

Immunisation SOP

Version 1.0

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Purpose

The purpose of this SOP is to provide guidance on how to check and record immunisation requirements. It is designed to:

- outline what the individual requirements are for all co-owners within BrisDoc;
- Provide guidance on how to record and interpret the evidence provided;
- And support the people team in identifying 'evidence' of immunisation / immunity, recognising some of the evidence received can be confusing to a non-clinical audience.

Definitions

Patient-facing – Refers to all clinicians, drivers and those working at our practices or bases. This includes back-office admin and call handlers (e.g. at a practice), unless advised otherwise on an individual basis by line manager – in which case we will mark the immunisation requirement as NOT REQUIRED for that individual.

Clinical – includes all those working clinically.

The requirements

For all patient facing roles BrisDoc requires evidence of immunity or a full course of immunisations as per green book guidance. All patient facing roles must have:

- tetanus,
- diphtheria,
- polio,
- measles, mumps, rubella
- varicella (chicken pox).
 - Please be aware that varicella may be recorded compliant if the individual confirms having had the illness as child.

In addition to the routine immunisations outlined above, all clinical co-owners also need to supply evidence for:

- Hepatitis B.

Finally, clinicians working in the Homeless Health Service (HHS) need to supply evidence of:

- TB (this may be evidenced through a BCG Scar check).

Recording the requirements

All co-owners need to have an entry in rotamaster for each of the following 9 reported immunisations (even if it is not required for their role) and this should be added at the point that someone is set up on rotamaster – whether the immunisations have been received at this stage or not. This will serve to highlight any missing data.

Immunisations required and their schedules

- *Hep B – 3 Doses and a Booster 5 years later (All clinical)*
- *Diphtheria – 5 Doses (All clinical)*
- *Polio – 5 Doses (All clinical)*
- *Tetanus – 5 Doses (All clinical)*
- *Measles – 2 Doses (All patient facing)*
- *Mumps – 2 Doses (All patient facing)*
- *Rubella – 2 Doses (All patient facing)*
- *Chickenpox (Varicella) – 2 Doses (All patient facing)*
- *TB – 1 Dose (All HHS clinical)*

**Please note: Diphtheria, Tetanus, Polio, Measles, Mumps and Rubella need to be recorded separately rather than under the umbrella's DTP and MMR*

Recording the requirement and compliance status on rotamaster

Each of these immunisation requirements need to be categorised in one of the following 6 ways.
– **Please only record each one of these statuses per requirement.**

1. COMPLIANCE – Immunity By Blood Test
 - Evidence of a blood test that shows immunity – see examples in appendices
2. COMPLIANCE – Evidence of all required doses*
 - This is a single entry that shows the date of the last dose in the schedule (i.e. dose 2 for Measles or dose 5 for Tetanus). You can use the comments section to list the dates of other doses.
(Doses required for each immunisation are outlined above).
3. COMPLIANCE – Incomplete – review
 - This is for use when someone is part way through their imms schedule – i.e. if someone has only had 1 dose. In this case the People team would need to add an expiry date and follow up to ensure that the information is shared with us as schedules are completed
4. COMPLIANCE – Risk Assessment in place
 - There are instances when someone won't have evidence of the required doses / immunity. In these cases, we need to carry out a risk assessment and record once this is received. Please use the comments section to outline the reason for the risk assessment i.e.
 - Illness as child
 - Allergy
 - Declined for personal reasons
 - Vaccination received but no evidence
 - Etc.
5. OUTSTANDING
 - If it is required for their role but there is no evidence on file
6. NOT REQUIRED
 - If it is not required for their role, please still record it.

Checking immunisation records

Occupational Health Reports

There is a vaccination assurance section now included in occupational health reports as part of an initial trial – however, **currently this is not a useable assurance** but could be in the future.

Hepatitis B

This is a requirement for all clinical co-owners.

This can be difficult to identify as it can be recorded in different ways depending on who administered it or what type of blood test was completed.

- See Appendix 1 for examples where the individual has NOT evidenced immunisation or immunity to Hepatitis B.
- See Appendix 2 for example evidence of immunity / immunisation.

Measles, Mumps & Rubella (MMR)

This is a requirement for all patient facing co-owners.

This is more straightforward to identify – we need evidence of 2 doses, a blood test that shows immunity or a risk assessment in place. See appendices 3 and 4. If someone has MMR on their vaccination record, this needs to be recorded against Measles, Mumps and Rubella separately.

