care workers and patient Notification</p>
New Health Care Worker	<p>For the purpose of this guidance a new health care worker is considered if they are a:</p> <ul style="list-style-type: none"> • Healthcare worker new to the NHS. • Healthcare worker moving into training or posts involving EPPs for the first time. • Healthcare worker returning to the NHS- this includes any staff who have been on electives spent in countries of high prevalence for Tuberculosis (TB) / Blood Borne Virus', voluntary service with medical charities, sabbaticals, exchanges, locum and agency work or periods of unemployment outside of the UK.
Existing Health care worker	<ul style="list-style-type: none"> • A Health care work who has had continuous NHS Service with no break in employment / overseas placement.

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	<ul style="list-style-type: none"> • A Health care worker who is undertaking a retire / return programme with limited gap in service would not require new full clearance but should be based on previous employment screening requirements.
<p>Working only in renal unit</p>	<p>Dialysis procedures are not classed as EPP but UKAP (UK Health Security Agency) recommends that the possibility of transmission cannot be entirely ruled out because renal patients having haemodialysis have repeated bloodstream access. Therefore the guidance recommended to screen all those with ‘clinical contact with this patient group (i.e. are concerned directly with the haemodialysis process)’ for Hepatitis B. It is recognised that the definition is a little confusing because ‘clinical work’ does not always directly equate with haemodialysis process, common practice among Occupational Health services is to test those involved in any aspects of haemodialysis work.</p>

Responsibilities

Trust Responsibilities

To ensure the Health and Safety of patients is not compromised by exposure to a HCW infected with TB, hepatitis B, hepatitis C and HIV or any other communicable infectious disease.

To identify and ensure all HCWs are immunised against or have documentary evidence of immunity to identified infectious diseases.

To identify HCWs who are not immune to infectious disease and to offer occupational immunisation programmes or necessary blood testing procedures.

Manager Responsibilities

To ensure all new HCWs have undergone the necessary immunisation assessments as part of the new starter process and to ensure all HCWs have been advised about the communicable disease health risks of their work.

To undertake a COSHH risk assessment in areas where HCWs may be exposed to biological agents. To ensure measures have been introduced to protect HCWs and others who may be exposed to these risks.

Where it has been indicated on the WHWB Pre-placement Outcome Report that a new employee is “Not able to commence work until Immunisation / EPP clearance has been given ” the manager / recruitment team must ensure the HCW attends an appointment with Workplace Health and Wellbeing prior to commencing the post.

Where it has been indicated on the WHWB Pre-placement Outcome Report states that Immunisations ‘Advised on starting role’ The individual can commence work BUT they (& their manager) must be advised that they must book an appointment for an immunisation

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check within the first two weeks of their employment “as part of their induction programme. An expiry date will be provided on the Outcome Report. If the necessary appointment has not taken place by this point then the worker is not considered ‘cleared for patient contact’. An updated Outcome report will be prepared by WHWB when this has taken place. If managers do not ensure that these assessments have taken place they are accepting the risk of transmission of their worker acquiring or transmitting an infectious disease in the workplace.

To ensure all new HCWs who undertake EPPs have health clearance prior to commencing work at the Trust and to ensure they do not undertake EPPs within their department until they have been cleared by Workplace Health and Wellbeing. The manager must ensure they have an Outcome report they have been authorised to undertake EPPs, if there is an expiry date for the EPP clearance then the manager must ensure a further report has been issued prior to the expiry date otherwise the HCW will be stopped from undertaking EPPs.

To ensure where it has been identified by Workplace Health and Wellbeing that a HCW cannot demonstrate immunity to MMR and any other infectious disease that their HCW understands the risk to patients and if requested to refrain from work following a contact tracing incident they may be required to take this as annual leave or unpaid leave.

Employees (including prospective employees)

To take professional responsibility for ensuring they are protected from and are immune to identified infectious diseases as indicated by the UKHSA **see quick reference 1**. To undertake all the necessary health clearance checks as requested. This may need to be undertaken prior to employment in the case of EPP clearance / high-risk area to Tuberculosis and for MMR. Alternatively, an immunisation assessment may need to be undertaken within the first two weeks of employment unless UK laboratory/OH documentary evidence of the necessary tests or results can be provided. . If the worker does not comply with the above, then they are not considered ‘cleared for patient contact’

All HCWs should comply with requests from Workplace Health and Wellbeing for vaccination or blood testing where it has been identified there is no documentary evidence of immunity to identified infectious disease. Where a new HCW declines to have any test or vaccination Human Resources will be informed and the offer of employment may be withdrawn. If a HCW declines MMR vaccinations they will be offered serological tests for immunity to Measles and Rubella, which will be at their own expense. There will be no charge for MMR immunisation. If the worker does not comply with the above, then they are not considered ‘cleared for patient contact’

All HCWs exposed to blood and or body fluid should ensure they are protected against Hepatitis B infection or have blood testing results as evidence of protection.

