

Wiltshire Council Occupational Health (Vaccination Policy)

This policy can be made available in other languages and formats such as large print and audio on request.

What is it?

This policy forms part of the Occupational Health Risk Management System. Its purpose is to assist you and your managers to manage health hazards where work activities expose or have the potential to expose you to **Communicable disease**. The initial emphasis is on risk reduction measures which might include vaccinations where applicable.

The policy aims to minimise your risks of acquiring **Blood Borne Virus** (BBV) and other defined communicable diseases following actual or accidental exposure to contaminated or potentially contaminated substances. This includes providing occupational health advice regarding vaccination systems and procedures.

Who does it apply to?

The policy applies to all Wiltshire Council employees who have been identified by a risk assessment as requiring vaccination, as a risk reduction measure, in order to reduce the risk of getting blood borne viruses or other communicable diseases, as defined in this policy.

Examples of the workers that the policy is most likely to apply to are;

- Employees who carry out personal care
- Employees working in day care centres or residential care homes
- Those working with known substance abusers
- Employees who work with people with challenging behaviours
- Social workers
- Sewage workers
- Ground maintenance workers
- Refuse workers
- Street cleaners

This is a harmonised policy and applies to both Wiltshire Council and ex-district TUPE employees.

When does it apply?

This policy only applies to employees where their role has been identified, by a risk assessment, as requiring a vaccination.

This vaccination policy and procedure will only apply to blood borne viruses **Hepatitis B** , **Hepatitis C** and **Human Immunodeficiency Virus (HIV)** and communicable diseases of **Tuberculosis**, **Hepatitis A**, **Tetanus** and **Influenza (Flu)**. See **table** summarising the communicable diseases defined in the policy.

Communicable diseases that fall out of the above criteria will be managed on a case by case basis; further relevant policies may become applicable.

What are the main points?

Key Definitions

These definitions are simplified for ease of understanding in the context of this policy.

Blood Borne Virus (BBV):

A blood borne virus is any disease that can be spread through contact with infected blood or body fluids, such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus and Hepatitis C Virus. Such viruses can cause serious health problems and in some cases can be fatal.

Body Fluids:

Body fluids are any liquids that are expelled from a human being. These include:

- Body fluids which may come from open wounds
- Semen and vaginal secretions
- Breast milk
- Urine and excrement
- Saliva
- Sputum
- Tears
- Sweat
- Vomit

Communicable disease:

Communicable disease is any illness that can be transmitted from one person to another. This may occur by direct contact, by handling of an object that has picked up infective bacteria, or by spread of infected droplets coughed or exhaled into the air.

Hepatitis A (Hep A):

This infection is spread by ingestion of infected faeces. The infection attacks the liver and causes serious health complications.

Hepatitis B (Hep B):

This is an infection that is passed from person to person through blood to blood contact. The infection attacks the liver and can cause other health complications.

Hepatitis C (Hep C):

This is an infection that is passed from person to person through blood to blood contact. The infection attacks the liver and can cause other health complications.

Human Immunodeficiency Virus (HIV):

This is an infection that is passed from person to person through blood to blood contact. This infection gradually destroys your healthy cells and so your body cannot fight other infections causing serious health problems.

Immunity: Immunisation

Immunity is the ability of the human body to protect itself from infectious diseases. Immunity often results from vaccinations that can also be known as immunisations.

Influenza (Flu):

This infection affects the respiratory tract causing temperature, tiredness, sore throat and stuffy nose. It may also lead to other health complications.

Microorganism:

Is an organism or life form of microscopic or submicroscopic size, especially a bacterium or protozoan.

Post exposure prophylaxis (PEP):

Post exposure prophylaxis is treatment given following contact with a disease, which may prevent or reduce the severity of infection occurring. A provider of this service is a contracted vaccination service provider appointed by Wiltshire Council.

Tetanus:

A serious disease that can be caused by contamination of a wound.

Tuberculosis (TB):

This infection is spread mainly through respiratory contact.

How can these diseases be passed on?

1. Blood borne viruses and communicable diseases are passed on through direct contact with **Microorganism**, infected blood or other body fluids. This may occur by any of the following routes:
 - Unprotected sexual intercourse
 - Skin puncture by sharp objects such as infected needles and other instruments.
 - During childbirth
 - Blood transfusion
 - Contamination of open wounds (less common)
 - Entry of infected fluid via splash to a mucous membrane such as the eye, nose or mouth (less common)
 - Through human bites when blood is drawn

What are the risks of workplace contact with disease?

