

The Management of Staff Health Relating to Communicable Disease Policy

This policy describes the processes and procedures for staff working within LPT to follow in relation to communicable infections that may affect them during the course of their work.

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Type of policy	Clinical √	Non-clinical
Which Relevant CQC Fundamental Standards?		

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1 Draft 1	January 2009	Review of guideline by Infection Control Lead Nurses.
Version 2 Draft 1	November 2009	Reviewed by Amanda Hemsley in line with standards for better health. Amendments following identification that no longer requires policy status. Roles and responsibilities removed, will be covered under the general infection control policy
Version 3	July 2010	Sent out for comments to key professionals
Version 4	October 2010	Comments received and incorporated from infection control team and Dr. M Leverment
Version 5	October 2011	Harmonised in line with LCRCHS and LPT (Historical Organisations)
Version 6 Draft 1	March 2014	Circulated for comments to all members of LPT Infection Prevention & Control Committee.
Version 6	October 2014	Reviewed by Antonia Garfoot. Appendix 1 Flowchart incorporated as per Occupational Health guidance(OH)
Version 7	February 2015	Further reviewed by Antonia Garfoot and comments from Dr Leverment to incorporate PHE HiV guidance (January 2014)
Version 8	June 2017	Further review by Antonia Garfoot
Version 9	March 2019	Reviewed by Andy Knock Removed information regarding Prisons. Removed PEP flowchart which is now included in the The Management of Sharps and Exposure to Blood Borne Viruses Policy

For further information contact: Infection Prevention and Control Team

Definitions that apply to this Policy

Due Regard	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. <p>Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</p>
Health Care Premises	Where care or services are delivered to a person related to the health of that individual
Incubation period	The time from the moment of exposure to an infectious agent until signs and symptoms of the disease appear.
Infection	An organism present at a site and causes an inflammatory response or where an organism is present in a normally sterile site.
Isolation	When a patient is cared for in a separate area or room due to them having an infection that may be detrimental to other individual's health. Or when the patient may be vulnerable to infection.
Public Health Consultant	A Consultant who is knowledgeable in infectious diseases.

1.0 Purpose of the policy

This policy has been developed to give clear guidance for staff in relation to communicable infections. It is intended to provide infection prevention and control guidance to minimise the risk of transmission of the organism from staff members to other staff, patients or members of the public and remove the risk/impact it would have on the organisation.

2.0 Summary and key points

The role of the Occupational Health Department is to provide a professionally independent, impartial and completely confidential source of advice on all aspects of the relationship between work and health.

A particular responsibility is to assist in the protection of healthcare staff from infections which may be acquired in the course of their work and to protect patients from infections which may be transmitted by staff.

Specialist occupational health professionals contribute to the development of local policies and guidelines for the Prevention and Control of Infection within Leicestershire.

There should be access to competent Occupational Health (OH) advice within Leicestershire Partnership Trust (LPT) as required by the Management of Health and Safety at Work Regulations 1999. All Health Service staff has access to the services of the Occupational Health Department. Any alternative advice may be sought from Public Health England.

The Occupational Health Departments offer: -

- Confidential advice to individual members of staff
- Appropriate screening of healthcare staff if required before employment is confirmed and during employment, e.g. in the event of an infection outbreak
- Work related immunisation programmes
- Advice to staff and managers on exclusion from work when appropriate
- Liaison with other professionals locally in relation to control of infection
- Work related health support

3.0 Introduction

The policy provides staff employed by LPT with a clear and robust process to follow in relation to communicable infections that may affect them during the course of their work.

Staff health and the protection of staff is high on the Infection Prevention and Control agenda, LPT has a duty of care and must ensure that staff are given guidance as to the appropriate steps they need to undertake to ensure they can protect themselves and others in relation to communicable infections.

All staff have a responsibility to follow this policy.

4.0 Staff health relating to communicable infections for staff

4.1 Routine screening and immunisation

Staff cannot be screened and immunised for every infection. The following guidance covers routine occupational health practice.

It is emphasised that the most important means of controlling health care acquired infections is strict observance of hand hygiene. Adherence to hygiene measures and safe working practices form part of the organisational Infection Prevention and Control Policies that should be followed as indicated.