All HCWs who know or have reason to believe they may have been infected with TB, hepatitis B, hepatitis C or HIV must report this in confidence to Workplace Health and Wellbeing.

All HCWs who develop other infectious diseases such as chicken pox, shingles, measles, pertussis, mumps or rubella or any other communicable disease must also inform

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Workplace Health and Wellbeing as soon as they have been diagnosed to ensure patients are not placed at any risk of exposure.

Workplace Health and Wellbeing

To undertake immunisation assessments and to arrange appropriate tests and administer vaccinations to ensure HCWs are protected from infectious disease.

To review the immunisation status of existing HCWs and arrange appropriate vaccination and testing. To liaise with the manager where HCWs have not attended for immunisation assessments and therefore may be restricted from working in certain clinical areas.

To maintain confidential immunisation records and to maintain a recall system for further testing and or immunisation.

To inform Senior Management and HR when HCWs have declined to have the necessary vaccinations or blood tests to ensure immunity to certain infectious diseases.

Other staff considerations

New HCWs from overseas

All **new** HCWs from outside the UK who are applying for employment in the Trust (Including those applying under the international recruitment arrangements) will be required to undergo immunisation assessment and clearance checks in their own country before applying for employment in the NHS. Confirmation of these results should be made by Workplace Health and Wellbeing before taking up a post within this Trust.

If posts being undertaken require EPP clearance, then these tests will be repeated on arrival to the Trust so that UK laboratory results are available. Restrictions on activities will be required until results are available and clearance is provided by Workplace Health and Wellbeing.

TB clearance may be required if they have been working in a country where the TB incidence is > than 40/ 100,000. Again, some restrictions may be required until full clearance is given.

Bank workers

All bank workers are required to comply with the Trust immunisation requirements outlined in this guideline. Any bank workers who are likely to work in designated EPP areas or higher risk areas will need to undergo appropriate screening before undertaking a shift in that area. See [Trustdocs ID: 13321](#) for details. A fitness certificate will be generated from workplace health and wellbeing to confirm compliance and sent to the temporary staffing office.

Voluntary workers

Volunteers who are in direct contact with patients are required to comply with the Trust immunisation requirements outlined in this guideline. Workplace Health and wellbeing will provide the necessary screening and vaccinations if required.

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Agency / Locum HCWs

All agency / locum staff should comply with the Trust immunisation requirements or the health screening requirements for agency workers supplied under the PASA framework agreement. This includes medical locum staff.

Whilst it is the responsibility of the agency to clear temporary staff for EPPs, it is the NHS employer that has the responsibility to check that they have been cleared. The NHS employer (medical staffing) will request the OH service to verify that the clearance information is sufficient for these procedures.

If the HCW cannot provide satisfactory evidence and further screening is required, this can be undertaken by workplace Health and Wellbeing but will be at the agency workers expense.

Policy Principles/ Service to be delivered/Processes to be followed

Confidentiality

HCWs who contract a communicable disease will receive the same rights to confidentiality as any person seeking or receiving OH advice and support.

Personal Information will not be released to the employer or any other agency or person without the written consent of the HCW.

Dissemination

This guideline reflects the current UKHSA guidance and best practice. The document has been circulated to Infection Control and the Microbiology Department during the consultation phase.

Related Documents

Communicable Disease Surveillance Centre (1995) *Hepatitis C virus transmission for health care worker to patient*. Communicable Disease Report Weekly: vol 5 (26) 30 Department of Health, Immunisation of healthcare and laboratory staff in, *immunisation against infectious disease*, <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Department of Health (2002) *HIV Infected Health Care Workers*, A consultation Paper on Management and Patient Notification.

NICE Guidelines (2016) Tuberculosis <https://www.nice.org.uk/guidance/NG33>

Public Health England (2014) *The Management of HIV infected Healthcare Workers who perform exposure prone procedures*
http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140704390

Department of Health (2007) *Hepatitis B infected healthcare workers and antiviral therapy*.

Health Service Circular HSC 1998/063: *Guidance for clinical health care workers: protection against infection with blood-borne viruses*.

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NHS Employers (2007) *the healthy workplaces handbook*, the NHS reference guide to staff well-being Section 8 Chapter 22

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References

UK Health Security Agency (UKHSA) (2021) Integrated Guidance for the health clearance of HCW and the management of HCW infected with BBVS

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033571/Integrated_guidance_for_management_of_BBV_in_HCW_November_2021.pdf Department of Health (2007) guidance on “Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New Health Care Workers.