2. Provided **Risk assessment** are conducted and appropriate risk reduction measures are in place, the risk of you getting a disease as a result of your work is very small.
3. If you should become infected there could be serious health effects as well as potential consequences for your family.
4. It is therefore important that you understand what safe working practices are in place in your own department to protect you. It is your responsibility to stick to these safe systems of work, as they exist for your protection.
5. If accidental exposure to potentially infected blood or body fluids occurs, you will also need to know **what action to take**.
6. HIV: the risk is very low. If you suffer a deep penetrating injury from a known HIV source you have an approximate 1 in 300 chance of contracting HIV.
7. Your risk reduces further to just 1 in 1,000 of acquiring HIV when mucous membranes in the mouth, nose and eyes are involved.
8. Post exposure prophylaxis treatment can reduce your risk significantly.
9. Hepatitis B: the risk is relatively low. If you are unvaccinated and suffer a deep penetrating injury from a known Hepatitis B source you have an approximate 1 in 3 chance of contracting Hepatitis B.
10. Post exposure prophylaxis treatment for Hepatitis B can reduce your risk significantly.

11. Hepatitis C: the risk is low. If you suffer a deep penetrating injury from a known Hepatitis C source you have an approximate 1 in 30 chance of contracting Hepatitis C.

Risk assessment:

12. It is the responsibility of your manager to complete a **risk assessment** to identify the hazards and risks of exposure involved in your particular work. As a result of this your line manager will also identify the ways of reducing these hazards and risks.

13. The **risk assessment** should identify all relevant **Risk reduction measures** including training, hygiene and personal protective equipment. In some roles vaccination might not be required. Where it is required, you will be given appropriate advice about what to do.

14. Vaccinations are available for some communicable diseases including Hepatitis B, Influenza, Tetanus, Hepatitis A, and Tuberculosis. However, risk assessments need to be completed by your manager to identify whether you require a vaccination.

15. Vaccinations do not give a definitive 100% protection to a disease and other **Risk reduction measures** are of great importance.

16. Where vaccination is not an available option your manager will put in place risk reduction methods. **Risk reduction measures** include the following:

- Removal or the use of an alternative procedure.
- Modify or replace any equipment which may reduce or remove the risk.
- Ensure policies and training programmes are in place and well attended.
- Review work practices.
- Review Personal Protective Equipment.

Procedure for vaccination of new starters and current employees.

17. If you are a new starter or a current employee of Wiltshire Council your manager will conduct a risk assessment to determine whether you need a vaccination.

18. Your manager will notify you that you should be protected by vaccination to undertake your role.

19. Your manager will give you a **letter** with details of what vaccinations you require and how to arrange an appointment with a vaccination service provider.
20. If you have been previously vaccinated or gained immunity in the past, you will need to provide documented evidence of this. You may already have this evidence filed away. If not, the previous provider should be able provide this to you. Take this evidence to your vaccination service provider appointment.
21. You should contact the vaccination service provider on the phone number provided in the letter and make an appointment.
22. You should attend your appointment with your manager's letter, any documented evidence of previous vaccinations and your diary in order to book any follow up appointments.
23. You should arrange next appointment with the vaccine service provider.
24. You should claim any associated expenses using the expense claim form.
25. This procedure is summarised on a flowchart.

Please note: Wiltshire Council Occupational Health Service will be sent updated records after your vaccination appointment which may include results of your immunity status. Line managers will be sent notification of your immunity status as appropriate.

Cancellation of pre-arranged vaccination appointment

26. You must give at least two working days' notice of cancellation or change of an appointment with a vaccination service provider. If notice is not given the full charge of the appointment is payable by your department. The vaccination service provider or the Occupational Health Service will notify your line manager if you do not attend.

Vaccination Schedule

27. Vaccination schedules may differ depending on what infection you need to be immunised against. You may require one vaccination (e.g. influenza) or a course of three vaccines and a blood test (e.g. hepatitis B) to obtain the level of desired protection required for your role.
28. Your vaccination service provider will discuss this with you during your first appointment.

Post exposure procedure

29. If you have suffered a possible exposure to a blood borne virus (e.g. stabbed with a sharp object, or a splash of body fluid into your eye) then please follow this section. This procedure is also summarised on a [flowchart](#)
30. You should wash the wound or site of exposure with soap and water but do not scrub and do not suck the wound. If mucous membrane e.g. eye, mouth is involved, rinse with copious amounts of water.
31. You should if possible, dry and cover the wound with a dressing.
32. You should report the incident to your line manager immediately.
33. You should complete an incident form as soon as you are well enough to do so.
34. **Office hours:** You should contact post exposure prophylaxis provider by telephone (*hyperlink be inserted once established*). Where possible, please have the details of your immunity history available.
Out of office hours: You should attend your nearest Accident and Emergency Department and where possible, take the details of your immunity history with you.
35. Your post exposure prophylaxis provider will assess your risk level and give treatment as necessary. Further appointments for additional vaccinations might be required.
36. You should notify Wiltshire Council's Occupational Health Service of attendance to the post exposure prophylaxis service and any treatment given. This information will be held confidentially.
37. You should ensure an incident form is completed.

Record keeping

38. Health records are maintained in a confidential manner. This means information will not be released to any person without your consent.
39. The records are maintained in accordance with the Data Protection Act 1998, Access to Medical Records Act 1988 and departmental confidentiality guidance.

Funding

40. Your service will be responsible for funding your vaccinations, post exposure prophylaxis and blood tests. The vaccination service provider will invoice your service directly.

Roles and responsibilities

Employee responsibilities

41. Follow this policy in respect of blood borne viruses and other communicable diseases and undertake work activities in accordance with guidelines or established practice.
42. Meet your duty to protect the health and safety of your clients, your colleagues and yourself.
43. Wear and maintain any personal protective equipment in accordance with the **personal protective equipment policy**.
44. Attend any vaccination service to which you are referred and complete vaccination programmes and blood checks for protection of yourself and others.
45. Give as much notice as possible to the vaccination service provider should you require to cancel or change your appointment.
46. Seek appropriate advice and follow the **post exposure procedure** if you believe you may have been exposed to a potential source of infection.

Line managers' responsibilities

47. Comply with this policy and seek guidance from the Occupational Health Service as applicable.
48. Carry out suitable and sufficient risk assessment of microbiological hazards, to identify and assess risks to health.
49. Carry out a review of the risk assessment annually or at a time when there is a significant change in the work processes and procedures or it no longer becomes valid.
50. Comply with Control of Substances Hazardous to Health (COSHH) Regulations 2001. This should include implementation of all appropriate risk reduction measures.
51. Identify employees who require vaccination as a result of being at risk of work related exposure to blood borne viruses and communicable disease.
52. Comply with legal responsibilities of The Health and Safety at Work Act 1974 and ensure that all employees are trained in safe systems of work.
53. Monitor exposure and instigate appropriate health surveillance and referrals (vaccination programme).
54. Assist relevant staff to attend vaccination programmes through vaccination service providers.
55. Liaise with the Occupational Health Service or the vaccination service provider to arrange vaccination clinics should this be a requirement.

56. Follow the sharps procedure and seek advice from the Occupational Health Service or the post exposure prophylaxis service on behalf of a member of staff who sustains a sharps injury.
57. Follow the council's procedure for incident reporting and RIDDOR reporting.
58. Review all exposure incidents and take action to prevent a future incident.
59. Maintain appropriate records regarding work practices, exposures and training as well as any formal certification requirement for any work related practices (including appropriate information to all new starters).
60. Act on any reasonable recommendations made by the vaccination service provider and/or the Occupational Health Service.
61. Provide appropriate training regarding awareness of sharps.

Human Resources (HR) Service responsibilities

62. Assist line managers to comply with organisational policies and ensure appropriate documentation is maintained on the employee folder.

Safety Service responsibilities

63. Carry out an incident follow up following a possible exposure occurrence.

Occupational Health Service responsibilities

64. Monitor and review this policy to support managers and employees.
65. Establish an effective vaccination programme by identifying and maintaining communication with appropriate vaccination service providers.
66. Provide suitable information regarding qualified vaccination service providers, to ensure an appropriate level of service is maintained for council employees.
67. Maintain records on all employees who have received vaccines, post exposure prophylaxis or blood tests, in order to assist identification of immunity status.
68. Maintain confidentiality regarding medical information.
69. Notify employees when they are due for recall for vaccination or blood test.
70. Advise line managers regarding any role modifications required, as a result of vaccination results.
71. Assist with education and training of employees on the relevant issues of transmission and prevention of blood borne viruses and other communicable diseases stated in this policy.

Vaccination service provider / post exposure prophylaxis provider responsibilities

72. Provide an expert vaccination and post exposure prophylaxis service which delivers a comprehensive range of effective interventions.
73. Provide a confidential service that is committed to best research based practice and quality standards.
74. Work within the remit of the latest legislation and best practice standards set by the Department of Health.
75. Investigate, counsel and treat Wiltshire Council employees following an occupational exposure or incident, in a timely manner.
76. Provide appropriate information and feedback to Wiltshire Council's Occupational Health Service, regarding outcomes of service provision.

Frequently asked questions

What happens if I do not want to have a vaccination even though my job requires it?

77. You will be expected to sign a disclaimer form which states that by declining the vaccination you are aware that you continue to be potentially at risk of acquiring a serious disease as a result of your job role.
78. Your manager may refer you to the Occupational Health Service for further advice.
79. Your manager may seek advice from Human Resources.
80. Your manager may adjust your role as appropriate.

