Kingston GP Chambers Kingston Training Hub · Clinical Services Practice Support Services · Kingston Education Centre	**Ongoing suitability during employment**		**Reviewed**	**May 24**
			Revised	**October 24**
	Adopted	**October 2020**	**Next review**	**October 26**

Ongoing suitability during employment

1. Policy statement

In line with relevant good practice guidance, Kingston GP Chambers (KGPC) carries out appropriate checks when recruiting new members of staff, in order to gain assurance that individuals being employed are suitably qualified, indemnified, and are of good character.

In addition to these initial checks, KGPC will carry-out regular checks, as outlined in this policy, in order to ensure that employees remain suitable for their role throughout their period of employment.

2. Basic principles

Individual staff members are responsible for ensuring that they remain of good character, maintain any required professional registrations, and remain up to date with required training. This is a contractual requirement for all employees.

KGPC has established a risk-based approach to carrying-out repeat checking of employees' suitability, and will maintain records to monitor when re-checks are due.

3. Responsibilities

Individual staff members:

It is the responsibility of each staff member to ensure that they comply with all requirements listed in the section below, and provide KGPC with evidence of compliance (e.g. DBS certificates/copies of appraisals/evidence of revalidation) in a timely manner in order to continue to be considered suitable for their role.

Individual staff members are also responsible for notifying KGPC immediately of any incidents which may impact their suitability (e.g. criminal convictions/limitations enforced by their professional regulator).

KGPC:

It is the responsibility of KGPC to maintain a record of due dates and completion of the required ongoing checks for each member of staff. This record will be maintained by the Senior Administrator for Extended Access and GPwER staff, and by the Recruitment and Retention Manager for GPwER internal staff.

KGPC will endeavour to send a reminder to staff one month prior to the check becoming due; however, overall responsibility for maintaining appropriate registrations and completing training remains with the individual and failure to receive a reminder will not be accepted as a valid reason for failure to adhere to the requirements laid out in this policy.

DBS self-declarations forms will be sent to staff members annually as part of KGPC's internal appraisal process. For sessional members of staff who are not subject to internal appraisal

(e.g. staff working for the Extended Hours service), forms will be sent four weeks prior to the start of the new financial year (1 April) (see DBS section below).

4. The checks

The following section outlines the requirements and timescales for re-checks:

All staff:

DBS
DBS checks for all staff will be repeated every three years. During the intervening period, all staff members will be required to sign an annual DBS declaration, where they must declare any Police investigations, convictions or cautions (see form in Appendix A). Additionally, all staff members will be contractually required to immediately inform KGPC of any Police investigations, convictions or cautions as soon as they become aware of them.

In addition to the three-yearly re-checking cycle, KGPC can request that a member of staff undertakes a DBS check at any time where KGPC has reason to suspect that the individual has been subject to Police action which they have failed to declare. All staff members are required to comply with any reasonable request for information.

Mandatory training
All staff are required to complete mandatory training in line with the required re-training intervals, as outlined in Appendix B. In addition, It is expected both head office and sessional staff will be required to attend refresher training sessions as and when they are scheduled.

Immunisations
Where ongoing immunisations (or evidence of immunity) are required in order to comply with Green Book guidance, as outlined in Appendix C (e.g. flu), the member of staff must provide KGPC with evidence of this being received/the required level of immunity being achieved.

Clinical staff:

Professional registrations
All clinical staff subject to professional regulation (e.g. GMC/NMC/GPhC) must maintain their registration and notify KGPC immediately where any action has been taken by the regulator to limit their professional practice.

KGPC will conduct bi-annual reviews of all staff subject to professional regulation, via the regulator's website to check that they remain in good standing with the regulator.

Revalidation/NHS appraisal
All clinical staff will be required to comply with revalidation and appraisal processes necessary for their continued right to practice. These will include (but are not confined to):

- 5-yearly revalidation for nurses
- NHS appraisal and continued inclusion on the Performers List for GPs
- Annual revalidation for clinical pharmacists

Staff will be required to provide KGPC with evidence of completing the required process(s).

