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# RCN position on mandating vaccination for health and social care staff

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**Abstract:** **RCN position on mandating vaccination for health and social care staff**

The RCN recognise that vaccination is a key pillar in infection control and disease prevention. The fundamental position of the RCN is that all members of the nursing team should have any vaccine deemed necessary to help protect themselves their patients and their wider community. We consider this to be best practice and it is enshrined within the NMC code as the right thing to do for professional practice for all registered nurses.



There are however, serious concerns around mandating vaccines. Like the wider population, health and care staff are a diverse group and there are both physical and societal barriers for some on the take up for the vaccine.

The RCN do not support staff being made or coerced into having the vaccine. Staff vaccination should not be used as part of staff contracts, it should not be a condition of employment or part of employment contracts, linked to terms and conditions of employment or to pay.

The RCN do not believe that this approach is effective in improving uptake of vaccination in staff. The RCN recommend that all organisations have a proactive approach and make sure their staff have easy access to the vaccine within the working day. Staff should also have access to support with the right information, encouragement and clear explanation of the benefit and value of the vaccine. These measures will help to achieve a high vaccine uptake.

In their supplementary guidance to the Control of Substances Hazardous to Health Regulations 2002, the HSE say that employers should explain the advantages and disadvantages of immunisation versus non-immunisation. Immunisation should be seen only as a useful supplement to reinforce physical and procedural control measures, not as the sole protective measure.

The HSE adds that employees may not wish to take up the offer of immunisation, or they may not respond to a vaccine and will, therefore, not be immune. If so, employers should consider the effectiveness of the other controls and consider whether any additional controls should be implemented to allow them to work safely.

If RCN members decide they do not want the vaccine the reasons should be explored. If they remain anxious about having the vaccine, the RCN would support their decision. It may be appropriate for employers to consider redeploying them to lower risk areas.

*Influenza vaccine:* The RCN position on vaccination for staff having the influenza vaccine is clear and available on the RCN 'BeatTheFlu' resources and campaign [page](https://www.rcn.org.uk/beat-the-flu) (<https://www.rcn.org.uk/beat-the-flu>).

The RCN actively encourages all members to have the influenza vaccine. There is good evidence that although vaccination will not protect against all influenza infection it will help prevent severe disease and help stop the infection from spreading.

*COVID-19 vaccine:* The RCN similarly advocate all members take up the COVID-19 vaccine.

We welcome the vaccines being made available to all health and care staff as a priority and encourage all RCN members to take up the offer of vaccination as soon as they can. Employers are responsible across all settings to make sure their staff know how and where to go to access the vaccine

Linking COVID-19 vaccine with employment as being similar to the occupational health policy already in existence for other vaccines, such as Hepatitis B is not appropriate. policy for hepatitis b vaccine in occupational health for health and social care workers sits within the wider guidance to minimise the risk for staff in [exposure prone](#)



procedures and blood born virus (<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>). The guidance discusses what happens where staff who are unable to mount an adequate antibody response to vaccination are then protected from blood born virus and potentially not put in a situation where they carry out exposure prone procedures. The guidance is clear that staff who decline hepatitis B vaccination should not be denied employment.

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