How will I know if my post has been identified as requiring vaccinations and which vaccinations do I need?

81. Your manager will have completed and documented a risk assessment of your job role and this identifies whether you need a vaccination.
82. The job specification form should indicate if the role is subject to vaccination.

If I have already had vaccinations do I need to have them again?

83. You may need to have a booster vaccination. You will be asked to provide evidence of the vaccinations you have had in the past to Occupational Health.
84. You may need to contact your previous vaccination provider e.g. GP Practice to gain the evidence you require.

What happens if I feel too unwell to come to work after a vaccination?

85. Vaccinations are very safe. If you do experience a side effect from a vaccination it will only be minor and temporary such as a sore arm or a

mild temperature. These can be controlled with over the counter medication. Serious adverse effects from a vaccination are exceedingly rare.

86. If you feel you are too unwell to go to work, then you should follow the procedure for reporting sickness in the sickness absence management policy.

What happens if I want a vaccination and the risk assessment states that I do not need it?

87. You may arrange for your own vaccinations. You will need to arrange for these to be given to you independently through either your GP (General Practitioner) or a local Travel Clinic. You will have to pay for all your vaccinations costs, blood tests (if required), travel expenses and any other vaccination programme associated costs. The vaccinations/blood test appointments should be arranged for out of work hours. The Council takes no responsibility for your vaccinations in these instances.

Equal Opportunities

This policy has been Equality Impact Assessed to identify opportunities to promote equality and mitigate any negative or adverse impacts on particular groups.

Managers will make any necessary adjustments to ensure that all employees are treated fairly. For further information see the guidance on equal opportunities in (see guidance for managers - equal opportunity).

Legislation

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health (Biological Agents) Regulations 2002 (COSHH)

Advice and guidance

If you require help in accessing or understanding this policy or completing any of the associated forms you should contact your line manager or trade union representative if you are a member.

If, due to the nature of your query, it is not appropriate to contact your line manager you should contact your head of service who will nominate an appropriate manager or colleague to help you.

See - guidance for managers – giving advice on policies.

Further information

There are a number of related policies and procedures that you should be aware of including:

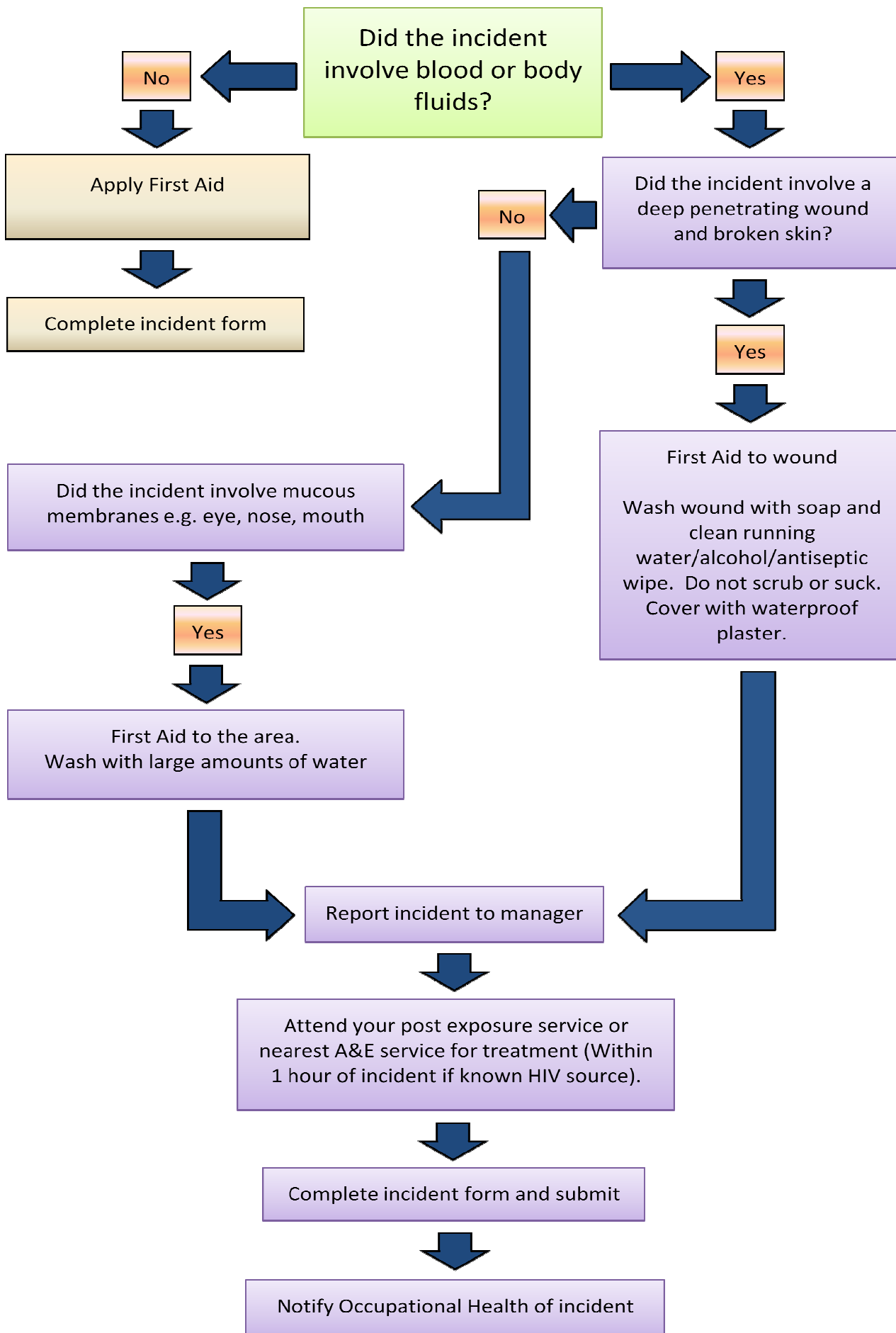
- Risk assessment guidance
- Guidance for managers – occupational health referrals
- Employee health and wellbeing policy
- Sickness absence management policy
- Accident and incident policy
- Personal protective equipment policy
- Lone working policy
- Dignity at work policy and procedure
- Equality and diversity policy

