



An Roinn Cosanta
Department of Defence



Policy on Vaccinations for Civil Defence Volunteers

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Policy Summary	This document sets out the Vaccination Policy for Civil Defence, and the role of each Stakeholder in the process.
Changes Made	The policy is a refinement of the earlier vaccination policy (Circular 09/02). It recognises the additional risk of contracting COVID-19 and Avian Influenza. Measures are also included in relation to funding of the agreed Vaccination measures.

** or earlier if any changes are published by the relevant regulatory bodies*

1. Introduction

Certain Civil Defence activities may carry the risk of exposure to the Hepatitis B virus, the avian influenza virus and tetanus. The use of Personal Protective Equipment (PPE), where exposure to bodily fluids is possible, is essential. All responders must use PPE when dealing with casualties, when operating in potentially contaminated water, with recovery of human remains and with bird carcass recovery.

2. Purpose

The purpose of this policy is to ensure that all Volunteers are offered appropriate protection by vaccination. The current relevant vaccinations are Hepatitis A & B (Twinrix vaccine), Influenza and Tetanus.

3. Roles and Responsibilities

There are four key stakeholders/roles:

- (a) Department of Defence/Civil Defence Branch
- (b) Civil Defence Medical Director
- (c) The Local Authority/Civil Defence Officer/Assistant Civil Defence Officer
- (d) The Volunteer

The respective roles and responsibilities are as follows:

Department of Defence/Civil Defence Branch

The Civil Defence Branch in the Department is responsible for setting the strategy and scope of services for Civil Defence nationally, and for ensuring that vaccination schedules and funding are managed and agreed on an annual basis.

Civil Defence Medical Director

The Medical Director is responsible for contributing to and periodically reviewing the Vaccination Policy for Civil Defence.

The Local Authority/Civil Defence Officer/Assistant Civil Defence Officer

The Local Authority is responsible for Operations management in relation to the Civil Defence Unit and all of its activities. This is effected under the direction of the Civil Defence Officer (CDO)/Assistant Civil Defence Officer (ACDO), reporting to the Director of Services or Chief Fire Officer.

The CDO/ACDO is responsible for, among other things, managing duties and ensuring that Volunteers are assigned to duties in accordance with their training and general status. General status will include current vaccination status.

The CDO/ACDO is responsible for tracking the vaccination status of volunteers, ensuring that volunteers are offered vaccinations appropriate to their areas of duty, and assisting in the arrangement of vaccinations.

The Volunteer

In common with all duties and training, the Volunteer has a personal responsibility for their health and safety when participating in duties and training. Volunteers should inform their CDO of their vaccination status (including vaccinations administered on behalf of Civil Defence and outside of Civil Defence) and provide documentary evidence and dates of same.

The Code of Practice requires that *“All volunteers are expected to comply with all reasonable instructions and lawful orders, particularly those regarding Health & Safety medical standards, to the best of their ability.”*

4. Procedures

On an annual basis, the CDO/ACDO should review the list of Active Volunteers in order to identify those who may be involved in:

- Medical Response
- Boat Operations
- Search & Rescue
- Swiftwater Flood Response

For all of the identified volunteers, the CDO/ACDO should review the Immunisation data held on the Volunteer & Equipment Management system (date administered and vaccine/immunity confirmation), with a view to identifying those who should be offered a vaccine in accordance with the Medical Director recommendations set out below.

The CDO should submit the proposed offer of vaccinations, based on the above data, to the Civil Defence Branch Finance Section, who should then review the cost projections on the basis of the data provided, and give approval to proceed or otherwise.

A record of the offer of vaccinations to each member of Civil Defence (Appendices A and B attached) must be completed by the volunteer member and retained (scanned to the Volunteer & Equipment Management System) by the Civil Defence Officer. In addition, a record must be maintained by each Civil Defence Officer of the names of members of Civil Defence immunised and the dates of injections and boosters for each member who participates in the program (Form 2 attached).

The contracted vaccine providers should administer the appropriate vaccinations and complete any necessary follow-up procedures (post immunisation/booster blood tests to confirm immunity). The provider should also maintain confidential vaccination records on behalf of the volunteers in question.

Volunteer members should ensure they are present for scheduled vaccination appointments and the necessary follow-up appointments. Volunteer members who decline vaccination or completion of the vaccination program in its entirety should complete a decline form.

Priority should be given to active Medical Responders, Search Team members (land and water), Swiftwater Flood Responders, and Boat Crews designated to assist in the event of an Avian Influenza outbreak.

5. Vaccination Guidelines

Vaccinations are only mandatory for Volunteers who wish to qualify as an Emergency Medical Technician (HSE requirement), but the CDO should inform all Volunteers of the benefits of vaccination, and the additional precautions that may be required if the volunteer chooses to decline the vaccination.

Where a Volunteer declines vaccination, a decline form must be signed by the Volunteer. In some cases, where vaccination is identified by the local authority as being highly desirable, but is declined by the volunteer, and where other risk reduction controls are not reasonably possible to implement practicably, it may be necessary to relocate the volunteer away from the risk of exposure. This may mean assigning them to low-risk activities.

a) Hepatitis A

Hepatitis A is an acute, usually mild and self-limiting disease of the liver caused by the hepatitis A virus (HAV). The reservoir of HAV is humans and, rarely, chimpanzees and other primates. Transmission is almost always by the faeco-oral route. The disease ranges in severity from a mild illness lasting one to two weeks to a severely disabling illness lasting several months. Most patients make a complete recovery. There is no chronic infection. Infection with HAV confers lifelong immunity. Vaccination with two doses induces immunity in almost 100% of recipients; immunity lasts for at least 25 years.

Hep A vaccination is recommended where a CD volunteer might be deployed to flooding events or whilst working around waterways, as they may be exposed to raw untreated sewage.

While the National Immunisation Guidelines for Ireland recommend Hep A vaccination for those handling food, it is not a requirement of the regulator (the Food Safety Authority) at this time. Civil Defence Branch will review should the FSAI change their requirements.

For further information, please see Appendix 1.

a) Hepatitis B Vaccination

Routine Hepatitis B immunisation involves a course of three doses at 0, 1 and 6 months. Booster doses are NOT routinely required.

Testing for immunity, after vaccination is recommended only for persons whose subsequent clinical management or occupational risk depends on knowledge of their immune status. (National Immunisation Advisory Committee, 2025).

Given the nature of their duties, Civil Defence Volunteers assisting on Boat Operations, Search & Rescue and Medical Response should therefore have anti-Hbs testing performed. This can

occur 1-2 months after completing a hepatitis B immunisation schedule, or where there is documentary evidence of having completed an approved immunisation schedule but where the antibody titre is not known.

Important information for CDOs

It is important to note that the Hepatitis B vaccine was added to the primary immunisation schedule in Ireland in October 2008, for children born from 1st July 2008. (HPSC, 2025) Therefore, those born after 1st July 2008 are likely to have completed a primary course of vaccination for Hepatitis B and further vaccination should not be required on induction to Civil Defence. This group will however require anti-HBs antigen testing to confirm their immunity status (unless they have previously been tested) and provide documentary evidence of having completed the vaccination schedule AND the antibody titre.

Anti-HBs level	Action required
≥10 mIU/ml	Good response. No further action required
<10 mIU/ml	Non-responder. Test for anti-HBc.¹ If anti-HBc negative, give booster dose of the same hepatitis B vaccine² Recheck anti-HBs 2 months later and if anti-HBs remains <10 mIU/ml, give two further doses of the same hepatitis B vaccine (i.e. complete a second course of the same hepatitis B vaccine) Recheck anti-HBs 2 months later and if anti-HBs remains <10 mIU/ml, person is susceptible to HBV³ to HBV.

¹ For those who are performing exposure-prone procedures, HBsAg testing should also be carried out.

² If not available, a different hepatitis B vaccine can be used

³ Should be advised about precautions to prevent HBV infection and the need for post exposure prophylaxis for any known or likely exposure to an HBsAg-positive source

Note: If a volunteer has ever has completed a Hep B vaccination course and demonstrated an anti-HBs level ≥ 10mIU/ml, no further action is required.

b) Influenza Vaccine

Influenza is an acute illness of the respiratory tract with systemic symptoms. It affects all age groups and is characterised by the abrupt onset of fever, headache, myalgia (muscle pain), cough, sore throat and malaise. It is usually self-limited, with recovery in 2-7 days, but it can be severe. Influenza A viruses infect a wide range of animal and avian species, particularly waterfowl. Influenza B viruses only infect humans and seals

The National Immunisation Advisory Committee (NIAC) continues to recommend annual seasonal Influenza vaccine **for people who have close, regular contact** with pigs, poultry or

waterfowl. **Civil Defence members assisting in the recovery of dead birds should receive annual influenza (flu) vaccine.**

Annual re-vaccination is recommended, because immunity declines during the year after vaccination and circulating strains of influenza virus change from year to year.

The ideal time for vaccination is before the influenza season, i.e., from September to October, but the vaccine may be given until the end of April. (National Immunisation Advisory Committee, 2025).

The **Avian Flu** vaccination is **not required** by our Civil Defence Boat Crew volunteers, because these volunteers do not have any direct contact with dead birds. These volunteers are instead offered the main influenza vaccination, which is administered annually by the Department of Agriculture. It is important to reiterate to Boat Crew Volunteers that they should not engage in direct contact with dead birds, should wear the appropriate PPE and decontaminate post event.

c) Tetanus

Tetanus is an acute potentially fatal disease, characterised by muscular rigidity and intermittent spasms. It is caused by the nerve toxin produced by *Clostridium tetani*, which is a bacteria which grows in a contaminated wound. Effective protection is provided in 90-95% of those who are fully vaccinated. Protection declines with time since vaccination and with age; up to 50% of 20 year olds and up to 70% of 70-year-olds who have not received boosters within 10 years may be unprotected. Naturally acquired immunity does not occur.

In Ireland there have been five cases reported since 2012, four probable and one confirmed. Ages ranged from 11 to 39 years. There was a death in a 63 year-old reported in 2001.

Tetanus immunity should be clarified by each member from their own G.P or HSE Local Health Office. Non-immunised persons may require a primary immunisation course or a booster depending on their last vaccine.

For vaccinated persons who have received 5 doses of tetanus vaccine, **booster doses should be considered every 10 years**. This is based on concern regarding the decline of antibody levels with age and potential failure of single booster doses to produce protective levels in older individuals. (National Immunisation Advisory Committee, 2025)

d) Covid-19

The Covid-19 vaccine is generally offered alongside the Influenza vaccine. This vaccine is updated as new strains are identified. While volunteers may choose to avail of the vaccination, there is no obligation/recommendation to do so.

6. Recoupment of Vaccination Costs

100% of the costs incurred may be recouped from the Department of Defence, subject to:

- Pre-approval of the numbers with the Finance Unit in Civil Defence Branch
- Proof of expenditure (doctor's receipts and signed Form 1)
- Compliance with normal accounting procedures.

Failure to comply with any of the above may result in a rejection of the recoupment.

There is no charge to the Volunteer or CDO for vaccinations administered at Department of Agriculture-run annual avian flu seminars.

Persons holding Medical Cards may be able to acquire immunisation free of charge and this should be checked locally.

7. Volunteer and Equipment Management System (VEMS)

Details of the vaccination type administered (please note that Twinrix includes both Hep A and Hep B), practitioner administering the vaccination, date administered and date of expiry of vaccination should be recorded on VEMS by the Civil Defence Officer/Assistant Civil Defence Officer or other designated VEMS user (Civil Defence administration support approved by the Local Authority) approved by the Chief Executive.

Please see the procedure in Appendix 2.

8. Policy Review

This policy will be reviewed every two years or on the receipt of updated advice from the NIAC.

Bibliography

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Appendix 1 – Hep A & Hep B (further information)

Food and water contamination: Contamination of water supplies with HAV- infected faeces occurs where sewage disposal is inadequate. Transmission may occur after ingestion of food that was washed in contaminated water or was handled by an infected person with poor standards of hygiene. It may also occur following ingestion of food that has not been cooked after being contaminated, or of shellfish harvested from contaminated seawater.

Approximately 95% of subjects acquire protective levels of HAV antibodies within four weeks of one dose and over 99% after the second dose. Immunocompetent (people with healthy immune systems) subjects show a satisfactory antibody response up to three years after the first dose of Avaxim® and up to five years after the first dose of Havrix Monodose® and Havrix Paediatric®. The duration of the

immune response after two doses is at least 25 years. It is likely that at least 95% and 90% of subjects will remain seropositive 30 and 40 years after vaccination, respectively.

In relation to Hep A – repeat vaccination is generally not required for 25+ years.

In relation to Hep B, please note that:

- (a) Many of your volunteers will already have received this vaccine. If they have demonstrated an anti-HBs level > 10mIU/ml, no further action is required in relation to this vaccine. If they are not sure, then a blood test should be completed first.
- (b) Many of your younger volunteers may have received the vaccination through Ireland's primary childhood immunisation programme (Hep B was included for children born on or after 1 July 2008). Again, a blood test will confirm this.

Appendix 2 – Vaccination process steps

1. On an annual basis, review your list of Active Volunteers who are engaged in the listed activities, and prepare a submission (Form 1, tab 1) regarding proposed vaccination requirements and costs. This should be sent to the Branch to be considered in the context of the available budget.
2. The Branch will issue a response. You should proceed on the basis of that response.
3. When the vaccinations are completed, you should submit an updated form (Form 1, tab 2 - which can be copied from tab 1), which confirms the actual vaccinations completed.
4. The practitioner who administered the vaccination should complete and stamp a form for each volunteer (Form 2). The Volunteer vaccination record on VEMS should be updated. **Please scan and upload this form to the Volunteer VEMS record.**
5. If a volunteer declines vaccination, they should complete the Consent/Decline form (Form 3) attached herewith. **This should also be scanned to the Volunteer record on VEMS.**

Recording Vaccination Records on VEMS

1. Request Volunteers provide record of Vaccinations listed in this Policy – this medical record should be requested from Local Health Office (<https://www2.hse.ie/services/local-health-office>), GP or employer – if relevant
2. Open the Volunteer Record on VEMS and add the relevant detail for each vaccine
3. In respect of Hep B – you do not need to include the three initial vaccination records. Instead, please record the final blood test as confirmation of completed vaccination (Form 2 attached)

Retain all vaccination records on file in the Local Authority as these may be required at a future date.

Relevant Forms:

Form 1: Record of vaccinated volunteers, request for approval of further vaccinations, and request for recoupment of vaccination costs.

Form 2: Hep B confirmation from Medical Practitioner

Form 3: Vaccination Consent/Decline Form

Appendix 3 – Civil Defence Volunteer Vaccination Information Summary

Why Vaccinations Are Important

Some Civil Defence activities may involve exposure to blood, bodily fluids, contaminated water, sewage, bird carcasses, or contaminated wounds. While Personal Protective Equipment (PPE) must always be used, vaccination can provide an important additional layer of protection.

Who Is Covered?

Vaccinations are particularly relevant for volunteers involved in:

- Medical Response
- Boat Operations
- Search & Rescue
- Swiftwater Flood Response
- Recovery of dead birds during Avian Influenza incidents

Priority is given to active volunteers in these roles.

Vaccinations Included

Civil Defence currently recommends the following vaccinations:

- Hepatitis A
- Hepatitis B
- Seasonal Influenza
- Tetanus

Are Vaccinations Mandatory?

Vaccination is mandatory only for volunteers who wish to qualify as an Emergency Medical Technician (EMT), as required by the HSE. For all other volunteers, vaccination is strongly recommended where appropriate to their role.

Volunteers who choose not to receive a recommended vaccination must complete a Vaccination Decline Form. In some circumstances, volunteers may be assigned to lower-risk duties if vaccination is declined and other safety controls cannot adequately reduce the risk.

Hepatitis A

Hepatitis A vaccination is recommended for volunteers who may be exposed to:

- Floodwater
- Waterways
- Untreated sewage

This is particularly relevant during flood response operations. A full vaccination course provides long-lasting protection and repeat vaccination is generally not required for at least 25 years.

Hepatitis B

Hepatitis B vaccination is recommended for volunteers involved in:

- Medical Response
- Boat Operations
- Search & Rescue

Volunteers may require a blood test to confirm immunity following vaccination. Volunteers born on or after 1 July 2008 may already have received Hepatitis B vaccination through the national childhood immunisation programme.

If a volunteer has previously completed a Hepatitis B vaccination course and has demonstrated an anti-HBs level greater than 10 mIU/ml, no further action is required.

Seasonal Influenza

An annual influenza vaccination is recommended for volunteers involved in the recovery of dead birds or activities involving close contact with poultry or waterfowl. Annual vaccination is necessary because immunity decreases over time and flu strains change each year.

Tetanus

Volunteers should check their tetanus vaccination status with their GP or local HSE health service. Booster doses should be considered every 10 years for individuals who have completed the full tetanus vaccination schedule.

Volunteer Responsibilities

Volunteers are responsible for:

- Informing their Civil Defence Officer (CDO/ACDO) of their vaccination status.
- Providing documentary evidence of vaccinations where possible.
- Attending vaccination and follow-up appointments.
- Continuing to use PPE and follow all health and safety procedures.
- Complying with reasonable health and safety instructions and medical standards.

Cost of Vaccinations

Approved vaccinations provided through the Civil Defence vaccination programme are funded through Civil Defence arrangements.

Possible Vaccine Side Effects

Vaccines used within the Civil Defence vaccination programme have been in use for many years and are generally considered safe and effective. As with any medicine, some people may experience side effects. Most side effects are mild, temporary, and resolve within a few days.

Volunteers who have concerns about vaccination, existing medical conditions, previous reactions to vaccines, or possible side effects should discuss these with their GP before receiving vaccination.

Any unexpected or significant side effects experienced following vaccination should be reported to the Civil Defence Officer who will inform the healthcare provider.

Please note that the risk of serious illness from vaccine-preventable diseases is generally much greater than the risk of serious vaccine side effects.

Frequently Asked Questions (FAQ)

1. Why is Civil Defence offering vaccinations?

Some Civil Defence activities can expose volunteers to blood, bodily fluids, contaminated water, sewage, bird carcasses, or wounds. Vaccinations help reduce the risk of serious illness and complement the use of PPE and safe working practices.

2. Are vaccinations mandatory?

Vaccinations are only mandatory for volunteers who wish to qualify as an Emergency Medical Technician (EMT), as required by the HSE. For all other volunteers, vaccinations are strongly recommended but voluntary.

3. What vaccinations are covered under the policy?

The current vaccination programme includes:

- Hepatitis A
- Hepatitis B
- Seasonal Influenza
- Tetanus

These vaccinations are offered based on the volunteer's role and level of exposure risk.

4. Which volunteers are most likely to be offered vaccination?

Priority is given to active volunteers involved in:

- Medical Response
- Search & Rescue
- Boat Operations
- Swiftwater Flood Response
- Recovery of bird carcasses during Avian Influenza incidents

5. What happens if I decline vaccination?

You will be asked to complete a Vaccination Decline Form acknowledging that vaccination was offered. In some cases, volunteers who decline recommended vaccinations may be assigned to lower-risk duties where alternative safety measures cannot adequately manage the risk.

6. I already received a Hepatitis B vaccine. Do I need it again?

Not necessarily. If you have previously completed a Hepatitis B vaccination course and have documented evidence showing protective immunity (anti-HBs level greater than 10 mIU/ml), no further action is usually required.

7. I was born after 1 July 2008. Do I need a Hepatitis B vaccine?

Many people born on or after 1 July 2008 received Hepatitis B vaccination as part of Ireland's childhood immunisation programme. You may simply need evidence of vaccination and/or a blood test to confirm immunity.

8. Why is Hepatitis A recommended for flood response activities?

Floodwaters may contain untreated sewage and other contaminants. Hepatitis A can be transmitted through contaminated food or water, making vaccination a useful additional protection for volunteers involved in flood operations.

9. Why is the influenza vaccine recommended every year?

Influenza viruses change from year to year and protection from previous vaccinations decreases over time. Annual vaccination helps maintain effective protection.

10. Are boat crew volunteers required to receive avian influenza vaccination?

No. Boat crew volunteers are not expected to have direct contact with dead birds. Instead, they may be offered the annual seasonal influenza vaccine and must continue to use appropriate PPE and decontamination procedures.

11. How often should I receive a tetanus booster?

For volunteers who have completed a full tetanus vaccination schedule, booster doses should be considered every 10 years.

12. What should I do if I have a medical condition or allergy?

Please discuss these vaccines with your GP prior to booking if you have any concerns or medical conditions, previous allergic reactions or if pregnant.

13. Will Civil Defence keep a record of my vaccinations?

Yes. Vaccination details relevant to Civil Defence duties are recorded on the Volunteer and Equipment Management System (VEMS), and supporting documentation is retained in accordance with policy requirements.

14. Do I have to provide proof of vaccination obtained elsewhere?

Yes. Volunteers should inform their CDO/ACDO of vaccinations received both within and outside Civil Defence and provide documentary evidence where available.

15. Will I have to pay for vaccinations?

No. Approved vaccinations provided through the Civil Defence vaccination programme are funded through Civil Defence arrangements.

16. Who can I contact for more information?

Speak with your Civil Defence Officer (CDO/ACDO)

Version Control Summary

Version #	Date	Key changes
002	Aug 2026	The policy is a refinement of the earlier vaccination policy (Circular 09/02 – hereby revoked). It recognises the additional risk of contracting COVID-19 and Avian Influenza. Measures are also included in relation to funding of the agreed Vaccination measures.