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Immunisation and Infection Screening Policy

Occupational Health and Safety Service
HSD078M

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1. Scope

This policy is intended to provide advice to ensure that workers are adequately screened and appropriately immunised against infectious diseases to reduce the risk of infection transmission to staff and students during the course of their work and / or research activities.

This policy applies to all University staff / researchers / technicians / post graduate students and certain undergraduate groups including medical and veterinary students who are identified as requiring immunisation through risk assessment. Vaccinations against infectious diseases and the requirements of individuals will vary according to their occupational exposure and the degree of contact with patients and / or infectious materials.

2. Introduction

The Health and Safety at Work etc Act requires employers to reduce risks in the workplace as far as reasonably practicable. The objective of immunisation programmes for workers [including healthcare workers] identified as requiring immunisation because of their work activities is identified through risk assessment under the Control of Substances Hazardous to Health (COSHH) Regulations 2002. This includes the assessment of risk to pathogens and reducing the risk of disease transmission to staff / students.

Immunisation is one of the control measures to protect employees but is no substitute for infection control procedures and compliance.

3. Guidance

There is various University guidance available

- University of Cambridge – Safe Biological Practice (SBP) for Prevention and Control of Exposure to Biological Agents in the Laboratory HSD028B
- University of Cambridge – Health Surveillance Policy HSD074M

There is specific Health and Safety Executive (HSE) guidance

- The approved list of Biological Agents, Advisory Committee on Dangerous Pathogens 08/2013

Immunisation for staff is included in:

- Department of Health 2013 Immunisation of health care and laboratory staff in: Immunisation against infectious disease (the 'Green Book'), Chapter 12
- National Institute for Health and Care Excellence (NICE) clinical guideline 33: Tuberculosis – Clinical diagnosis and management of tuberculosis and measures for its prevention and control. 2011
- Blood borne viruses in the workplace; Guidance for employers and employees HSE. Infection at work: Controlling the risks. 2006
- Biological agents: Managing the risks in laboratories and healthcare premises HSE Advisory Committee on Dangerous Pathogens 2005
- Chief Medical Officer letter Chickenpox (Varicella) Immunisation in health care workers 2003
- Guidance for clinical health care workers: protection against infection with blood borne viruses. London: Department of Health 1998

National guidance detailing infection screening for health care workers for patient protection includes:

- The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance, January 2014
- Medical students: professional values and fitness to practice: GMC, Medical School Council 2009

- Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New health care workers Department of Health 2007
- Hepatitis B infected healthcare workers and antiviral therapy, Department of Health 2007
- Hepatitis C infection (Health Service Circular (HSC) 2002/010 Hepatitis C infected Health Care Workers
- Hepatitis B infection (Health Service Circular (HSC) 2000/020 Hepatitis B infected Health Care Workers)
- Hepatitis B infection (Health Services circular 93)
- Protecting health care workers and patients from hepatitis B (Health Service Guidance HSG (93) 40)

4. Definitions

Exposure Prone Procedures (EPP) - defined as 'procedures where the health care workers gloved hands may be in contact with sharp instruments, needle tips and sharp tissues e.g., spicules of bone or teeth, inside a patients open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times'¹.

Identified Validated Samples - laboratory test results required for clearance for undertaking EPPs and must be derived from an identified validated sample (IVS).

An IVS is defined according to the following criteria:

- the health care worker should show proof of photographic identity – e.g., a University photographic identity badge, drivers photographic licence, photographic credit card or passport, when the sample is taken
- the sample of blood should be taken in occupational health (or by an occupational health clinician if blood is drawn outside of the department)
- the sample of blood must not be transported to the laboratory by the health care worker
- when the results are received from the laboratory, occupational health (OH) staff check the records to determine that the sample was sent by OH. Once identified the OH professional will indicate that they are from an IVS on the laboratory results.
- laboratory tests should be carried out in accredited laboratories, which are experienced in performing the necessary tests, and which participate in appropriate external quality assurance schemes

Laboratory staff - staff who work with clinical and/or biological specimens e.g., haematology, microbiology and biochemistry and those whose work involves hazard group 2 and 3 pathogens.

Research Passport - a mechanism for non-NHS staff to obtain an Honorary Research contract or Letter of Access when they propose to carry out research in the NHS.

1 *Health Service Guidance HSG (93) 40*

5. Roles and Responsibilities

Head of Department

Head of Department will:

- ensure that managers / supervisors / Principal Investigators and others in charge of work or study programmes that may involve exposure to infectious diseases are aware of this policy.
- ensure that all managers and employees within the department discharge their responsibilities in accordance with this policy.

Managers / Supervisors / Principal Investigators

Managers / Supervisors / Principal Investigators will:

- ensure suitable and sufficient risk assessments have been carried out in accordance with relevant statutory requirements and University policy. The requirement for immunisation and / or a health record must be stated clearly in the risk assessment or code of practice for the work
- implement necessary control measures in conjunction with the departmental safety officer (DSO) / biological safety officer (BSO) and ensure that employees are suitably instructed and trained in all aspects of risk control and associated procedures
- ensure that all existing, new or transferred employees whose work involves exposure to infectious materials / substances that require specific immunisations, are referred to and attend occupational health for advice should this be needed.
- ensure employees understand and comply with infection control programmes
- manage individual risk assessment for employees who do not respond to vaccination, or where vaccination is contra-indicated and therefore remain susceptible to the infectious disease, or those who decline vaccinations – see section 12.
- create and maintain a biological Control of Substances Hazardous to Health (COSHH) **health record to be kept for 40 years** for staff working with agents at hazard group 3 and 4 (appendix 1) – refer to University of Cambridge Health Surveillance Policy.

Biological Safety Officer / Departmental Safety Officer

Biological Safety Officers / Departmental Safety Officers will:

- provide advice on biological risk assessments.
- support managers and supervisors in implementing control measures identified through the risk assessment process.

Employees

Employees must:

- provide accurate vaccination history when requested and allow for their immunisation data to be held by their manager
- attend OH for screening tests or immunisation review if requested to do so by their manager or OH
- keep personal records of vaccinations and immunisation status for future reference
- provide their manager with the OH immunisation health clearance form
- attend review appointment with an OH practitioner, for advice and guidance if they decline any recommended vaccination (managers will be informed if an employee is not immune and employee work practices may be restricted)
- contact OH if they have any queries regarding immunisation requirements

Occupational Health

OH will:

- undertake health screening on employment in line with local employment processes and national guidelines.
- perform appropriate screening if individuals provide inadequate evidence of immunity / non-infectivity
- issue health clearance for EPP roles only when appropriate screening results (IVS samples) have been obtained
- advise on immunisations required for specific work areas / work related travel including fieldwork
- offer appropriate immunisation to all staff identified as needed through the risk assessment process
- provide screening to determine immunisation status where required
- document immunisation status of staff in their OH clinical record and provide copies of immunisation / infection screening records for the individuals
- recall staff for further vaccination / screening when required and inform managers / appointing officer of non-attendance after second reminder
- In the event that a new employee fails to attend or comply to the recommended immunisation schedule identified, or is a non-responder or where the vaccine is contra-indicated, explain the associated risks to self and [if the employee has patient contact] patients and notify management
- provide confidential advice and support to staff that are identified as having an infectious disease through screening.

6. Immunisation and infection screening

Following a risk assessment the vaccines identified within this policy are routinely administered to staff / students. Any new vaccines required following risk assessment will be added if the need for them increases.

Vaccination may be required in the following instances:

- culturing or handling of human pathogen or purified biological agents
- handling or processing of human blood, serum or tissue specimens
- contact with patients or work in clinical areas of hospitals
- contact with human or animal waste
- work related travel or fieldwork outside of the UK

All staff / students identified to OH through the following routes as requiring immunisation and / or infection screening will be offered an appointment at OH:

- through the job hazard evaluation form
<http://www.hr.admin.cam.ac.uk/recruitment/stage-4b-pre-employment-checks/health-assessment>
- research passport application process
<http://www.oh.admin.cam.ac.uk/services/research-passport> and / or
- following suitable and sufficient risk assessment

All staff / students working at Containment Level 3 must be registered with the University Occupational Health Service and this is identified through the job hazard evaluation form on commencement of post.

