

Staff vaccination – employer responsibilities

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After advertising and interviewing over a number of weeks, you've at long last offered the post of trainee dental nurse to a suitable candidate. So, you'll now want to think of the practical aspects of the trainee starting work, including any recommended vaccinations. Here, we look at the responsibilities of the employer and the employee.

Your responsibilities as an employer

Did you know that in the COSHH hierarchy of control measures, immunisation as protection against infection at work is the last line of defence and other control measures are required? However, for workers potentially exposed to blood-borne viruses, such as dental healthcare workers, hepatitis B immunisation is an appropriate additional measure and should be offered to those not already immunised.

Employers are required to pay for protective measures including immunisation. Where practical, this is likely to be provided through an occupational health provider, although practices are reporting access to such is becoming increasingly difficult. Alternatively, the employee could be asked to arrange immunisation through their own GP, but the employer must make alternative arrangements if this cannot be done, and reimburse any charges made to the employee for such arrangements. Some practices have arranged vaccinations for new staff through high street chemists or travel clinics that offer the service.

As with all control measures, immunisation needs to be checked and reviewed and boosters provided where deemed necessary.

BBVs – hepatitis B immunisation

Pre-exposure immunisation against HBV is strongly advised for employees who may be exposed to blood, body fluids or tissues as part of their work. The pros and cons of

immunisation/non-immunisation should be explained. Therefore, you should discuss this with the trainee and start making arrangements for vaccination as soon as possible after offer of and acceptance to the post. Employees are at liberty to refuse immunisation, but any refusal should be considered as part of the risk assessment and could prove problematic if the post later involves performing exposure prone procedures (EPPs) – where there are restrictions in place to protect patients from infection.

There are currently no vaccines available against hepatitis C or HIV, although there are measures that can be taken following exposure, which may prevent the development of infection. Therefore, the importance of safety precautions and PPE when working chairside and with sharp instruments (hepatitis B immunisation status aside) should be emphasised at the trainee's induction stage – through information, instruction and training – ideally by shadowing a competent and experienced dental nurse colleague.

Employees have the right to know whether or not they have been protected by immunisation and their employers need to know if the vaccine has been effective following it. Antibody titres for hepatitis B should be checked one to four months after completion of a primary course of the vaccine. The results will inform decisions about post-exposure prophylaxis following a known or suspected exposure to the virus.

Is a hepatitis B booster dose required?

Although not written in the Green Book as yet, immunocompetent healthcare workers who have received a primary course of hepatitis B vaccine and are known responders no longer require a booster dose five years later. However, it is worth emphasising that all staff will require a risk assessment following a significant exposure and may require a booster dose of hepatitis B vaccine at that time. Occupational health records should be kept updated of any immunisation course(s) undertaken.

Other recommended immunisations

These may include:

- Updating of routine immunisations, e.g. tetanus, diphtheria, polio and MMR

- BCG
- Influenza
- Varicella.

COVID-19 immunisation

This includes all staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care in primary care/community settings. It also includes non-clinical staff who may have social contact with patients but are not directly involved in patient care. In short, COVID-19 immunisation is recommended for all dental practice staff.

Why immunisation is important

The Green Book includes in its guidance that any vaccine-preventable disease that is transmissible from person to person poses a risk to both healthcare workers and their patients. Healthcare workers have a duty of care towards their patients which includes taking reasonable precautions to protect them from communicable diseases. Immunisation of healthcare workers may therefore:

- protect the individual and their family from an occupationally-acquired infection
- protect patients, including vulnerable patients who may not respond well to their own immunisation
- protect other staff
- allow for the efficient running of services without disruption.

Therefore, if we look at immunisation from the above points of view, it helps to clearly explain the benefits of it for both employer and employee.

Responsibilities of employees

Employees have a legal duty to take care of their own health and safety and that of others affected by their actions. Employees must make full use of control measures which are in place and are required to co-operate with their employer so they can comply with any legal duties placed on them. ♦

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