Department of Health ‘Green Book’ – Immunisation against infectious diseases, <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

[Pertussis occupational vaccination of healthcare workers](#)

[Pertussis: occupational vaccination of healthcare workers - GOV.UK \(www.gov.uk\)](#)

NHS Health at Work Network, Core List New Starter Immune Status Check, Vaccinations, Testing & Blood-Borne Virus Clearance

https://www.nhshealthatwork.co.uk/images/library/files/Streamlining/Formatted_One-page_FINAL_Core_List_of_NHS_England_Imms_and_Vaccs_October_2019.pdf

Oxford Medical Publications (2013) *Oxford Handbook of Occupational Health* 2nd Edition Pg 490 – 497

Monitoring Compliance / Audit of the process/policy principles/service to be delivered

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
All new HCWs will be assessed for immunity to certain infectious diseases in line with the Trust guideline.	WHWB Audit	WHWB Governance	Workforce Leadership Sub-board / Health & Safety Committee	Biennial
Immunisation assessments will be undertaken on all ward areas/departments to ensure HCWs are protected from infectious diseases and managers informed if non-compliance with the Trust policy is demonstrated.	WHWB Audit	WHWB Governance	Workforce Leadership Sub-board / Health & Safety Committee	Biennial

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The audit results are to be discussed at relevant WHWB governance meetings to review the results and recommendations for further action. Then sent to the Clinical Guidelines Assessment Panel Committee who will ensure that the actions and recommendations are suitable and sufficient.

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Equality Impact Assessment (EIA)

Type of function or policy	Existing
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Division	Corporate	Department	Workplace Health & Wellbeing
Name of person completing form	Hilary Winch	Date	16/11/2022

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	Nil	None	Trust	No
Pregnancy & Maternity	Nil	None	Trust	No
Disability	Nil	None	Trust	No
Religion and beliefs	Nil	None	Trust	No
Sex	Nil	None	Trust	No
Gender reassignment	Nil	None	Trust	No
Sexual Orientation	Nil	None	Trust	No
Age	Nil	None	Trust	No
Marriage & Civil Partnership	Nil	None	Trust	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.

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Appendix 1 – Staff Ward Immunisation Chart

Ward / Dept	Immunisation required?	Immunisation must be checked - Higher risk of infection areas	Respiratory Risk Procedures TB must be checked	Pertussis vaccination required	EPP clearance required
Acute Medical Unit (AMU) K/I/H	X	X	X		
Angio suite	X				
Blakeney Ward	X	x		X	
Brundall Ward	X				
Buxton Ward	X	X			
Critical Care Unit/ Kilverstone Ward	X				
Children's Assessment Unit	X	X	X		
Cley Gynaecology	X				
Clinical Research and Trials Unit (CRTU)	X				
Coltishall	X				
Critical Care Complex	X	X			
Day Procedure Theatres	X	X	X		X
Delivery Suite	X	X		X	X
Dental	X				X
Denton Ward	X				
Dermatology Outpatients	X				X
Dilham (add)	x				
Docking Ward	X				
Dunston Ward	X				
Earsham Ward	X				
Easton Ward	X				
Edgefield Ward	X				
Elsing Ward	X				
Emergency Department	X	X	X		X
Ears, Nose and Throat Outpatients	X				X
Gastroenterology Unit	X				

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Ward / Dept	Immunisation required?	Immunisation must be checked - Higher risk of infection areas	Respiratory Risk Procedures TB must be checked	Pertussis vaccination required	EPP clearance required
Gateley Ward	X				
Gissing Ward	X				
Guist Ward	X				
Gunthorpe Ward	X	X	X		
Hethel Ward	X	X	X		
Heydon Ward	X				
Hoveton Isolation unit	X	x	x		
Ingham Ward	X				
Intwood	X	X	X		
Renal Medicine	X	X	X		X
Kilverstone	X				
Kimberley Ward	X				
Laboratory Medicine	X				
Langley Ward	X	X	X		X
Loddon Ward	X				
Main Theatres	X	X			X
Maternity	X		X	X	X
Mattishall Ward	X	X			
Minor Injuries Cromer	X	X	X		X
Microbiology	X		X		
Mortuary	X		X		
Mulbarton Ward	X	X	X		
NICU	X	X	X	X	
Oncology (Colney Centre)	X	X	X		
Operations Centre	X				

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Ward / Dept	Immunisation required?	Immunisation must be checked - Higher risk of infection areas	Respiratory Risk Procedures TB must be checked	Pertussis vaccination required	EPP clearance required
Ophthalmic Outpatients /Cromer	X				X
Oral Outpatients	X				X
Orthopaedic Theatres	X				X
Outpatients	X				
Paediatrics	X	X	X		
Pre-Op Assessment Clinic	X				
Recovery	X	X			
Renal Medicine	X	X	X		X
Respiratory outpatients	X		X		
Rheumatology Day Ward	X				
Site Float	X	X	X		X
Same Day Admission Unit (SDAU)	X				
Weybourne Day Unit	X	X	X		