Vaccination recommendations for specific work can be found in appendix 2. Staff / students are advised to be up to date with routine vaccinations (e.g., tetanus, polio and diphtheria) in line with the UK Immunisation Schedule

<https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11>

Food handler screening

All staff whose work involves the preparation of uncooked food should complete the supplementary questionnaire for food handlers as part of the job hazard evaluation process and may be offered an appointment for further screening at OH if responses require further information <http://www.oh.admin.cam.ac.uk/oh-forms/food-handlers-questionnaire>

7. Risk assessments for occupational exposure to infections

General risk assessments should be performed under COSHH where there is a risk of exposure to infections in the workplace. They should be completed in line with the Safe Biological Practice (SBP) for prevention and control of exposure to biological agents <http://www.safety.admin.cam.ac.uk/files/hsd028b.pdf>

In line with the COSHH hierarchy of control measures, immunisation as protection against infection at work is the last line of defence. Decisions on whether immunisation is required will be made on the basis of the local risk assessment and advice from the Consultant Occupational Physician. The risks and benefits of vaccination should be explained to staff to ensure they are adequately protected against infectious disease.

As part of the local risk assessment process, arrangements should be identified as to the reporting of any incidents / exposures to infectious diseases. This should include action to be taken in the event of a sharp / splash injury with exposure to blood or body fluids – see section 13 Action in the event of an exposure incident.

Further information on the safe use of sharps can be accessed at:
<http://www.safety.admin.cam.ac.uk/files/hsd192b.pdf>

8. Staff with special risks

In certain circumstances staff may be at increased risk of infection; for example if they become immunocompromised or pregnant.

Should a staff member develop a condition which impairs their immunity they should advise their manager. An individual risk assessment should be performed in these circumstances. In the case of an employee pregnancy the [new and expectant mothers risk assessment checklist](#) should be completed. In other circumstances the manager should seek advice from OH.

9. Fieldwork

Staff are advised to be up to date with routine vaccinations (e.g., tetanus, polio and diphtheria) in line with the UK Immunisation Schedule
<https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11>

Staff who are required to travel abroad on University business - for example, research work, conferences or field trips as well as elective medical and veterinary students, are able to access travel health advice, which includes certain travel vaccines and malaria chemoprophylaxis, from Occupational Health.

Advice should be sought if travelling to any tropical country or any fieldwork involving work in a remote area more than 24 hours travel distance from a medical facility. It is advised that advice should be sought at least six weeks prior to travel.

10. Vaccination records and recalls

Under COSHH (Regulation 11) a health record of staff exposed to hazard group 3 or 4 agents where there is a likelihood of exposure, not just when there has been a known exposure or incident, should be maintained. It should include the dates and record of immunisation status and this should address the individual's fitness for work, or if any additional restrictions are required. This should be created and maintained by the individual's manager to ensure appropriate control measures are in place to protect the individual at work.

This record should:

- include personal details of the individual
- include dates records of immunisation/protection status and whether further action is required
- address the individual's fitness for work or any specific precautions that should be taken to protect the individual against occupational acquired infections.

A health record should not include confidential clinical information but OH assessment of immune status and if a further risk assessment is required. It is not the same as a clinical record as it needs to be accessible by the employer. For example the manager needs to know whether someone is immune or not, but not necessarily the level of immunity or any reasons for lack of immunity. This latter, more detailed information will be kept with the clinical record.

OH maintains a clinical record of each staff / student seen at OH that includes any screening and vaccination results undertaken. Recalls are generated from this to remind staff of vaccination. Managers are responsible for ensuring staff attend for vaccination when recalls are generated.

All screening for work with human blood and / or body tissue is undertaken in accordance with current Department of Health guidelines – appendix 4. All staff will be provided with a certificate which will indicate the outcome of the screening undertaken. The staff / student will be responsible for providing a copy of this to their supervisor / Departmental Administrator (appendix 3).

11. Electronic storage of immunisation records

The occupational health database has the facility to record immunisation and infection screening data vaccination recalls. Reports can be provided to managers on their staff immune status and recalls for vaccination are sent by OH to staff. Individuals are provided with a copy of any immunisation and screening results undertaken by OH.

Full electronic access to immunisation status is currently unavailable; managers are responsible for ensuring that a health record is maintained including vaccination data for their staff and ensuring that staff attend for vaccination updates.

12. Managing staff who decline vaccinations / do not respond to vaccinations or where individual vaccination is contra-indicated on health grounds

If staff are not protected against infectious diseases, work restrictions may be necessary. In this circumstance, an individual risk assessment is recommended to consider the effectiveness of the other controls and consider whether any additional controls should be implemented to allow them to work safely. For advice on individual risk assessment managers should contact OH.

Additional control measures include:

Hepatitis B

- Restrict from direct handling of cultures or blood or tissue samples known to contain viable Hepatitis B virus
- Urgent OH assessment for consideration of post exposure prophylaxis after any significant exposure (inoculation or splash onto mucosa/broken skin) (see section 13)

Measles, Mumps and Rubella

- Non-immune students or clinical staff may need to be restricted from contact with vulnerable patient groups e.g., immunosuppressed patients / expectant mothers

Tuberculosis

- Non-immune students or clinical staff may need to be restricted from working in clinical areas of high risk for TB exposure e.g., infectious disease wards
- Non-immune individuals should be informed of the symptoms of TB and advised to report suspicious symptoms to the OH service.

Varicella Zoster Virus (Chickenpox)

- Non-immune students or clinical staff may need to be restricted from contact with vulnerable patient groups e.g., immunosuppressed patients / expectant mothers

13. Action in the event of an exposure incident

In the event an exposure to human blood and / or body fluids incident occurs, the following action should be taken:

- First aid – bleed, wash, and cover the wound with a waterproof dressing / thoroughly wash away any body fluid splash to eyes or mouth

During office hours

- o Report the incident to supervisor and DSO / BSO who will assist with an initial risk assessment to ascertain the level of risk, and
- o Contact the University Occupational Health (OH), for further assessment follow up advice and treatment

Out of hours

- o Report the incident to your supervisor and DSO / BSO immediately or at the first available opportunity
- o Attend Cambridge University Hospitals NHS Foundation Trust Emergency Department for assessment and advice
- o Contact OH on the next working day for further assessment, follow up advice and treatment.
- Complete a University incident report form.

When assessing the risk of exposure, for donor testing in a health care environment follow local procedures for source testing, and for laboratory environments refer to the local risk assessment.

In the event an exposure to rabies virus occurs (e.g., after a bite/scratch/lick) the following emergency first aid action should be taken:

- Wash the bite/wound - ideally by flushing it under running tap water for at least 15 minutes.
- Do not scrub the wound.
- Clean it with lots of soap or detergent. This is to try to get rid of any infected animal spit (saliva).
- Apply disinfectant - neat alcohol or iodine solution.

- Do not cover or applying pressure to the wound - this is to stop any rabies virus being pressed further into the body.
- If an animal spits in your face, immediately splash your face with lots of water to stop saliva getting into your eyes, mouth or nose.
- Seek medical advice as soon as possible even if the risk is considered low and you have received the full 3 dose vaccine course previously.
- Avoid getting bites or scratches sutured (stitched) where possible - this can damage the wound and increases the risk of introducing rabies virus into your body's nerves.

For further blood borne virus and rabies post exposure prophylaxis information – see appendix 5.

14. Cost of vaccines

Following risk assessment, vaccinations recommended as a control measure for work will be provided to staff / students without charge to individual staff members.

The cost of vaccines for staff and post graduate students travelling for University business - for example, research work, conferences or field trips, will be charged directly to the individual and they are responsible for recouping costs from their own departments.

Vaccination and serology costs supplied by Occupational Health for elective travel purposes are charged directly to the medical and veterinary students.

15. Sources / further information

- National Institute for Health Research – Research in the NHS
<http://www.nihr.ac.uk/policy-and-standards/research-passports.htm>
- Department of Health – Immunisation against Infectious Disease ‘Green Book’
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Control of Substances Hazardous to Health Regulations 2002
<http://www.legislation.gov.uk/uksi/2002/2677/contents/made>
- Tuberculosis Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (National Institute for Health and Clinical Excellence March 2006)
- Health clearance for tuberculosis, hepatitis B, C and HIV: New healthcare workers (Dept of Health 2007)
- Hepatitis C infected Health Care Workers Health Service Circular HSC 2002/010 (Dept of Health 2002)
- HIV infected health care workers: guidance on management and patient notification. Annex A: Examples of UKAP advice on exposure prone procedures (Dept of Health 2005)
- University of Cambridge, Health Surveillance Policy HSD074M
<http://www.safety.admin.cam.ac.uk/publications/hsd074m-health-surveillance-policy>

Appendix 1

Biological COSHH Health Record form – record of hazardous substance usage
University of Cambridge – Health Surveillance Policy HSD074M

BIOLOGICAL COSHH HEALTH RECORD FORM – RECORD OF HAZARDOUS SUBSTANCE USAGE

The COSHH Regulations require all individuals working with substances that can cause certain identifiable diseases or adverse health effects to be kept under health surveillance.