The recruitment team will be in contact with staff members to notify them when a training module(s) is within one month of expiry or whether any piece of information required to assure ongoing suitability is due for review. It is staff members and sessional workers responsibility to ensure that evidence of completed training or information needed to ensure ongoing suitability is provided when requested. Following initial contact from the recruitment team regarding expiring training or the need for additional documentation to ensure ongoing suitability, one further attempt will be made to request the information required. If this is not returned after one month, KGPC reserves the right to withhold sessions or work until the requested information has been provided to the recruitment team.

5. Action taken on information received

Where information received as part of the re-checking process does not change the staff member's risk rating (e.g. where the DBS does not record any new convictions, or the professional registration check does not record any issues), the information will be recorded by KGPC, and the date that the check is next due will be set.

Where information received (either via the checking process or via notification directly from the staff member) changes the staff member's risk rating (e.g. the DBS records new convictions or the professional registration check shows that limitations have been placed on the staff member's practice), a risk assessment should be carried out to determine whether the staff member remains safe to work in their current role, and whether any changes need to be made to mitigate the risk. The final decision about the action to be taken, including the decision to suspend or dismiss the member of staff will be made by the Chief Operating Officer (COO).

6. Failure to adhere to the requirements of this policy

All staff will be contractually required to supply KGPC with the information outlined in this policy.

All renewal documents (e.g. certificates to evidence annual renewal of professional registrations) must be supplied in a timely manner to ensure that at no point are there gaps of provision in KGPC's records.

Failure to supply the required information will result in KGPC no longer having confidence in the staff member's suitability to work in their role. This may result in KGPC limiting the staff member's duties or working hours, or suspending the staff member's employment until such time that the required documents are provided.

Appendix A

DBS Self-declaration

As part of your recruitment pre-employment check, Kingston GP Chambers (KGPC) confirmed your suitability for employment in respect of any criminal record history. KGPC's DBS policy states that DBS checks will be repeated for staff every three years; however, in order to assure us that you have not received any convictions or cautions during the intervening period, and remain suitable for your role, we require you to self-declare any such convictions or cautions as soon as you become aware of them.

KGPC additionally require a DBS self-declaration to be completed periodically by all staff. This form should be completed and returned to the Recruitment and Retention Manager.

IMPORTANT INFORMATION:

Your role is exempt from the provisions normally afforded to individuals under the Rehabilitation of Offenders Act 1974. This means that we are required to obtain a standard or enhanced disclosure through the Disclosure and Barring Service (known as a DBS check) as defined under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). It also means that you need to carefully consider the type of information you will need to declare when answering questions 1-4 below.

Before answering questions 1-4 you must ensure you read and understand the section about disclosing information about criminal record history below, which explains what information is required. Should you require further information or support about this, you should speak to the Recruitment and Retention Manager.

DISCLOSING CRIMINAL RECORD INFORMATION

When completing questions 1-4 in the form below, you will need to declare all convictions that **are not protected** (i.e. eligible for filtering) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). This includes any cautions and/or reprimands and final warnings that may have been issued in another country, where an equivalent offence in England and Wales is not protected.

Convictions, cautions, reprimands and final warnings must be declared regardless of whether they are **spent** or are still considered **unspent**.

Any criminal record information disclosed will be considered on a case-by-case basis. We will only take into account information that is relevant to your role. If you declare information that is relevant to your suitability for your role, we will also take into account:

- the seriousness of the offence(s)
- your age when you committed the offence(s)
- the length of time since the offence(s) occurred
- if there is a repeated or pattern of offending behaviour
- the circumstances surrounding the offence(s)

- any evidence you provide to demonstrate that your circumstances have changed since the offending behaviour.

HOW WILL MY INFORMATION BE USED?

The information you provide using the form below will be used for determining your ongoing suitability for your role.

HOW WILL INFORMATION BE RETAINED AND FOR HOW LONG?