4.2 Guidelines for routine screening and vaccination

This guidance covers those conditions for which routine screening and immunisation have been considered appropriate. If advice is required in relation to other infectious diseases, for example, Influenza or Meningitis, this should be sought from the Occupational Health Department.

CONDITION	STAFF CATEGORY	ACTION
Chickenpox	All staff in patient contact	History of chickenpox to be recorded in OH notes. VZ antibody testing and immunisation if necessary.
Diphtheria	Public Health Laboratory Service	Check serology and immunise if necessary.
Hepatitis A	Staff who undertake Estates & Facilities work activities.	Primary Hep A course then booster when recommended.

Hepatitis B	All staff in contact with patients, blood or other body fluids. Staff undertaking exposure prone procedures	Immunise and document antibody response in OH record. One booster 5 years after satisfactory primary immunisation. Specific screening required. See Section 8.
Measles, Mumps and Rubella	All staff in clinical contact	MMR immunisation history and bloods for Rubella antibody on employment. MMR if
Tetanus and Polio	All staff	All staff should have up-to-date vaccination with GP.
Tuberculosis	All staff in patient contact.	Screening for history and symptoms of TB. BCG scar check Mantoux CXR and BCG if indicated.
Typhoid	Estates and Facilities staff / contracted Estates & Facilities provider exposed to sewage	Typhoid vaccine - Primary course then booster after 3 years

4.3 Exclusion from work

Staff who are in contact with patients or work in specified jobs, e.g. Food Handlers, should report the following suspected or established infections to Occupational Health or Public Health England for advice regarding exclusion from work.

CONDITION	STAFF CATEGORY	ACTION
Acute Diarrhoea and/or vomiting. (see separate notes below on Salmonella & Typhoid)	All staff Food handlers	Exclude from work until symptom-free for 48 hours . During a declared incident of winter vomiting, exclude for 48 hours. Samples may need to be obtained, and advice should be sought from Occupational Health. Exclude from work until symptom free for at least 48 hours . If symptoms last more than 12 hours or if food poisoning suspected, stool cultures should be sent.
Chickenpox (cases)	All staff	Exclude from work until lesions scab over or are dry.
Chickenpox (contacts)	Staff in contact with the following patients: immunosuppressed obstetric/neonatal	Inform Occupational Health who will check staff records. If no history, or uncertain history of chickenpox and no record of VZ antibody, to have VZ antibody tests. 10ml clotted blood to be sent to Virology and PH Lab informed by phone to expect specimen. If VZ AB negative, exclude from work from 8 to 21 days after contact with chickenpox. If chickenpox develops, exclude as case. Inform Occupational Health on return to work.
Conjunctivitis with discharge	Food handlers. Staff in close patient contact.	Exclude for 24 hours from start of treatment. Strict attention to hand hygiene.
Head lice	Staff in close patient contact	Individuals should have treatment. May return to work after first treatment. Close family should only have treatment if live lice are detected
Hepatitis A	All staff	Exclude from work until recovered or for 7 days from onset of jaundice.

Hepatitis B and Hepatitis C	All staff	Inform Occupational Health and Public Health England. May return to work when clinically well. Fitness for exposure prone invasive procedures must be established by Occupational Health.
Herpes Simplex (facial)	Staff working in obstetrics/care of neonates	Exclude from participation in vaginal delivery; from giving eye care and neonatal care. Exclude until lesions healed.
Shingles (cases only)	Staff in close patient contact	If lesions are in exposed areas (e.g. not trunk), to be excluded from work until scabbed over.
Measles	All staff in patient contact	Enquire in regard to history of measles and any MMR history. If no history of measles or only one dose of MMR, person should be offered MMR vaccine.
Mumps	All staff in patient contact	Specific screening and immunisation not yet essential but protection provided by two doses of MMR vaccine.
Rubella	All staff in patient contact	Establish whether the person has had two doses of MMR or a positive antibody blood test. If neither of these give two doses of MMR vaccine four weeks apart.