For most employees this is confined to maintaining a record of a person's involvement in such work.

For further information on the criteria for health surveillance see the University's *Safe Biological Practice (SBP) for Prevention and Control of Exposure to Biological Agents in the Laboratory*.

Personal Details	
Surname:	Forenames:
Male/Female:	Date of Birth:
N.I. Number:	
Date commenced present job:	
Permanent address:	
Postcode:	Dept Tel No:
Status: Staff/Undergraduate student/Postgraduate student/Visitor/Other (Delete as appropriate)	
Department:	
Supervisor's name and contact telephone number:	
Signed:	Date:

PLEASE COMPLETE SUBSTANCE DETAILS OVERLEAF

Once completed please hand a copy to your Departmental Administrator or Departmental Safety Officer (DSO) on 30 September each year. THIS RECORD MUST BE KEPT BY THE DEPARTMENT FOR 40 YEARS AFTER THE PERSON HAS LEFT THE UNIVERSITY

Name:

Department:

Supervisor:

<u>Name of substance/material</u>	<u>Identity of agent</u>	<u>Routes of infection</u> ¹	<u>Control Measures in Use</u>	<u>Vaccination status</u> ²	<u>Date of first use</u>	<u>Derogations</u> ³	<u>Comments</u>
e.g. unscreened human blood/tissue	Hepatitis B / C virus & HIV virus	NS	Gloves, RPE, safety cabinets	N/A	1/1/15	none	

¹Routes of infection:

NS: Needle-stick
R: Respiratory
C: Cutaneous/skin contact
I: Ingestion
EC: Eye contact

²Vaccination status:

N/A: None available
I: Immunised
ITC: Immunised (titre confirmed)
VR: Vaccine refused

³Derogation:

It is assumed that HG3 pathogens and Class 3 GMOs will be handled under standard operating procedures for CL3 unless derogated as described.

Appendix 2

Vaccination recommendations for specific work activities

Activity	Immunisation	Status	Comment	Booster doses required
Undergraduate (UG) medical training	Hepatitis B	Mandatory	Series of three vaccinations and blood test necessary to complete primary immunisation schedule.	Single booster at 5 years
	MMR (Measles, Mumps & Rubella)	Mandatory	Evidence of two MMR vaccinations <i>or</i> positive serology required as proof of immunity to measles and rubella	No
	Tuberculosis (BCG)	Recommended	Testing for pre-existing immunity from earlier vaccination or exposure to mycobacterium required before vaccination	No
	Chickenpox	Mandatory	Only if no past history of infection and a negative blood test	No
Clinical work	Hepatitis B	Recommended	Mandatory if involved in in surgery or other 'exposure prone procedures'	Single booster at 5 years
	MMR	Mandatory	As for UG medical training	No
	Tuberculosis	Recommended		No
	Chickenpox	Mandatory		No
Other patient contact	As for clinical work			
Laboratory work with human blood, serum or unfixed tissue	Hepatitis B	Recommended	Usually recommended unless samples actively screened for hepatitis or sourced from a screened population. Vaccination is not required if not directly involved in handling blood.	Single booster at 5 years
Deliberate work with Hepatitis B cultures	Hepatitis B	Mandatory	As for UG training	Single booster at 5 years
Other laboratory work with human pathogens or corresponding risk materials	Relevant vaccine	Recommended	Vaccination usually recommended if available. Decision will be based on exposure and risk assessment. The risk assessment for the work should be passed to the OHP for decision.	
Veterinary staff / students	To be determined by local risk assessment	Variable	Recommendations will be based on risk assessment which considers activities undertaken. The risk assessment for the work should be passed to the OHP for decision.	Variable
Veterinary pathology staff	Rabies	Recommended	Vaccination usually recommended if working with bats or live rabies virus.	

