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Gouvèrnément d'Jèrri

Health and Community Services



Staff information

Occupational Infection Control Assessment for Health Care Workers

This leaflet contains information about occupational vaccination and screening for health care workers in Health and Community Services

Infection Prevention and Control
Jersey General Hospital

Gouvèrnément d'Jèrri

Occupational vaccination and screening information for health care workers

Active or passive immunity does not mean that there can be any relaxation whatsoever of basic infection prevention and control measures.

All staff involved in direct patient care should be up to date with their routine immunisations: Tetanus, Diphtheria, Polio, Measles, Mumps and Rubella.

Tetanus, Diphtheria, Polio: A childhood immunisation programme of Tetanus, Diphtheria, and Polio which should consist of five doses of each will be documented. If there is any doubt a blood test will be taken to test for antibody levels. If results show insufficient levels immunisations will be offered.

Measles and Rubella: Documentation of past vaccination will be required. For those who are unsure of their immune status, blood will be taken and tested for antibody levels. If non-immune vaccination will be advised.

Tuberculosis: Past history of BCG vaccination and evidence of a scar will be documented. If you are unsure of your status a blood test may be performed. A BCG will be offered if you have a negative test result.

Action to be taken in the event of a blood and body fluid exposure / inoculation injury

Immediate first aid—What to do

Percutaneous injuries from used needles, bites, cuts from sharp objects should be gently encouraged to bleed and not scrubbed. Do not suck the wound.

The wound should then be washed with soap and water, dried and covered with a waterproof plaster. Splashes onto non-intact skin (for example abrasions, cuts, and eczema) should be cleaned liberally with water.

Splashes into the eyes, mouth or other mucous membranes should be irrigated with copious amounts of clean water.

If contact lenses are worn, eye irrigation should take place before and after removing the lenses.

Report injury to your line manager to ensure a written record is made on Datix.

Refer to the Needle stick policy for further guidance.

HIV, Hepatitis B and Hepatitis C - Ethical obligations

Health Care workers who are infected or believe they may have been exposed to HIV, Hepatitis B and Hepatitis C should not undertake exposure prone or invasive procedures and must seek expert medical advice.

Any failure to disclose relevant information regarding current health status or past medical history may result in termination of any employment within the States of Jersey.

Exposure prone procedures

Exposure-prone procedures (EPPs) are those invasive 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. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. However, other situations, such as pre-hospital trauma care, should be avoided by healthcare workers who are restricted from performing EPPs

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a bacterium which is resistant to the most frequently used antibiotics. Resistant organisms can be a problem in health care settings where there are a high number of vulnerable patients.

It is local policy to screen all new employees who have previously worked in health care settings. MRSA screen consists of the following sites: nose, throat, groin and wound sites. Results take 3 working days to process. Individuals are not contacted unless the result is positive when the management of MRSA colonisation will be discussed on an individual basis.

Additional Immunisations

Typhoid: This vaccination is only mandatory for staff working in certain laboratories. On commencement of employment all laboratory workers will receive a letter outlining the risks of acquiring typhoid.

Individuals handling faecal samples and potential pathogens isolated from such samples can take up the vaccination if they wish.

Chickenpox: Past history of chickenpox will be documented. If you are unsure a blood test will determine your antibody status. This is particularly important for those staff working in Paediatrics, Midwifery, Renal Unit, Oncology and on the Isolation unit.

Non-immune staff working in the previously described areas may be offered vaccination as per Department of Health recommendations 2003.

Non-immune staff who have been in contact with chicken pox or Herpes Zoster (shingles) should avoid contact with pregnant women and immunocompromised patients for 7-21 days and contact Infection Control as soon as possible.

Seasonal influenza vaccinations

Influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients.

Influenza vaccinations are therefore offered annually to healthcare workers directly involved in patient care.

Blood born viruses

Department of Health (UK) recommend health care workers starting employment or moving into high risk areas and performing exposure prone procedures should be tested for Hepatitis C, HIV and Hepatitis B.

Hepatitis B

Hepatitis B is an infection of the liver caused by the Hepatitis B virus.

Hepatitis B vaccination is recommended by UK Department of Health for all Health Care Workers who have direct contact with patients' blood or blood-stained body fluids. This includes staff who are at risk of injury from blood contaminated sharp instruments and/or patients' tissues or of being deliberately injured or bitten by patients. Whilst the Hepatitis B vaccination course is not compulsory it is strongly recommended. If vaccination is declined by the staff member they will be asked to sign an exclusion form.

Hepatitis B vaccine information

The Hepatitis B vaccine:

- is effective in more than 90% of individuals.
- is less effective with increasing age
- consists of 3 intra-muscular injections in the deltoid muscle of the arm

The injections are required at zero, one, and six month intervals. All three vaccinations should be given to achieve protection. The second and third doses must be on time.

On occasion an accelerated course may be considered, for Example injections at zero, one, two and 12 months.

It's essential that a blood test to assess Hepatitis B surface antibody levels is taken 6 to 12 weeks after completion of the course. A fourth booster injection may be required if antibody titres are low

10% of individuals will not develop hepatitis B antibodies and are classified as non-responders. Further advice should be obtained from Staff Immunisation / Infection Control.

A five year booster is recommended to complete the immunisation programme.

Further information is available on request from the Infection Prevention and Control Department.

Hepatitis C

Hepatitis C is an infection of the liver caused by the Hepatitis C virus. There is no vaccine available for immunisation against Hepatitis C.

The major route of HCV transmission in the UK is by sharing equipment for injecting drug use, mainly via blood-contaminated needles and equipment. Therefore, precautions against any needle stick injury or blood / body fluid exposure must be reinforced.

Human Immunodeficiency Virus (HIV)

There are two distinct serological types HIV -1 and HIV- 2.

HIV 1 is responsible for most cases worldwide and HIV 2 was originally predominant in West Africa, but has gradually spread beyond. Transmission of the HIV virus can occur through:

- sexual intercourse
- vertical transmission (mother to foetus in utero or at the time of delivery)
- sharing of contaminated needles, syringes or other equipment
- through needle stick injuries or blood splashes / spillages in health care settings with infected persons