Diphtheria, Tetanus & Polio (DTP)

This is a requirement for all patient facing co-owners.

This is more straightforward to identify – we need evidence of 5 doses and a booster or a risk assessment in place. See appendices 5 and 6. If someone has MMR on their vaccination record, this needs to be recorded against Diphtheria, Tetanus and Polio separately.

Chickenpox (Varicella)

This is a requirement for all patient facing co-owners.

This can be shown by any of the following – immunity by blood test OR 2 doses, OR history of infection. See appendices 7

Tuberculosis (TB)

This is a requirement for clinicians working in the homeless health service only.

For examples of accepted forms of evidence, please see appendix 8.

Monitoring

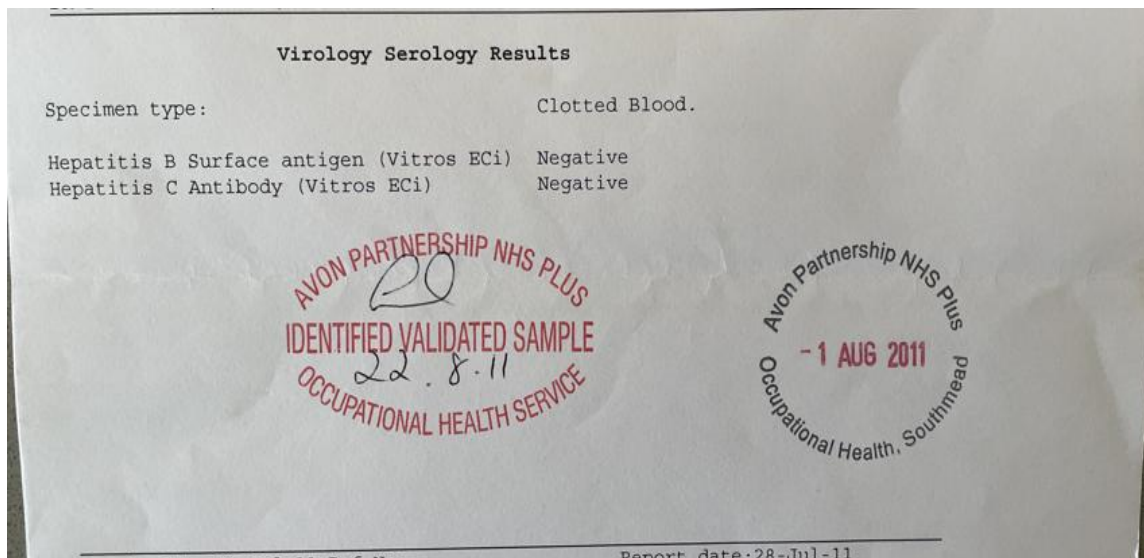
This SOP will be reviewed annually or sooner if there is a change to the requirements.

Change Register

| Date | Version | Author | Change |
|------|---------|------------------------------------|---------|
| XXX | V1 | Helen Hinton and Joanne Gray | New SOP |

APPENDIX 1 – Examples of non-immunity for Hepatitis B

1. This means that there were no Hep B antibodies detected in your blood. Antibodies are present where the person is considered immune – In this example the person is not immune



2. The below person is immune but only the final record shows this, the other records alone would not show immunity or compliance:

- Hepatitis B Surface Antigen – shows there are no signs of antigens. This result only confirms that the person is not infected, not that they are immune.
- Although this person has had 3 doses, they have not had the required booster (after 5 years).
- Hepatitis B Accelerated Serolo >100 – this shows immunity (this is the only record out of the 5 that shows immunity).