Information provided about your suitability for your role will be kept for up to seven years after your employment ends

Information will be held in accordance with the Data Protection Act, General Data Protection Regulation (GDPR) and the Human Rights Act. Access will be strictly limited to those who are entitled to see it as part of their duties, as outlined within our local policy on the correct handling and safekeeping of special categories of personal data.

Once the retention period has elapsed, we will ensure that any information provided is destroyed by secure means, for example by shredding, pulping or burning. While awaiting destruction, the secure handling of information, as outlined above, will be adhered to.

DBS Self-declaration

1. Since the date of your last DBS check, do you have any convictions that are not protected (i.e. eligible for filtering) as outlined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) (the Exceptions Order), either spent or unspent?	**Yes** ☐ **No** ☐
Please provide details of the conviction or Summary Hearing, including the date and reason administered in the space below.	
2. Since the date of your last DBS check, do you have any cautions, reprimands or final warnings that are not protected (i.e. eligible for filtering) as outlined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) (the Exceptions Order), either spent or unspent?	**Yes** ☐ **No** ☐
Please provide details of the caution, reprimand or final warning, including the date and reason administered in the space below.	
3. **Since the date of your last DBS check, have you been formally charged with any other offence which has not yet been disposed of?** This includes where you have been formally charged of any offence that has been issued in any other country which has not yet been disposed of.	**Yes** ☐ **No** ☐

Please provide details of the nature of the offence with which you have been formally charged, date on which you were charged, and details of any on-going proceedings, if any, by a prosecuting body.	
4. Are you currently subject to any criminal investigations or pending prosecutions by the police which may have a bearing on your suitability for your role? This may also include any current criminal investigations or pending prosecutions by the police in any other country.	**Yes** ☐ **No** ☐
Please provide details of the nature of the offence relating to the ongoing investigation or pending prosecution.	
Please sign and date this form as indicated below In signing this form, you are agreeing to the following statements: 1. I confirm that I have read and understood guidance provided to me which explains how my data will be processed and give my consent for enquiries to be made, as outlined. 2. I declare that the information I have provided in this form and in any accompanying documentation, is true to the best of my knowledge and belief. 3. I understand and accept that if I knowingly withhold relevant information or provide false or misleading information, this may result in my employment being ended. **4. I agree to notify KGPC of any subsequent change to the information supplied in this form for the duration of my employment.**	
Full name (in block capitals): **Date:**	

Signature:

Appendix B

Mandatory training – requirements and re-training intervals

Training course, level, frequency	Content requirement and associated guidance
Basic life support - Annual updates for clinical staff is mandatory - Annual updates for non-clinical staff is recommended **Suggested Bluestream Unit:** **Basic Life Support Level 1** - non-clinicians **Adult Basic Life Support Level 2** – clinicians **Paediatric Basic Life Support Level 2** - clinicians	**Resuscitation Council guidance** states: "Staff should undergo training at induction and at appropriately frequent, regular intervals thereafter to maintain knowledge and skills)" - Clinical staff should have at least annual updates (4.4) - Hands-on training using simulation and including assessment is recommended for clinical staff. (4.8) - Non-clinical staff generally should have annual updates also. However, a local risk assessment may be undertaken to assess the likelihood of them encountering a patient requiring resuscitation. (4.6) - All training must be recorded (e.g. in an organisation's training database). (4.13)

Safeguarding – children - All staff working in health settings with no patient contact (e.g. “back office” admin staff): Level 1 - Staff with direct contact with patients (including healthcare assistants, receptionists, reception managers and practice managers): Level 2 - All clinical staff (including GPs and nurses): Level 3 - Refresher training maximum interval of 3 years. - New staff should complete a mandatory session of at least 30 minutes duration in the general staff induction	**Intercollegiate guidance (Jan 2019)** states: - Training should provide key safeguarding/child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns. - E-learning is appropriate to impart knowledge at level 1 and 2. - E-learning can also be used at level 3 and above as *preparation; however, this should **not** be the only form of learning at level 3.* It is expected that around 50% of indicative education, training and learning time will be of

programme or a specific session within six weeks oftaking up post within a new organisation.
 	