There is also a toolkit including manager guidance and supporting documents to use when following this policy and procedure.

For further information please speak to your supervisor, manager, service director or contact your HR advisor.

Policy author	Occupational Health Service – FN
Policy implemented	DD-MM-YYYY
Policy last updated	DD-MM-YYYY

Post Exposure Procedure



The vaccination procedure for new starters and current employees

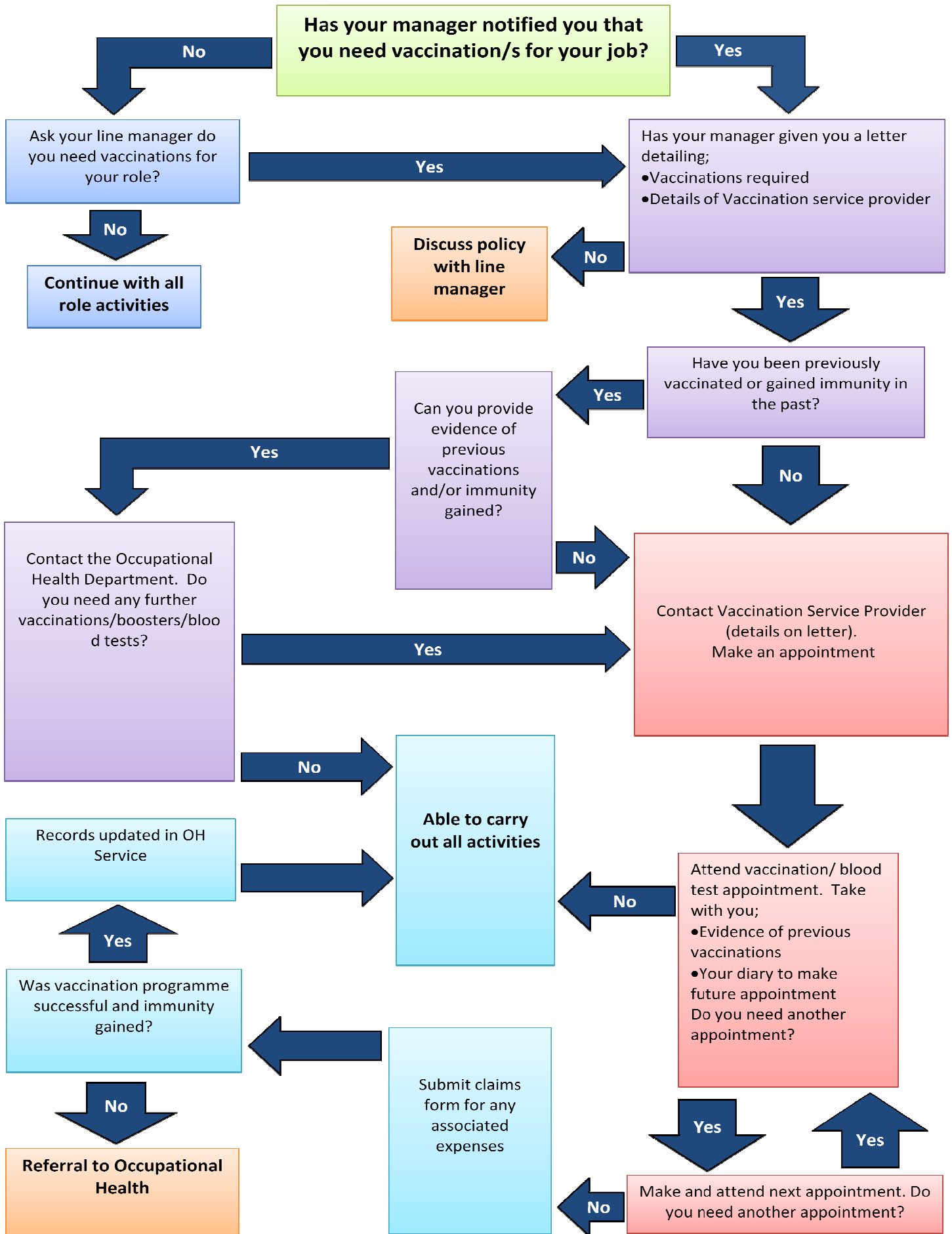


Table summarising the Communicable Diseases within the Vaccination policy.

Disease	Route of Transmission	Signs and symptoms	Is a vaccination available?	Vaccination course
Hepatitis B	<ul style="list-style-type: none"> • Unprotected sexual intercourse • Blood to blood contact e.g. skin puncture by sharp object such as infected needles and other instruments. • Childbirth • Through human bites when blood is drawn • Blood transfusion 	<ul style="list-style-type: none"> • Flu-like illness e.g. sore throat, tiredness, joint pains loss of appetite. • Nausea and vomiting. • Stomach discomfort and your skin may go a slightly yellowy colour (jaundice). 	Yes	<p>3 vaccinations and then a blood test to check your immunity.</p> <p>5 years later you will be given 1 more vaccine.</p>
Hepatitis C	<ul style="list-style-type: none"> • Unprotected sexual intercourse • Blood to blood contact e.g. skin puncture by sharp object such as infected needles and other instruments. • Childbirth • Through human bites when blood is drawn • Blood transfusion 	<ul style="list-style-type: none"> • Flu-like illness e.g. sore throat, tiredness, joint pains loss of appetite. • Nausea and vomiting. • Stomach discomfort. • Skin may go a slightly yellowy colour (jaundice). 	No	No vaccination course available but there are two drugs that may treat the disease but they do not work for everyone.
HIV	<ul style="list-style-type: none"> • Unprotected sexual intercourse • Blood to blood contact e.g. skin puncture by sharp object such as infected needles and other instruments. • Childbirth • Through human bites when blood is drawn 	<p>Early Stages :</p> <ul style="list-style-type: none"> • Temperature • Sore throat • Tiredness • Joint pain • Muscle pain 	No	No vaccination course but there are some drugs available to help prevent the infection but these are not always effective.

	<ul style="list-style-type: none"> • Blood transfusion 	<ul style="list-style-type: none"> • Swollen glands (nodes) • Blotchy rash <p>Later Stages:</p> <ul style="list-style-type: none"> • Tiredness • Night sweats • Weight loss • Diarrhoea • Blurred vision • White spots on the tongue or mouth • Dry cough • Breathless • Temperature of above 37C (100F) that lasts a number of weeks • Swollen glands that last for more than three months 		
Hepatitis A	<ul style="list-style-type: none"> • person to person spread by eating or drinking faeces infected food and water e.g. eating shellfish • Sexual intercourse • Injecting drug users 	<ul style="list-style-type: none"> • Fever • Tiredness • Weight loss • Sickness and vomiting • Stomach discomfort • Dark urine • Skin may go a slightly yellowy colour (jaundice). 	Yes	2 vaccination doses. Can be combined with Hepatitis B vaccine course.
TB (Tuberculosis)	<ul style="list-style-type: none"> • Breathing in infected droplets from a person with infectious respiratory TB. 	<ul style="list-style-type: none"> • Temperature • Night sweats • Cough • Weight loss 	Yes	1 BCG vaccination but these vaccinations are not routinely given.

		<ul style="list-style-type: none"> Blood in your phlegm or spit at any time 		6 month course of medicines can be given to treat TB.
Tetanus	<ul style="list-style-type: none"> Enters into the body through a wound to the skin or a serious burn. 	<ul style="list-style-type: none"> Stiff muscles near the wound Stiffening of other muscles and jaw until you can't open their mouth ('lockjaw'). Muscle spasms affecting breathing and the heart 	Yes	5 vaccinations (usually given in childhood).
Influenza (Flu)	<ul style="list-style-type: none"> Small droplets from a cough or a sneeze into the air by an infected person. Someone with the flu virus transfers it on their fingers e.g. if you have flu and you touch your nose or eyes and then touch someone else, you may pass the flu virus on to them. 	<ul style="list-style-type: none"> Temperature of 38°C (100.4°F) or above Dry, chesty cough Headache Tiredness Chills Aching muscles Limb or joint pain Diarrhoea or upset stomach Sore throat Runny or blocked nose Sneezing Loss of appetite Difficulty sleeping 	Yes	1 vaccination during (October to December)

RISK ASSESSMENT FORM

RISK ASSESSMENT TITLE: **EXPOSURE TO BIOLOGICAL HAZARDS**

ASSESSED BY:

DATE ASSESSED:

LOCATION / SERVICE:

NEXT REVIEW DATE:

PROFILE OF SERVICE (describe tasks undertaken in the job role):

DATE PREVIOUS REVIEWS CARRIED OUT:

MANAGER RESPONSIBLE FOR THIS ASSESSMENT:

NUMBER OF EMPLOYEES UNDER ASSESSMENT:

RA REF NO. (office use):

HAZARD

Think about where there is potential for exposure to harmful biological hazards.

List hazards here:

(* Delete or add as appropriate to your service, selecting from each group of options)

1. Work involving actual or potential contact with:

- blood, body fluids, (e.g. urine, vomit, saliva, breast milk)*
- other excretions (faeces) *
- other infectious materials / micro-organisms*
- raw sewage

2. through:

- the handling of nappies, stoma bags, incontinence pads *
- the provision of direct personal care*
- contact with or collection of public waste
- working with those with behavioural or learning difficulties
- working with known Hepatitis B contacts or high risk / invasive procedures (e.g. injecting insulin)?
- exposures to watercourses, aerosol water spray, soil, plants and natural products
- infected animals and or disposal of infected carcasses
- exposure to rat or cattle excretions
- exposure to needles and syringes or sharp objects, other drug related litter

3. The potential routes of exposure are through:

- *Inhalation
- *Ingestion
- *Absorption
- *Injection
- *Skin contact
- *Directly into eyes
- *Other

WHO MIGHT BE HARMED?

Who are the groups or individuals that are likely to be exposed?

List specific groups of staff / other people that are at risk:

(These are examples, delete and replace with the ones that apply for you)

*Cleaners *Streetscene *Carers or those giving direct personal care *Ground maintenance teams *Litter pickers

*Social workers *Highways teams *Refuse workers *Sewage workers *Forestry & Agricultural workers

- *Those working with people with substance misuse *Those working with people with behaviour / learning or special needs
- *Those exposed to soil / plant materials *Those in direct contact with running water or spray or aerosol
- *Those in contact with animals *Those in contact with human or animal corpses

CONSIDERATIONS ABOUT THE RISK

Take account of other factors that may affect the extent of any risk of exposure.

Add additional information about the risk here:

(Consider the following, then delete and add as much information as you can)

- *What is the specific disease or infection identified (e.g. Hepatitis / Legionella)?
- *What is the frequency / route duration of exposure?
- *Is there a need for special consideration in relation to pregnant or immune compromised workers?
- *What is the estimated severity and adverse effects that are likely to occur?
- *How many past significant incidents have there been?
- *Can potential exposures be reduced or removed by changing any of the above practices?
- *Check specific advice from appropriate websites;

www.hpa.org.uk

www.hse.gov.uk/biosafety/infection.htm

www.hse.gov.uk/biosafety/biologagents.pdf

IS THE RISK ADEQUATELY CONTROLLED?

Give details of ALL the current control measures that are in place to prevent exposure or reduce the likelihood of exposure.

List existing control measures/systems and state how individuals at risk are notified of the control measures/systems in place:

(Here are some examples of the type of control measures that you may already be using. Delete any that are not applicable and add or amend service specific details of those that are in use. Add any that are not listed in the examples.)

TRAINING and INFORMATION

The following training is provided to protect employees from biological hazards:

- xxx
- xxx

Training is recorded on individual files with refresher sessions provided at xxx intervals.

Information leaflets and training are provided in relation to actual or potential biological exposures, including what to do in the event of accidental exposures.

All employees are given specific advice in relation to:

- *Tetanus
- *Weil (Leptospirosis) Disease
- *Hepatitis B

- *Hepatitis A
- *HIV
- *TB
- *Anthrax
- *Lyme Disease
- *Orf
- *Ovine Chlamydiosis
- *Rabies
- *Ringworm

Employees are told to raise any concerns in relation to workplace exposures to biological hazards with their supervisor/manager.