| <u>Event</u> | <u>Attendance Date</u> | <u>Outcome</u> | <u>Location</u> |
|--------------------------------|------------------------|-----------------------------------|-----------------------------|
| Hepatitis B | | | |
| Hepatitis B Surface Antigen | 30/09/2009 | Negative - IVS | Derriford Hospital OH Dept. |
| Hepatitis B Accelerated 1st | 15/10/2008 | recorded as previously undertaken | GP |
| Hepatitis B Accelerated 2nd | 18/11/2008 | recorded as previously undertaken | GP |
| Hepatitis B Accelerated 3rd | 15/12/2008 | recorded as previously undertaken | GP |
| Hepatitis B Accelerated Serolo | 09/02/2009 | >100 | GP |
| TB Screening | | | |
| BCG History & Scar Check | 30/09/2009 | Scar visible | Derriford Hospital OH Dept. |
| BCG Vaccination | 21/10/2003 | recorded as previously undertaken | GP |
| Measles, Mumps, Rubella | | | |
| MMR 1st Vaccination | 13/10/1994 | recorded as previously undertaken | GP |
| Rubella Serology | 30/09/2009 | Immune | Derriford Hospital OH Dept. |
| MMR 2nd Vaccination | 15/07/1997 | recorded as previously undertaken | GP |
| Varicella | | | |
| Varicella Serology | 30/09/2009 | Immune | Derriford Hospital OH Dept. |
| Hepatitis C Screening | | | |
| Hepatitis C Serology | 30/09/2009 | Negative - IVS | Derriford Hospital OH Dept. |
| HIV Screening | | | |
| HIV Serology | 30/09/2009 | Negative - IVS | Derriford Hospital OH Dept. |

APPENDIX 2 – Examples of immunity for Hepatitis B

1. This is confirmation of Immunity to Hepatitis B through blood test

| Event Type | Due Date | Attendance Date | Outcome | |
|---|------------|-----------------|------------------|---|
| Hepatitis B Vaccination-2nd Course 3 | | 01/04/2016 | Vaccine given | 72104224815052 : Miss Gabrielle Williams @ 01/04/2016 15:56:45 - Evidence seen of 5 x hep b vaccinations. |
| Hepatitis B Blood test - antibodies/secondary | 01/06/2016 | 27/05/2016 | Immune | 72104224826358 : Mrs Bernadette Bertagne @ 27/05/2016 15:48:35 - Consent for blood test given. 72104224815052 : Miss Gabrielle Williams @ 06/06/2016 14:52:54 - Documentary evidence received from PHE with result of 239.6. Original sent to home |
| Measles, Mumps & Rubella | | | | |
| Event Type | Due Date | Attendance Date | Outcome | |
| MMR Vaccination History | | 27/05/2016 | | 72104224826358 : Mrs Bernadette Bertagne @ 27/05/2016 15:50:34 - Will provide doc evidence. Reports having had MMR x2 vaccines. |
| Tuberculosis - standard | | | | |
| Event Type | Due Date | Attendance Date | Outcome | |
| Tuberculosis vaccination scar check | | 27/05/2016 | BCG scar visible | 72104224826358 : Mrs Bernadette Bertagne @ 27/05/2016 15:49:49 - Left deltoid. |

Certified computer print-out of the above named person's Occupational Health Vaccination report.

2. Hep B shows immunity

| Hepatitis B | | | | |
|---|------------|-----------------|---|--|
| Event Type | Due Date | Attendance Date | Outcome | |
| Hepatitis B Blood test - antibodies | | 20/02/2020 | Immune (100-1000) | |
| Infectious Diseases | | | | |
| Event Type | Due Date | Attendance Date | Outcome | |
| Chicken Pox Disease History | | 20/02/2020 | Has a disease history | |
| MMR Vaccination History | | 20/02/2020 | No evidence of 2 doses | |
| MMR Vaccination 1 | 20/02/2020 | 20/02/2020 | No contra indications to vaccines, side effects discussed, vaccine given. | |
| MMR Vaccination 2 | 21/03/2020 | 20/03/2020 | No contra indications to vaccines, side effects discussed, vaccine given. | |
| Tuberculosis - entrant | | | | |
| Event Type | Due Date | Attendance Date | Outcome | |
| Tuberculosis Blood test - Interferon Gamma Test | 13/12/2019 | 20/02/2020 | Negative | |
| Tb Scar-Check | 04/02/2020 | 20/02/2020 | BCG scar visible: no action | |

