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|  | **Guideline Document** | | | | |  |
| **Ref: GD:11:00** | **Mandatory Risk Assessment Policy for Flu Vaccination in Healthcare Workers** | | | | | |
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**1.0 Introduction**

COVID-19 has caused a worldwide pandemic and has placed significant demands on the health service. The upcoming flu season will significantly increase the burden on the healthcare system. Historically the uptake of Influenza vaccination among healthcare workers has been much lower than desired. The introduction of peer vaccination, education modules, and financial incentives for health services has increased the uptake but despite this, the influenza vaccine uptake among Healthcare Workers in HSE and HSE funded hospitals in 2019-2020(as at 19th December 2019) was 46%(1).

The Royal College of Physicians, Ireland 2018 report ‘Influenza Vaccination of Healthcare Workers’ highlighted, the need for healthcare workers in high-risk areas such as intensive care, cancer wards, and emergency departments to be immunised (2,3).Mandatory vaccination is the only measure proven to achieve vaccination uptake rates of 95%.The introduction of mandatory vaccination is not without challenges, however. Finland introduced legislation for mandatory vaccination for frontline healthcare workers that took three years to pass (4). There does not appear to be a clear legal basis in Ireland under which the HSE can require this.

In New South Wales Australia, workers employed in a New South Wales Health Residential Aged Care Facility must be vaccinated with the current influenza vaccine provided that it is available to the worker (5).There is also mandatory Influenza vaccination of workers employed in Category A High Risk positions(5).

Therefore, it is likely that the introduction of a mandatory risk assessment policy for Healthcare Workers under existing Health and Safety legislation requiring vaccination for infectious diseases including Influenza would improve the uptake of the Influenza vaccination among frontline Healthcare Workers.

**2.0 Category of HCW and Risk Categorisation**

1 Positions are to be categorised by the HSE Line managers and must be categorised as either **Category A, Category A High Risk or Category B.**

Refer to **Appendix 1***Risk Categorisation Guidelines* for detailed information.

The classification given to a position depending on the requirements of the role and as specified in Appendix 1 *Risk Categorisation Guidelines*.

The following categories are to be applied:

* **Category A**- direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these or contact that would allow acquisition and/or transmission of a specified Infectious disease by respiratory means.
* **Category A High-risk** - Category A workers who are employed in high risk clinical areas as defined in Appendix 1 *Risk Categorisation Guidelines*.
* **Category B**- no direct physical contact with patients/clients, deceased persons,blood,body substances or infectious material or surfaces/equipment that might contain these and no greater risk of acquisition and /or transmission of a specified infectious disease than for the general community. Category B positions are not required to undergo assessment and screening. However, influenza vaccination will still be provided and is recommended.

**3.0 Risk of Influenza Infection in Healthcare Workers**

3.1 Healthcare Workers (HCWs) have a significantly increased risk of infection with influenza, with studies showing that infection occurs in 19% of HCWs with only one third of these symptomatic (6).

3.2 Patients in healthcare facilities may be at an increased risk of severe influenza infection, due to their age, underlying medical conditions, or immunocompromised status (2).

3.3 High rates of influenza vaccination in Healthcare Workers may mitigate the risk of nosocomial transmission of influenza (2).

**4.0 Influenza Vaccination Programme and Mandatory Risk Assessment Policy in Healthcare Workers 2020**

4.1 All Healthcare Workers, students, contractors, and other clinical personnel in a Category A High Risk positions must provide their line manager with evidence of having received the current northern hemisphere Influenza vaccination by 30st of October 2020.

4.2 Annual influenza vaccination is provided free for all Healthcare Workers, students and contractors employed in Category A, Category A high risk and Category B positions.

4.3 While highly recommended for all Healthcare Workers, under this policy and based on the mitigation of risk it is required for those in Category A High Risk positions to receive the vaccine.

4.4 The HSE should provide information on Influenza vaccination and make arrangements to conduct vaccination clinics for Healthcare Workers employed in existing positions.

**5.0 Individual Risk Assessment**

5.1 All positions must be assessed according to the level of risk, work location and client group. This should be carried out by the individual’s Line Manager in accordance with existing HSE policy. The highest priority of assessment, screening and vaccination must be assigned to workers employed in category A High Risk positions. (refer to appendix 1)

5.2 Individual consent to an assessment and, where appropriate, screening and vaccination processes must be obtained which may be written or verbal.