Standard signs and symbols are used to indicate warnings where appropriate (e.g. biohazard)

SAFE SYSTEMS OF WORK

Attempts are made to reduce actual or potential exposure by having written procedures and safe systems of work for particular high risk situations in the workplace and from workplace practices. These are regularly reviewed and include:

- e.g. picking up of needles and drug paraphernalia
- e.g. clearing up of blood spillages
- xxx

Those with individual susceptibility (e.g. pregnant / breast feeding women, immune compromised individuals) are restricted from (insert named duties and functions) and given advice in relation to potential hazards.

Eating and drinking as well as smoking in locations where biological hazards have the potential to cause harm is *restricted / *prohibited. Employees are made aware of the need to ensure appropriate hand hygiene prior to eating/drinking/smoking and facilities are provided.

EQUIPMENT & PERSONAL PROTECTIVE EQUIPMENT (PPE)

Where biological exposures are a necessary part of the job role there is careful equipment selection and well as inspection and maintenance procedures in place via the risk assessment procedure. Documented records provide evidence of this.

Personal protective equipment is provided (**give service specific example e.g. Kevlar trousers and puncture resistant gloves, gauntlet gloves*), designed to meet the needs of the job role as determined by the risk assessment.

Training is provided in relation to the PPE about its use, storage and replacement when defective.

HYGIENE

Hand and personal hygiene facilities are accessible and maintained. (*Add details of any mobile facility for peripatetic workers*) Employees are advised about regular use of hand hygiene facilities.

Workers are advised to cover any open wounds / injuries or skin abrasions with dressings prior to commencing work to avoid cross contamination or increased risk of direct exposure to workplace biological hazards.

Workplaces and areas of potential contaminations are regularly cleaned in accordance with local policy.

Work areas are ventilated where airborne hazards exist in accordance with local policy.

WASTE DISPOSAL

There is adequate provision of receptacles for the disposal of contaminated waste and training is provided to ensure full understanding about disposal methods. This includes:

- xxx
- xxx

Contaminated waste is sent for incineration.

SHARPS HANDLING

Employees are advised not to handle sharps (e.g. needles) as far as is practicable, but sharps kits are provided to assist direct transfer to appropriate sharps containers.

Employees must not re-sheath needles when using them.

Specific individuals within the service are trained in the handling and disposal of sharps and are the only staff who carry out this task.

FIRST AID

First aiders are aware of the action to take in the event of an accidental workplace exposure so they can support employees appropriately.

First aid kits are accessible and are regularly checked to ensure contents are in date.

If skin puncture / wound occurs bleeding should be encouraged and the areas rinsed immediately under clean flowing water. Then the area should be cleansed with saline / alcohol / antiseptic wipes and the employee must report to nominated post exposure provider for follow up care.

INCIDENT MONITORING

All exposure incidents and near misses are reported and investigated. Monitoring takes place to assess frequency of incidents and near misses and to ensure that any remedial action is implemented.

VACCINATION & INCIDENT MANAGEMENT & SURVEILLANCE

Where the residual risk of exposure remains foreseeable and realistic then employees are advised of and offered full vaccination cover via the agreed provider for;

- *Hepatitis B
- *Hepatitis A
- * Other

Post exposure support is provided and employees are made aware of how to access this service.

Cards indicating action to take in an emergency / accidental exposure situation are provided to each employee within the service.

Employees are trained in the recording of workplace accidents including exposures that have potential to cause harm.

Documentation in relation to workers provided with immunity via vaccination is maintained in Occupational Health and notification / reminders about follow up / update vaccination is provided from *OH / *vaccination provider to the *employee / *manager.

WHAT FURTHER ACTION IS NECESSARY TO CONTROL THE RISK?

On the basis of the information you have provided above relating to the CURRENT control measures, you should now indicate what further measures need to be introduced or reinforced to control this risk. This risk assessment should then be under constant review to ensure those actions are completed. Thereafter the assessment should be reviewed at least annually or when any new information or change gives rise to a reasonable expectation of any additional risk.

For risks that are not adequately controlled, note the action you will take and who is responsible for ensuring that action is taken. The timescale for action should be commensurate to the level of risk:

ACTION	By When	Person Responsible

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SAFE SYSTEM OF WORK FORM (SSoW)

to be completed where a high risk remains after the completion of the risk assessment

All employees **MUST** have read and understood this SSoW before undertaking the task.

DESCRIPTION OF TASK REQUIRING SSoW:

PREPARED BY:

DATE PREPARED:

NEXT REVIEW DATE:

LOCATION / SERVICE:

DATES PREVIOUS REVIEWS CARRIED OUT:

MANAGER RESPONSIBLE FOR THIS SSoW

RA REFERENCE NO:

SSoW REF NO:

List each safety instruction / operation as a sequential numbered point to define a clear method of work for staff to follow. This will ensure that all risks are properly controlled and prevent any improvised or alternative method of working.

PROCEDURES:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Add further numbered procedures as required.