APPENDIX 3 – Examples of non-immunity for Measles, Mumps & Rubella

1. This does not show immunity for measles, Mumps or Rubella

| | |
|-------------|--|
| | message sent |
| | COVID-19 vaccination SMS invite sent |
| 21-Oct-2016 | Second human papillomavirus vaccination Manufacturer: Sanofi Pasteur, Expiry Date: Jul-2017, Batch Number: K017930, GMS: GMS, Injection site: Right arm, Scheduled/Unscheduled: Scheduled |
| 21-Oct-2016 | Low dose diphtheria, tetanus and inactivated polio vaccinati Manufacturer: Revaxis, Expiry Date: Nov-2017, Batch Number: L7540-1, GMS: GMS, Injection site: Left arm |
| 21-Oct-2016 | Full consent for immunisation |
| 14-Jan-2015 | Human Papilloma Virus (HPV) vaccination Given at school |
| 10-May-2013 | Measles, mumps and rubella vaccination invitation |
| 02-Aug-2002 | Third DTP polio and Hib vaccination G.P.Surgery |
| 02-Aug-2002 | Third meningitis C vaccination G.P.Surgery |
| 31-May-2002 | Second DTP polio and Hib vaccination G.P.Surgery |
| 31-May-2002 | Second meningitis C vaccination G.P.Surgery |
| 30-Apr-2002 | First DTP polio and Hib vaccination G.P.Surgery |

2. This shows only one dose has been given, 2 doses are required to be immune.

| | |
|---------------------|-------------------------------|
| Smallpox | 12-6-65 15-1-68 14-3-72 |
| Poliomyelitis | 1976 |
| Diphtheria | 15-12-84 |
| Anti Tetanus Toxoid | 21-12-81 31-2-82 |
| Typhoid, Para.A.B. | 28/1/84 - 1st dose |
| Cholera | 27/6/72 28/11/84 |
| B.C.G. | |
| Measles | 15-6-68 |
| Yellow Fever | 14-3-72 |
| Others | |

APPENDIX 4 – Examples of immunity for Measles, Mumps & Rubella

1. This shows immunity via blood test for Measles & Rubella

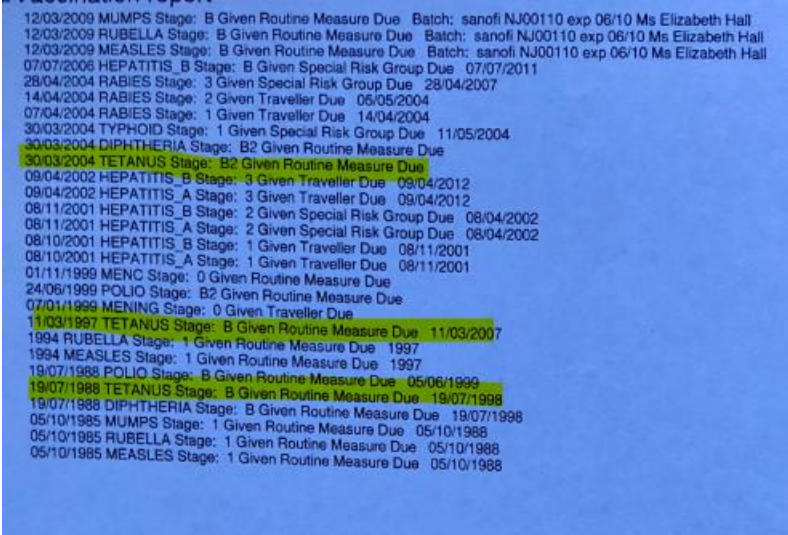
| Immunisation Date | Immunisation Type/ Pathology Test | Outcome | IVS Status |
|-------------------|-----------------------------------|-----------------------|-----------------|
| 30/09/2021 | Varicella IgG test | Self Declared History | Choose an item. |
| 30/09/2021 | Measles IgG test | Positive - Immune | Choose an item. |
| 30/09/2021 | Rubella IgG test | Positive - Immune | Choose an item. |
| 30/09/2021 | Hepatitis B surface Antibody | Immune >100 | Choose an item. |

2. By receiving 2 doses of the MMR vaccine, this counts as immunity for Measles, Mumps & Rubella

| <u>Date Due</u> | <u>Date Given</u> | <u>Immunisation</u> | <u>Result</u> | <u>Comments</u> | <u>IVS</u> | <u>Previous Employer</u> |
|-----------------|-------------------|---------------------|---------------|-----------------|------------|--------------------------|
| 04/07/1988 | 04/07/1988 | MMR 1st | | | No | Yes |
| 04/08/1988 | 16/11/1994 | MMR 2nd | | | No | Yes |

APPENDIX 5 – Examples of non-immunity for Diphtheria, Tetanus & Polio

1. The required doses is 5 plus Booster. This person can only demonstrate received 3 doses and are not immune
 -
 -



2. This is only showing a Booster dose, we need to see all doses for them to be immune

03-Feb-1989 (GMS)
 Booster tetanus + polio vacc.
 (GMS)

APPENDIX 6 – Examples of immunity for Diphtheria, Tetanus & Polio

This shows all 5 doses

IMMUNISATIONS

13.05.1987 First Diphtheria Tetanus Pertussis & Polio vaccination
15.07.1987 Second Diphtheria Tetanus Pertussis & Polio vaccination
20.01.1988 Third Diphtheria Tetanus Pertussis & Polio vaccination
06.04.1988 Measles vaccination
09.01.1991 Measles/Mumps/Rubella vaccination
09.01.1991 Booster Diphtheria Tetanus & Polio vaccination
09.12.1994 Measles/Rubella vaccination
23.03.2000 Meningitis C vaccination
05.02.2004 Booster Diphtheria & Tetanus vaccination
05.02.2004 Booster Polio vaccination
25.11.2004 1st Hepatitis B vaccination
20.12.2004 2nd Hepatitis B vaccination
05.05.2005 3rd Hepatitis B vaccination
27.06.2008 Hepatitis A & Typhoid vaccination
27.06.2008 Meningitis ACW & Y vaccination
02.07.2008 1st Japanese encephalitis vaccination
09.07.2008 2nd Japanese encephalitis vaccination
30.07.2008 3rd Japanese encephalitis vaccination
08.04.2009 Measles/Mumps/Rubella vaccination
08.04.2009 2nd hepatitis A vaccination

APPENDIX 7 – Examples of immunity for Chicken Pox (Varicella)

Here is example of Immunity by Blood Test

Agency: BRISTOL BS2 8FL Telephone Bristol (01274) 231111
 Date of birth: 13SEP1957 Sex: F
 To: Unknown / PINN/CEDARS
 Specimen: BLOOD (CLOTTED) R.03.05478
 Investigation: SEROLOGY
 Taken: 04NOV2003 Received: 5NOV03
 UCH PATHOLOGY DEPT

IMMUNOFLUORESCENCE reports
 Serum of: 04NOV2003
 Varicella/Zoster virus IgG
 ***** IMMLINE *****
 Title >8
 These results authorised by DR PETER NIJR on 06NOV2003

BLOOD (CLOTTED)
 Received: 04NOV03
 * PLEASE write patient SURNAME in capital letters on both request forms *
 HPA Microbiology

History of infection

Infectious Diseases

| Event Type | Due Date | Attendance Date | Outcome |
|-----------------------------|----------|-----------------|-----------------------|
| Chicken Pox Disease History | | 10/09/2019 | Has a disease history |

APPENDIX 8 – Examples of immunity for TB

TB blood test – Interferon Gamma Test is confirmation of NO infection – not immunity

TB Scar-check – Visible – this is proof of immunisation and no further action is required

discussed, vaccine given.

Tuberculosis - entrant

| Event Type | Due Date | Attendance Date | Outcome |
|---|-----------------|------------------------|-----------------------------|
| Tuberculosis Blood test - Interferon Gamma Test | 13/12/2019 | 20/02/2020 | Negative |
| Tb Scar-Check | 04/02/2020 | 20/02/2020 | BCG scar visible: no action |

APPENDIX 9 – Risk Assessment Pack

Guidance for Undertaking a Risk Assessment

A risk assessment is a careful examination of what could cause harm to people, the environment, the organisation etc., to enable a review of whether enough precautions are in place or whether more can and should be done to prevent harm.

BrisDoc has a legal responsibility to identify and categorise risks and either eliminate or reduce them to the "lowest level that is reasonably practicable".

The 5 steps in the risk assessment process are:

1. Identify the hazard
 2. Decide who or what might be harmed and how
 3. Evaluate the risks and take action to prevent them where possible
 4. Record your findings on the Risk Assessment Form and communicate the risks and control measures to those who need to know, including adding details to the Risk Assessment Log
 5. Review the assessment
- - **The Overall Risk Score is the highest total number for an individual hazard.**

The level of risk associated with each hazard is assessed in accordance with the Risk Scoring Matrix. This identifies both the severity of the hazard and its likelihood of occurrence. The aim of the risk scoring is to systematically establish relative priorities. The purpose of risk management is to determine what will be done and who will be responsible for the risks that have been identified. Risk management converts the risk assessment into an action plan.

It takes time to plan and implement change. A robust monitoring and review system is essential to ensure actions are followed through, and priorities are re-assessed, so that risk management is an ongoing process that is embedded into normal management processes. Ensure that when undertaking the assessment, the details of the date of the review and the people who will be undertaking the review are documented and this process is followed through.