**6.0 HCW Category A High Risk HCW who are unable to receive the Flu Vaccination due to medical reasons**

6.1 Workers, students and other clinical personnel employed in Category A High Risk positions that are unable to receive influenza vaccine due to a medical contraindication(anaphylaxis / medical condition/ medication/medical contraindication to influenza vaccine)must provide evidence from their doctor(GP) or treating specialist to their Occupational Health Department . Please see NIAC (National Immunisation Advisory Committee) guidelines re same. [www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf](http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf)

These workers must wear a surgical/ procedural mask while providing patient care in high risk clinical areas at all times or be redeployed to a non-high risk clinical area. The mask should be used in line with the current PPE guidance (8).

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

6.2 These workers maybe referred to their Occupational Health Department for further assessment regarding evaluation of same if unclear.

1. **HCW Category A High Risk who decline to receive the Flu Vaccination**

7.1 Workers, students and other clinical personnel employed in Category A High Risk positions who decline to receive the influenza vaccine (other than those with a recognised medical contraindication to influenza vaccine) must during the influenza season wear a surgical/ procedural mask while providing patient care in high risk clinical areas or be redeployed to a non-high risk clinical area.

7.2 Workers who are unable or decline to be vaccinated (who are not re- deployed to a lower risk area) must wear a surgical mask that has either ear loops or ties. It must be applied in accordance with the manufacturer’s instructions and workers should ensure that it covers their mouth, nose and chin. The mask should be used in line with the current PPE guidance(8) <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

1. **References**

1. Provisional Survey Results of HCW Flu Vaccine Uptake by Hospitals and Long-term/Residential Care Facilities for the 2019-2020 Season - End December 2019

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2. Influenza vaccination of Healthcare Workers. A report by The Royal College of Physicians in Ireland, October 2018.

3. Uptake of the Seasonal Influenza vaccine in Acute Hospitals and Long-Term Care facilities in Ireland in 2017-2018. A report by the Health Protection Surveillance Centre, September 4th, 2018.

4. Ministry of Social Affairs and Health, Finland, Infectious Diseases Act (1227/2016)

5. Occupational Assessment screening and vaccination against specified infectious Disease-Health Protection NSW 27th May 2020

[www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020\_017.pdf](file:///C:\Users\amylm\Downloads\www1.health.nsw.gov.au\pds\ActivePDSDocuments\PD2020_017.pdf)

6. Kuster SP, Shah PS, Coleman BL, Lam P-P, Tong A, et al. (2011) Incidence of Influenza in Healthy Adults and Healthcare Workers: A Systematic Review and Meta-Analysis. PLoS ONE 6(10): e26239. doi: 10.1371/journal.pone.0026239

7. NIAC-National Immunisation Advisory Committee

[www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf](http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf)

8. Health Protection Surveillance centre -Infection Prevention and control guidance for COVID-19-personal protective equipment

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

**9.0 Appendix 1**

**Risk Categorisation Guidelines**

**Category A**

All positions must be categorised as Category A that involve either:

1.Direct Physical contact with:

A) patients/clients

b) deceased persons, body parts

C) blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)

**OR**

Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:

1. Workers with frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department.
2. Normal work location is a clinical area such as a ward, outpatient clinic(including, for example ward clerks and patient transport officers);or who frequently throughout their working week are required to attend clinical areas, e.g. persons employed in food services who deliver meals and maintenance workers.

**Category A - HIGH RISK \***

Workers employed in positions in the following high-risk clinical areas are required to receive the influenza vaccine.

**High Risk clinical areas**

1. Antenatal, perinatal, and post-natal areas including labour wards and recovery rooms and antenatal outreach programs.

2. Neonatal intensive care units; special care units; any home visiting health service provided to neonates

3. Paediatric intensive care units

4.Transplant and Oncology wards

5.Intensive care units

6.Residential aged care facilities

7.Emergency Department Staff

**\***Applies to:

* Workers in associated community settings whose usual clients include infants, pregnant women, transplant, or oncology patients
* Workers that are required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas
* Workers who are posted to or predominately work in Category A High Risk units

**Category B**

1. Does not work with high risk client groups or in the high-risk clinical areas listed above
2. No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
3. Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens
4. Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
5. Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc)