



Flu immunisation for social care and hospice staff

This information is for social care and hospice care providers. It gives details on the benefits of providing staff flu vaccination and options for providing the service to increase uptake.

Introduction

Flu can be a serious illness, particularly for older people or those with other health conditions. Care workers are looking after some of the most vulnerable people in our communities, so it is important that they help protect themselves and those receiving care against flu.

Flu spreads easily and can be passed from staff to the people they care for even if the staff member has mild or no symptoms. This is why vaccination is important for all staff working with people who are vulnerable either because they are in a clinical risk group or because they are aged 65 and over. Every year there are flu outbreaks in care homes

despite high flu vaccination rates for residents. This is partly because as people age they do not produce as good an immune response to vaccination. This makes vaccination of staff caring for these people even more important.

Vaccination of staff has been shown to be effective in reducing disease spread and patient mortality in the residential care setting¹. It can also help to ensure business continuity by reducing staff flu related illness and the need to provide locum cover^{2,3,4}. It is also equally important to vaccinate staff who are supporting people living in non-residential care settings.



Funding the vaccine

- Social care and hospice providers should offer vaccination to all staff:
- Directly involved in delivering care; or
- In regular contact with people who are being supported; and
- Whether in a residential, in-patient or domiciliary setting.

The low cost of vaccination compared with the impact it can have on the service should be an important consideration for employers.

As with NHS healthcare workers the vaccination should be funded by employers at local level as part of their occupational health responsibilities. More information on the potential models of delivery is provided overleaf.

NHS England and NHS Improvement also support the vaccination of social care and hospice workers who can access vaccination via their general practice (GP) or pharmacy. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce. It is available to:

- Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to flu. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.
- Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to flu. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.

The vaccination is required every year

Flu viruses change over time. The vaccines are made each year in advance of the flu season and protect against the strains of the virus that are most likely to circulate that year. Flu viruses usually circulate in England from around late December to late March or even early April. Health and social care workers should receive the vaccine as soon as possible once it is available, usually in September or October. Immunisation is the single best way of protecting staff from flu and preventing its spread.

The flu vaccine is safe and effective

The flu vaccine has a good safety profile. The injectable vaccine does not contain any live viruses and **cannot cause flu**. During the last ten years the vaccine has generally been a good match for the circulating strains. There are now a wider range of flu vaccines available, which have been introduced as they are more effective.

Regulations and code of conducts

Workplace safety regulations require employers to prevent or reduce exposure to hazardous substances, including pathogens such as flu. This includes providing vaccination where appropriate⁵. Employees should not be charged for this⁶.

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance⁷, states that control of flu virus includes immunisation.

Registered health professionals such as nurses, physiotherapists, dieticians, occupational therapists and social workers are required by their codes of practice to take all reasonable steps to reduce the risk of harm to service users, carers and colleagues.^{8,9}

Potential options for providing vaccination for staff

The nature of shift working and the likely high proportion of part-time workers, makes achieving high uptake amongst care home, social care and hospice staff challenging. A multi-component approach is recommended to ensure all staff have easy access to the vaccine. Some staff may be eligible for free vaccination via their general practice if they are in an existing clinical “at risk” group – it is especially important that these staff are vaccinated early to protect themselves from serious illness associated with flu infection (see www.nhs.uk/flu/jab for further information).

There are a number of options for consideration.

Model	Advantages	Considerations
<p>Occupational health Larger providers may have access to services</p>	<ul style="list-style-type: none"> • Immunisation provided at the workplace (if using occ health outreach model) • Trained and experienced immunisers • Experience of medicine ordering and cold chain maintenance • Prescribing issues responsibility of occupational health services 	<ul style="list-style-type: none"> • Cost • Logistics of immunising across multiple sites, lack of flexibility for shift workers
<p>Local contracts with healthcare providers Employer contracts with local community providers such as GPs, pharmacies or nursing services. The Healthcare provider visits the workplace to provide immunisation</p>	<ul style="list-style-type: none"> • Immunisation provided at the workplace • Trained and experienced immunisers • Experience of medicine ordering and cold chain maintenance • Employers do not have to obtain and store vaccines • In care homes, residents and staff vaccines could be given at the same time if GPs in agreement • Prescribing issues responsibility of providers 	<ul style="list-style-type: none"> • Lack of flexibility for shift workers if staff not on the premises at the time of the session(s). Some back-up provision should be made for these staff
<p>Staff flu vouchers Employer makes agreement with community pharmacies to provide flu vaccination to staff</p>	<ul style="list-style-type: none"> • Provides more flexibility for shift workers particularly if multiple outlets involved • Employers do not have to obtain and store vaccines • Prescribing issues responsibility of pharmacy rather than social care 	<ul style="list-style-type: none"> • Staff have to be motivated to attend for vaccination outside the workplace • Relies on vaccinator being available at pharmacy when staff member visits • Employer time required to set up scheme with pharmacies
<p>Staff reimbursement As above but employee pays for vaccine and claims money back from employer</p>	<ul style="list-style-type: none"> • Flexibility • Staff can get vaccine from any pharmacist • Employers do not have to obtain and store vaccines • Prescribing issues responsibility of pharmacy 	<ul style="list-style-type: none"> • Staff may be less likely to attend for vaccination if they have to pay up front and claim money back • Requires process and budget for reimbursement
<p>Peer vaccinators Employer would purchase the flu vaccines and staff would vaccinate each other</p>	<ul style="list-style-type: none"> • Very flexible, enables shift workers to obtain the vaccine easily 	<ul style="list-style-type: none"> • Purchase and storage of vaccines • Cold chain maintenance required • Clinically qualified staff required at each immunisation session • Immunisation training required for vaccinators • Prescribing issues to be considered

Plan for success

A multi-component approach is recommended to ensure all staff have easy access to the vaccine.

- Have written, up to date flu vaccination policy either as a stand-alone document or as part of another policy e.g. Infection Control. These should cover both resident and staff vaccination.
- Identify an enthusiastic lead member of staff with responsibility for running the flu immunisation campaign.
- Plan the campaign early so that all staff members are aware of the process and can access the vaccines as soon as possible after it becomes available. Set a target for uptake.
- Use resources such as posters, leaflets, and digital tools, which can be downloaded from the [PHE Campaign Resource Centre](#). You will need to register/ sign in to access the materials for this campaign.
- Some NHS trusts have successfully used incentives such as hot drink vouchers, raffle tickets etc. Some organisations have donated money to UNICEF using 'Get a jab, give a jab' as their theme. This provides vaccinations for people in developing countries for every staff member vaccinated.
- Consider using a 'declination' form where staff sign and give a reason for non-vaccination. This can improve uptake as it makes refusal a conscious decision rather than 'not getting round to it'. It can also provide useful information to inform planning for future seasons.
- Record the number of employees with direct patient contact and the number receiving the vaccine so that uptake can be measured.
- At the end of the season review the campaign, discuss and record successes, challenges and learning points for next year.

Resources

- Campaign materials – including posters, social media tools, digital banners etc. – are available to download for the entire duration of the flu season from the [PHE Campaign Resource Centre](#)

Annual Flu immunisation letter:

www.gov.uk/government/publications/national-flu-immunisation-programme-plan

References

1. Carman WF, Elder AG, Wallace LA, McAulay K, Walker A, Murray GD, et al. (2000) Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* 2000;355:93–7.
2. Burls A (2009) Jordan R, Barton P, Olowokure B, Wake B, Albon E, Hawker J. Vaccinating healthcare workers against influenza to protect the vulnerable—Is it a good use of healthcare resources? A systematic review of the evidence and an economic evaluation. *Vaccine*, Vol 24, issue 19, 8th May 2006, p. 4212–4221
3. Saxen H, Virtanen M. (1999) Randomized, placebo-controlled double blind study on the efficacy of influenza immunization on absenteeism of health care workers. *Pediatr Infect Dis J* 1999;18:779–83.
4. Wilde JA, McMillan JA, Serwint J, Butta J, O’Riordan MA, Steinhoff MC. (1999) Effectiveness of influenza vaccine in health care professionals: a randomized trial. *JAMA* 1999;281:908–13
5. Health and Safety Executive (2005) Advisory Committee on Dangerous Pathogens, Biological agents: Managing the risks in laboratories and healthcare premises, May 2005 www.hse.gov.uk/biosafety/information.htm
Health and Safety at Work Act (1974), Ch37 The Stationery Office 1974 ISBN 0 10 543774 3
6. The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, P. 28. Department of Health, July 2015.
7. Nursing and Midwifery Council www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf
8. Health and Care Professions Council, Standards of conduct, performance and ethics.