Once complete, details of the Risk Assessment need to be included within the Risk Assessment Log and a headline added to the Risk Register via the corporate.administrator@nhs.net.

Risk Assessment Matrix

Severity/Consequence of event occurring

| Description | Category | Risk to patient, staff, business |
|--------------|----------|---|
| Catastrophic | 5 | Incident leading to death, non-delivery of business objectives, event which impacts on large number of patients/staff, multiple breeches to statutory duty, prosecution, national media coverage/total loss of public confidence, >25% over project budget/loss of >1% of budget, loss of contract, 1day loss of service. |
| Major | 4 | Major injury leading to long term incapacity, significant harm to patient, >14days off work, uncertain delivery of business objectives, enforcement action/multiple breeches of statutory duty, uncertain delivery of service due to lack of staff, national media coverage, 10-15% over project budget/loss of 0.5-1% of budget, >12hrs interruption to service. |
| Moderate | 3 | Moderate injury requiring professional intervention, some harm to patient, 4-14days off work, unsafe staffing level, single breach of statutory duty, local media coverage/long term reduction in public confidence, >8hrs interruption to service, 5-10% over project budget/0.25-0.5% loss of budget, late delivery of business objectives. |
| Minor | 2 | Minor injury, minimal harm to patient, low staffing reduces service quality, breach of statutory legislation, local media coverage/short-term reduction in public confidence, >1hr interruption to service, <5% over project budget/loss of 0.1-0.25% of budget, minor impact on business objectives, >3days off work. |
| Negligible | 1 | Minimal injury, no harm to patient, no time off work, no/slight impact on business objectives, insignificant cost increase/financial loss, rumours, <30mins interruption to service, <1 day shortage of staff, no/minimal breach of statutory duty. |

Likelihood of event occurring

| | | | |
|----------------|------------------------------------|---|--|
| Almost certain | 81% -100% likelihood of occurrence | 5 | Will undoubtedly happen/recur, possibly frequently |
| Likely | 51% - 80% likelihood of occurrence | 4 | Will probably happen/recur but is not a persisting issue |
| Possible | 21% - 50% likelihood of occurrence | 3 | Might happen or recur occasionally |
| Unlikely | 6% - 20% likelihood of occurrence | 2 | Do not expect it to happen/recur but possible it may do so |
| Rare | 0% - 5% likelihood of occurrence | 1 | This will probably never happen |

Score the risk

| | | Severity of Consequence | | | | |
|------------|----------------|-------------------------|-------|----------|-------|--------------|
| Likelihood | Almost certain | 5 | 10 | 15 | 20 | 25 |
| | Likely | 4 | 8 | 12 | 16 | 20 |
| | Possible | 3 | 6 | 9 | 12 | 15 |
| | Unlikely | 2 | 4 | 6 | 8 | 10 |
| | Rare | 1 | 2 | 3 | 4 | 5 |
| | | Negligible | Minor | Moderate | Major | Catastrophic |

The risk score = severity x likelihood.

| | | | | |
|----------------------------|---|---------------------------------------|--|---|
| Name of Assessor(s) | | Business Unit | Service | Review Board |
| Date of Assessment | | | BMC* HHS CKMP IUC Osprey Workforce Governance Finance Digital Rota Facilities All Practices All Services | CLB* IUCLOB PSLOB Quality IG People Finance |
| Title | | Practice* Urgent Care Corporate | | |
| Risk Assessment ID | Available from corporate.administrator@nhs.net | | | |

***Select one from each**

| Description of the Hazard <i>NB: Include what/who is at risk and justify score</i> | Existing Controls | Risk Score | | | Action taken | Residual Risk Score | | | Further Action Required | Timescale for Action |
|--|-------------------|------------|------------|-------|--------------|---------------------|------------|-------|-------------------------|----------------------|
| | | Severity | Likelihood | Total | | Severity | Likelihood | Total | | |
| Assessor to assess whether there may be a risk to : Patient/Staff impact. Financial implications. Reputational damage. Regulation breach. Service interruption. Digital Risk. Wellbeing. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

You must send all completed Risk Assessments to corporate.administrator@nhs.net.

Version Control

| Date | Version | Author | Change Details |
|------|---------|--------|----------------|
| | | | |
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| | | | |