HIV and AIDS	All staff	Inform Occupational Health Physician in total confidence. Advice must be obtained to identify: 1. If patients are at risk especially where exposure prone invasive procedures are undertaken. 2. Whether staff member is at risk of infections in the course of their work.
Meningococcal infection (contact with)	Hospital contacts. Mouth to mouth resuscitation.	Normally do not require prophylaxis. Contact the Consultant in Communicable Disease Control at Public Health England.
Meticillin Resistant Staphylococcus Aureus (MRSA)	Any staff in patient contact	Screening to be arranged by Occupational Health in liaison with the Infection Prevention & Control Team.
Salmonellosis	Food handlers Any staff in patient contact (other than food handlers)	Exclude from work until symptom free for 48 hours. Return to work should be discussed by Occupational Health Physician/ Occupational Health Nurse and with the Infection Prevention and Control Team. Exclude from work until symptom free for 48 hours.
Scabies	Staff in close patient contact	Individual and close family should have treatment. May return to work after first treatment
Skin Lesions Minor cuts, cracked skin on hands	Food handlers Staff in patient contact; Staff in contact with blood and body fluids	Cover lesions with waterproof dressing; wear gloves. If adequate covering is not possible, consult Occupational Health.
Infected Dermatitis Discharging skin lesions	Food handlers Staff working in sterile areas, or direct patient contact	Exclude from work or relevant procedures until lesions healed. Consult Occupational Health for advice
Typhoid & Paratyphoid (Salmonella Typhi, Paratyphi & toxin producing E.coli)	All food handlers, staff in critical care areas and staff in patient contact	Sampling and exclusion from work will be discussed by Occupational Health Physician with Infection Control Nurse and Consultant in Communicable Diseases

Pulmonary Tuberculosis	All staff	Inform Occupational Health and Public Health England. Exclude from work until sputum smear negative or 2/52 after treatment commences and there is clinical improvement
Tuberculosis (Other forms)	All staff	No need for exclusion

If advice is required in relation to other infectious diseases not listed within this table then further advice must be sought from the occupational health department

4.4 Exposure prone invasive procedures (EPIP)

Exposure prone invasive procedures are those where there is a risk that injury to the worker may result in the exposure of the patient's open tissue to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, where the hands or fingertips may not be completely visible at all times. People living with HIV who are taking effective treatment will be allowed to become surgeons, dentists and midwives or work in any health care profession involving exposure prone invasive procedures.

Such procedures must not be performed by a health care worker who is a carrier of a blood borne virus.

The working practices of each infected health care worker must be considered individually, expert advice should be sought in the first instance from a Specialist Occupational Health Physician, who may in turn wish to consult the Advisory Panel on Health Care Workers infected with Blood Borne Viruses. It is the ultimate responsibility of the Chief Executive of the trust/independent hospital/FHSA to restrict the practice of the individual concerned.

Under certain clearly defined circumstances, staff with Hepatitis B or HIV which is established under strict criteria as not infectious, may undertake exposure prone procedures. This requires registration with the UK Advisory Panel for healthcare workers with blood borne viruses (UKAP – OHR) and they have to be under regular review by both their own specialist and an occupational health professional.

Procedures where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not require the use of sharp instruments, are **not** considered to be exposure prone invasive procedures, provided that routine infection control procedures are adhered to at all times, including the wearing of gloves as appropriate and the covering of cuts or open skin lesions on the worker's hands. Examples of such procedures include the taking of blood, setting up and maintaining IV lines, minor surface suturing, and the incision of abscesses or uncomplicated endoscopies. However, as stated in paragraph above, the final decision about the type of work that may be undertaken by an infected health care worker should be made on an individual basis taking into account the specific working practices of the worker concerned.

All staff infected with a blood borne virus must be seen by an Occupational Physician whether or not their job involves exposure prone procedures.

For high risk needle stick injury and access to PEP refer to The Management of Sharps and Exposure to Blood Borne Viruses Policy.

5.0 References and bibliography

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London

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Royal College of Nursing (2000) Good Practice in Infection Control London

Protection against Infection with Blood Borne Viruses London: HMSO

Leicestershire partnership Trust (2019) Hand Hygiene Policy (Including Bare Below the Elbows)

Leicestershire Partnership Trust (2019) The Management of Sharps and Exposure to Blood Borne Viruses Policy

Leicestershire Partnership Trust (2018) Personal Protective Equipment for use in Healthcare Policy

Appendix 1

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:	The management of staff health relating to communicable disease policy		
Completed by:	Mel Hutchings		
Job title	Infection Prevention and Control Nurse	Date	03/04/2019
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			no
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust

Appendix 2

Contribution List

Key individuals involved in developing the document

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Circulated to the following individuals for consultation

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