# Health Clearance and Immunisation Policy

Health clearance measures are required to minimise the risk of transmission of infection to patients from healthcare staff, particularly during exposure prone procedures. Immunisation against infectious disease is required for the protection of staff. This includes Hepatitis B immunisation for staff whose activities place them at risk of this infection.

This policy is based on requirements for GDC registration; the Department of Health’s ‘Green Book’, the Scottish Government Health Clearance guidance (2008), which provides Standard Health Clearance and Additional Health Clearance recommendations for new staff; and Public Health England’s guidance on management of HIV-infected healthcare workers (2014).

## Health Clearance

Staff who have clinical contact with patients are immunised for Hepatitis B and Tuberculosis and are confirmed as otherwise fit to work. All new staff with clinical contact have Standard Health Clearance. In addition, new staff who may carry out exposure prone procedures (EPPs) have Additional Health Clearance prior to appointment. EPPs are those procedures where there is a risk that injury to the worker may result in the exposure of the patient’s open tissues to the blood of the worker.

**Standard Health Clearance** includes being screened for Tuberculosis with a skin test if required (pre-appointment) and offered screening/immunisation for Rubella, Measles and Varicella infection. Staff will also be offered the opportunity to be tested for blood borne viruses and to have a course of Hepatitis B vaccine.

**Additional Health Clearance** includes testing for:

* Hepatitis B infection and shown to be surface antigen negative for Hepatitis B. If shown to be surface antigen positive and e-antigen negative, then certain criteria will need to be met before the member of staff is cleared to carry out EPPs *[confirm with local OHS]*
* Hepatitis C infection and shown to be antibody negative for Hepatitis C or negative for Hepatitis C RNA. If shown to be negative for Hepatitis C RNA, then this must be as a consequence of natural clearance or at 6 months after cessation of antiviral therapy *[confirm with local OHS]*
* HIV infection and shown to be antibody negative for HIV. If shown to be antibody positive then certain criteria will need to be met before the member of staff is cleared to carry out EPP. *[confirm with local OHS]*

Blood tests **must** be carried out on “identified validated samples” (IVS) and be documented as such. IVS requires that a form of I.D. be presented at the time the blood is taken.

Healthcare workers who perform EPPs have a professional, ethical and legal duty to protect their patients and inform *[e.g. the practice owner, OHS]* if they know (or suspect) that they are infected with a blood borne virus (Hepatitis B, Hepatitis C or HIV) now or at any time in the future.

## Hepatitis B Immunisation

All staff at risk of exposure to blood borne viruses through contact with blood and body fluids, including those carrying out instrument decontamination, are offered immunisation against Hepatitis B. This is arranged through *[e.g. Occupational Health Service]*. An antibody level of *[insert level advised by local OHS]* is deemed acceptable.

The Hepatitis B immunisation status of all staff is recorded and the information stored securely and confidentially in line with Data Protection Act (1998). These records are stored *[where]* and can be accessed by *[who]*.

## Routine Immunisation

All staff involved in direct patient care are offered checks for immunity and where applicable, routine immunisations as detailed above in ‘Standard Health Clearance’.

For staff who have limited or indirect patient contact *[e.g. receptionist, ancillary staff]* routine immunisations based on assessment of risk are recommended.

*[Check regularly with your local Health Board/OHS for the appropriate vaccination requirements for clinical and non-clinical staff, because these may vary, and amend as required]*

Policy last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of next review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Name and/or designation of responsible person]* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following staff have read and understood this policy *[include all team members]*.

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| **Dental Team Member**  | **Position** | **Signature** | **Date** |
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