Suggested Bluestream Units: Safeguarding
 	
Children (Level 3) – clinicians
 	
Safeguarding Children (Level 2) – patient facing
 	
non-clinicians
 	
Safeguarding Children (Level 1) – non-patient
 	
facing
	a participatory nature, interactive and involve the multi-professional team wherever possible. This includes, for example, formal teaching/education, conference attendance and group case discussion.
	
	- Refresher training requirements:
	
	  - Level 1 – over a 3 year period staff should receive refresher training equivalent to a minimum of 2 hours.
	  - Level 2 – over a 3 year period staff should receive refresher training equivalent to a minimum of 3-4 hours.
	  - Level 3 – over a 3 year period staff should receive refresher training equivalent to a minimum of 8 hours
	  - Above level 3 (e.g. Safeguarding lead) - over a 3 year period staff should receive refresher training equivalent to a minimum of 12-16 hours
	
	Training can include both formal sessions and inter-professional meetings or reflective personal learning. Staff should maintain a learning log in order to record, track and evidence their learning.

Safeguarding – adults - All staff working in health settings (including reception and admin staff): Level 1 - All staff who have regular contact with patients and/or specific safeguarding responsibilities (including practice	**Intercollegiate guidance (Aug 2018)** states: - Training should provide key safeguarding information, including vulnerable groups, the different forms of maltreatment, and appropriate action to take if there are concerns.

managers, reception managers, administrators for safeguarding teams, healthcare assistants): Level 2 - Registered healthcare staff (including GPs and nurses): Level 3 - Refresher training maximum interval of 3 years. - New staff should complete a mandatory session of at least 30 minutes duration in the general staff induction programme or a specific session within six weeks of taking up post within a new organisation. **Suggested Bluestream Units: Safeguarding** **Adults (Level 3)** - clinicians **Safeguarding Adults (Level 2)** – practice & reception managers and others with specific SGresponsibilities **Safeguarding Adults (Level 1)** – all other staff	- E-learning is appropriate to impart knowledge at level 1 and 2. - E-learning can also be used at level 3 and above as *preparation; however, this should not be the only form of learning at level 3.* It is expected that around 50% of indicative education, training and learning time will be of a participatory nature, interactive and involve the multi-professional team wherever possible. This includes for example formal teaching/education, conference attendance and group case discussion. - Refresher training requirements: o Level 1 – over a 3 year period staff should receive refresher training equivalent to a minimum of 2 hours. o Level 2 – over a 3 year period staff should receive refresher training equivalent to a minimum of 3-4 hours. o Level 3 – over a 3 year period staff should receive refresher training equivalent to a minimum of 8 hours Training can include both formal sessions and inter- professional meetings or reflective personal learning. Staff should maintain a learning log in order to record and track theirtraining.

Fire safety - All staff (including managers and senior staff in all professions) should receive basic fire safety induction training	**Government guidance on fire safety in healthcare premises** states: - The training should take account of the findings of your fire risk assessment and be easily understood by all those attending. It should include the role that those

- Additional training should be provided for the fire safety manager and any deputies - Refresher sessions at least once in every 12-month period **Suggested Bluestream Unit:** **Fire Safety** – all staff	members of staff will be expected to carry out if a fire occurs. - Whatever training you decide is necessary to support your fire safety strategy and emergency plan, it should be verifiable. Records kept of training should include: ○ the date of the training; ○ the duration; ○ the name of the person giving the training; ○ the names of the people receiving the training; and ○ the nature of the training ○ Staff expected to undertake the role of fire wardens (sometimes called fire marshals) would require more comprehensive training
Fire warden - Staff with designated roles as fire wardens **Suggested Bluestream Unit:** **Fire Warden** – Designated fire wardens	- Training can include E-learning - Retraining will be annual

Information governance (IG) - Annual updates for all staff is mandatory **Suggested Bluestream Units:** **Information Governance** – all staff **GDPR Awareness** – all staff	The Department of Health and the Information Commissioner's Office have decided collaboratively that: - All NHS staff should receive annual basic IG training appropriate to their role through the online NHS IG Training Tool. - All other organisations with access to NHS patient information should ensure all staff undertake appropriate information governance training annually. Guidance on the specific requirements for IG training are available as part of the NHS IG toolkit
Infection Control: - All employees require training specific to their role (including enhanced training for Infection Control Lead)	**NICE guidance** states: - All practice staff should be educated about the standard principles of infection prevention and control **and**

- No specific guidance on the frequency of update training, but practices should ensure that staff keep their knowledge and skills up to date and receive additional training when a procedure or process changes **Suggested Bluestream Units: Infection** **Control (Clinical)** – clinicians **Infection Control (Non Clinical)** – non-clinicians Bluestream is set for annual re-training.	- Trained in hand decontamination, the use of personal protective equipment, and the safe use and disposal of sharps Consider delivering training in-house (e.g. by the infection control lead) so that it can be tailored to specific practice circumstances. If delivering training in-house, ensure that a record is kept of the date, content and attendees.
Health & Safety: - All employees require training. - No specific guidance on training intervals; this should be determined as part of your Health & Safety strategy. **Suggested Bluestream Unit:** **Principles of Health & Safety** – all staff Bluestream is set for annual re-training; however, as the higher risk specific aspects of H&S training are covered elsewhere (e.g. fire safety, IPC), the case could be made for lessfrequent re-training (e.g. once every 3 years).	**Health and Safety Executive guidance** states: - The Health and Safety at Work Act 1974 requires you to provide training to ensure, so far as is reasonably practicable, the health and safety at work of your employees. - Everyone who works for you, including self-employed people, need to know how to work safely and without risks to health. They need to know about your health and safety policy, your arrangements for implementing it, and the part they play. They also need to know how they can raise any health and safety concerns with you.

Equality & Diversity - All employees require training - No specific guidance on training intervals	H&SCA Regulation 13 (Safeguarding) states that “Care and treatment for service users must not be provided in a way that includes discrimination against a service user on the grounds of any protected characteristic”. Therefore, Equality and Diversity training is something that CQC reports on.

Suggested Bluestream Unit: **Equality and Diversity** – all staff Bluestream is set for re-training every 5 years.	
Identifying sepsis - All staff should receive training relative to their role. - No specific guidance on frequency of training; however, it would be good practice to provide regular refresher sessions (even if it's just a frequent mention in team meetings). Alternatively, you could include the identification of sepsis as part of annual BLS training. **Suggested Bluestream Unit:** **Sepsis Awareness** – non-clinicians **Sepsis** - clinicians Bluestream is set for re-training annually.	Training can be delivered in-house (with evidence of delivery and those in attendance). There is a workbook and slides to help clinicians deliver training in-house to non-clinical staff.

Mental Capacity Act - All clinical staff need to be able to demonstrate that they are knowledgeable about the principles of the MCA relative to their role, and how they would put these into practice. - No specific guidance on frequency of training.	

Suggested Bluestream Unit: **Mental Capacity Act** – clinicians Bluestream is set for re-training every 5 years.	
Accessible Information Standard - All staff must receive training in order to meet the requirements of the Health & Social Care Act Regulation 9 (Person Centred Care). - No specific guidance on frequency of training. **Suggested Bluestream Unit:** **Accessible Information Standard** – all staff Bluestream is set for re-training every 5 years.	

Learning Disability - Clinical staff tier 2 parts 1 & 2 - Non-clinical staff tier 1 parts 1 & 2 **Suggested Unit from e-learning for health:** **Oliver McGowan training on learning disability and Autism** - Re-training every 3 years	The Oliver McGowan Mandatory Training on Learning Disability and Autism | Health Education England (hee.nhs.uk).
Role-specific training	Yellow Fever guidance Cervical screening guidance.

Fig 1.

In addition to the training required for all staff (above), there are some training courses required for staff in specific roles or with specific responsibilities. This training should be included in your staff training programme. Training may include: - Yellow Fever Vaccination Programme – biannual training for practice lead. - Cervical screening – minimum one half day training every 3 years (in addition to ongoing self-reflection) - Travel vaccinations – minimum annual updates - Intrauterine device fitting – 5 yearly recertification requiring at least two credits of relevant CPD - Minor surgery – 3 yearly re-accreditation requiring ongoing education to update skills.	Travel vaccination guidanceIUD guidance Minor surgery guidance

Fig 1.

Prevent **Role Specific training** - Level 1: all staff working in healthcare settings, including non-clinical managers and staff - Level 2: all clinical and non-clinical staff who have regular contact with patients, their families or carers, or the public - Level 3: all clinical staff working with adults, children, young people and/or their parents or carers, who could potentially contribute to assessing, planning, intervening and/or evaluating the health needs of a service user	NHS competencies framework states Under the Prevent duty, the health sector is required to ensure that healthcare workers are able to identify early signs of an individual being drawn into radicalisation. Staff must be able to recognise key signs of radicalisation and be confident in referring individuals to their organisational safeguarding lead thus enabling them to receive the support and intervention they require.

Fig 1.

Freedom to speak up **Role Specific training** - Speak up: All clinical and non-clinical staff - Listen up: Managers at all levels - Follow up: Senior leaders including executive and non-executive directors, lay members and governors	The National Speak Up policy provides the minimum standard for local freedom to speak up policies across the NHS, so those who work in the NHS know how to speak up and what will happen when they do. All NHS organisations and others providing NHS healthcare services in primary and secondary care in England are required to adopt this national policy as a minimum standard to help normalise speaking up for the benefit of patients and workers. Its aim is to ensure all matters raised are captured and considered appropriately.

Fig 1.

Sexual Harassment This course is suitable for employers and staff members in managerial and supervisory roles. The information may also be helpful for any staff member wanting to learn more about sexual harassment in the workplace	Worker Protection (Amendment of Equality Act 2010) Act 2023 The new Worker Protection (Amendment of Equality Act 2010) Act came into effect in the UK in October 2024, placing a duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

Fig 1.

Appendix C

Staff immunisations information

Kingston GP Chambers is committed to ensuring the safety of its staff and patients across it's GP practices, and this includes ensuring that all staff have received immunisations in line with best practice guidance, as outlined in the Green Book Guidance on Healthcare Staff Immunisations.

The guidance sets out the following requirements:

Clinical Staff (i.e. all staff involved in direct patient care):

Mandatory:

- MMR
- Hep B (vaccination or evidence of antibodies)

Recommended:

- Tetanus
- Diphtheria
- Polio
- BCG
- Flu
- Varicella

Fig 1.

Non-clinical staff

Recommended:

- MMR
- Hep B (vaccination or evidence of antibodies)
- Tetanus
- Diphtheria
- Polio
- Varicella

Where a vaccination is mandatory, all eligible staff will be required to provide evidence of receiving a full course (or evidence of the required level or antibodies). This evidence will typically be required as part of the pre-employment screening process; new staff will not be permitted to start work until the required evidence is supplied (or, where operational pressures require an immediate start, the staff member may have their scope of practice limited until evidence of immunisation is supplied). Where evidence of vaccination is missing or incomplete for existing staff, they will be asked to supply evidence as a matter of urgency; staff may have the scope of their role limited whilst the required evidence is outstanding.

Where a vaccination is recommended but not mandatory, staff are encouraged to get vaccinated and where possible, the practice will support staff members to receive these vaccinations. It is helpful if staff members can provide evidence of receiving these vaccinations (or where records are not available, provide a self-declaration confirming that these have been received). This information can be supplied using the practice's Occupational Health Form.

Fig 1.

To aid staff members in making a decision about whether to get vaccinated, we have provided information in this sheet about the illnesses that the recommended vaccinations can protect against. If you require further information or have questions or concerns due to your individual circumstances, you should speak to one of the practice partners or your own GP. The practice can also arrange for you to be referred to the Occupational Health Service.

A risk assessment will need to be completed where a vaccination has been recommended for a staff member, however there is no evidence of the vaccine being administered or the staff member has declined to undertake the vaccination Fig 1..

Measles, Mumps and Rubella (MMR)

Measles is an infection that spreads very easily. It usually starts with cold-like symptoms, followed by a rash a few days later. Measles can lead to serious problems in some people if it spreads to other parts of the body, such as the lungs or brain. Measles is spread when an infected person coughs or sneezes.

Mumps is a contagious viral infection that is most recognisable by painful swellings in the side of the face and under the ears. Mumps is spread through infected droplets of saliva that can be inhaled or picked up from surfaces and transferred to the mouth or nose.

Rubella (German measles) is a rare illness that causes a spotty rash. It can cause serious problems if it is contracted during pregnancy. Rubella is spread when an infected person coughs or sneezes.

The most effective way of avoiding contracting Measles, Mumps and Rubella is to receive two doses of the MMR vaccination. The MMR is given as part of the childhood vaccination programme in the UK.

Hepatitis B

Fig 1.

Hepatitis B is an infection of the liver caused by a virus that is spread through blood and body fluids. There is a risk of Hepatitis B being passed from patient to clinician (or vice versa) as the result of a needlestick injury or other body fluid spillage.

Hepatitis B vaccination is provided via a course of three injections at specified intervals. All clinical staff must provide evidence of having had a full course of vaccinations or of having the required antibody level.

Tetanus

Tetanus is a serious but rare condition caused by bacteria getting into a wound. It is rare in the UK due to the successful NHS childhood vaccination programme.

The tetanus vaccination is given via a course of five injections which provide long-lasting protection against tetanus.

Diphtheria

Diphtheria is a highly contagious bacterial infection that affects the nose, throat, and sometimes the skin. Diphtheria is spread by coughs and sneezes, or through close contact with someone who is infected.

Diphtheria vaccination is included in the childhood immunisation programme in the UK.

Polio

Polio is a serious viral infection, which is now rare in the UK. Polio can cause temporary or permanent paralysis, which can be life threatening. There is no cure for polio. Polio is spread by coughs and sneezes and by ingesting contaminated food or water.

Polio vaccination is part of the UK childhood immunisation programme and is given via a course of five doses (four in infancy and a booster for teenagers).

Fig 1.

Tuberculosis (TB)

TB is a bacterial infection which mainly affects the lungs. TB is a potentially serious condition. TB is spread through inhaling tiny droplets from the coughs or sneezes of an infected person.

The BCG vaccine offers protection against TB and is recommended for children and adults under the age or 35 who are considered at risk of catching TB (there is a lack of evidence of the efficacy of the vaccination for adults aged over 35).

Influenza (Flu)

Flu is very infectious and easily spread to other people. Flu will often get better in its own; however, it can make some people seriously ill. Flu is spread by germs from coughs and sneezes, which can live on hands and surfaces for 24 hours.

The flu vaccine is offered very year to help protect people at risk of flu and its complications. The best time to have the flu vaccine is in the autumn before flu starts spreading.

Chickenpox

Chickenpox is common and mostly affects children, but you can get it at any age. Chickenpox is spread by coming into contact with someone who is infected (or by touching surfaces which have fluid from blisters on them).

The chickenpox (varicella) vaccine is not part of the childhood immunisation programme. It is available for those who are likely to come into close contact with someone with a weakened immune system

Fig 1.

Risk Assessment

Name of employee	Date of review	Reviewed by

What is their role?	What are the potential hazards/risks?	What level of risk is there?	What can be done to control risk?	What is the overall decision?