Activity	Immunisation	Status	Comment	Booster doses required
Fieldwork with animals	To be determined by local risk assessment	Variable	Recommendations will be based on risk assessment which considers destination, duration of stay and activities undertaken.	Variable
Fieldwork including overseas travel	To be determined by risk assessment	Variable	Recommendations will be based on risk assessment which considers destination, duration of stay and activities undertaken. Recommendations will be made in line with those from Public Health England and UK travel authorities (MASTA & NATHNAC)	Variable
Grounds maintenance	Tetanus	Recommended	Most adults have lasting immunity from childhood vaccinations (primary course of 3 injections as an infant and 2 boosters)	Not required if course of 5 injections complete.
Maintenance work	Tetanus, Hepatitis A	Recommended	Tetanus – see grounds maintenance Hepatitis A - only for maintenance staff whose work may involve regular contact with raw sewage. The risk assessment for the work should be passed to the OHP for decision.	Hepatitis A: single booster at one year
Cleaners	Hepatitis B	Variable	Only if local risk assessment indicates a significant exposure to work with contaminated human / blood stained waste	
First aiders	Hepatitis B	Offered	Series of three vaccinations and blood test necessary to complete primary immunisation schedule.	Single booster at 5 years

Appendix 3

Occupational Health Fitness Certificate



UNIVERSITY OF
CAMBRIDGE

Occupational Health

Immunisation Health clearance for staff / students working with human blood and / or body tissue – Hepatitis B immunity

Surname: _____

First name: _____

Department: _____

Job title/post: _____

Supervisor: _____

Tel ext: _____ Email: _____

***I declare that the above person has been health screened for their work with human
blood and / or body tissue and the outcome is:***

Hepatitis B immunisation / screening in progress ☐

Hepatitis B primary immunisation / screening complete ☐

Five year hepatitis B booster vaccination due in: _____

Hepatitis B course complete – no further action required ☐

Vaccination contra-indicated / declined / non responder – local risk assessment
required ☐

Signature: _____ Clinic nurse Date
OHA / OHP _____

Print name: _____

Copy to

Self ☐

OH File ☐

I confirm that I am aware of the outcome of the above screening.

Signature of Supervisor: _____ Date: _____

Once completed please hand a copy of this form to your Departmental Administrator.

Appendix 4

Hepatitis B Vaccination / screening requirements

A **standard immunisation course** is one dose of hepatitis B vaccine at zero, one and six months. For staff / students requiring vaccination for occupational reasons, antibodies should be checked one to four months after completion of the primary course.

Satisfactory immunity will be confirmed by:

- antibody levels of >100mIU/ml or,
- antibody levels of >10 mIU/ml and an immediate booster dose of vaccine.

A further single booster dose of vaccine should be given, once only, 5 years after primary immunisation.

A booster dose should be offered following a sharp or splash injury involving human blood or tissue.

An **accelerated immunisation course** is one dose of hepatitis B vaccine at zero, one and two months with antibodies checked one to four months after completion of the primary course. This regime should be used for post exposure prophylaxis and can be considered for unimmunised occupational groups at high risk, e.g., health care workers undertaking EPPs. Satisfactory immunity should be confirmed as above.

A **rapid immunisation course** is one dose of hepatitis B vaccine at zero, seven and 21 days. When used, a fourth reinforcing dose is recommended at 12 months after the first dose. This schedule is licensed for Engerix B only and for adults over 18 years of age who are at immediate risk and a more rapid production of protection is required i.e., travellers to high risk endemic areas decided following risk assessment. Satisfactory immunity should be confirmed as above.

Appendix 5

Post exposure prophylaxis (PEP)

HIV

In the event that the source (patient) is confirmed to have HIV infection; during office hours urgent advice will be sought via OH from the Specialty Registrar in Infectious Diseases at Cambridge University Hospitals NHS Foundation Trust and appropriate post exposure prophylaxis (PEP) should be considered. Out of office hours the member of staff should attend Cambridge University Hospitals NHS Foundation Trust Emergency Department for assessment and advice.

Hepatitis B

In the event that the source (patient) is confirmed to have HBV infection and the recipient is a known non-responder or not adequately immunised to Hepatitis B vaccine; during office hours urgent advice will be sought via OH from the Specialty Registrar in Infectious Diseases at Cambridge University Hospitals NHS Foundation Trust and appropriate PEP / immunoglobulin should be considered. Out of office hours the member of staff should attend Cambridge University Hospitals NHS Foundation Trust Emergency Department for assessment and advice.

Rabies

For staff working in the veterinary pathology; during office hours urgent advice will be sought via OH from the Specialty Registrar in Infectious Diseases at Cambridge University Hospitals NHS Foundation Trust and appropriate PEP should be considered. Out of office hours the member of staff should attend Cambridge University Hospitals NHS Foundation Trust Emergency Department for assessment and advice.

For staff on field work / travel - urgent medical advice should be sought from the nearest medical facility / hospital and appropriate PEP should be considered.



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