



The management of staff health relating to communicable diseases 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.

Key words: Communicable, infection, disease

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Approved by: Infection Prevention and Control Assurance Group

Ratified By: Quality and safety committee.

Date this version was ratified:

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Policy On a Page

SUMMARY & AIM

This aim of this policy is 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.

This 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.

The protection of staff and their health is an important element of the trusts 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.

KEY REQUIREMENTS

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 should be aware of infections that may cause illness to themselves or their patients in order to reduce the risk of communicable transference.

All staff have a responsibility to follow this policy and are aware of the correct reporting procedures when they are unwell or have a potential or confirmed infection.

TARGET AUDIENCE:

This policy applies to all staff, including bank and agency staff working within the trust.

TRAINING

There is no identified training required in relation to this policy.

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Title The management of staff health relating to communicable diseases

1.0 Quick look summary

1.1 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
Version 10	September 2022	Reviewed and updated in line with current guidance.
Version 11	July 2024	Reviewed and updated in line with current guidance. New Trust policy format completed.

For Further Information Contact: Infection Prevention and Control team 01162952320

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1.2 Key individuals involved in developing and consulting on the document.

- Accountable director: James Mullins Director of Nursing, AHPS & Quality
Emma Wallis Deputy Director of Nursing & Quality
- Implementation lead- Amanda Hemsley Head of infection Prevention & control
- Author(s)- Reviewed by Claire King Infection Prevention and Control
- Core policy Reviewer Group- Infection Prevention & control assurance group

1.3 Governance

Level 2 or 3 approving delivery group – Infection Prevention and control assurance group

Level 1 Committee to ratify policy – Quality and Security Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

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1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- 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. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

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 presents 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.

2.0 Purpose and Introduction/Why we need this policy.

2.1 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.

2.2 Introduction

This 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.

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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.

3.0 Policy Requirements

3.1 Staff health relating to communicable infections for staff.

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 include the strict observance of hand hygiene. Adherence to hygiene measures and safe working practices form part of the organizational Infection Prevention and Control Policies that should be followed as indicated.

Guidelines for routine screening and vaccination

This guidance covers those conditions for which routine screening and immunisation have been considered appropriate to be offered. 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 and may come into contact with blood or other body fluids (Domestics, Porters etc).	Primary Hep A course then booster when recommended.

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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. 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 vaccination if required
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

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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 UK Health Security Agency for advice regarding exclusion from work.

Where it is advised to contact UKHSA this would be supported by occupational health, however for a number of infections UKHSA will automatically receive positive results and follow up as part of their roles.

Condition	Staff category	Action
Acute Diarrhoea and/or vomiting. (See separate notes below on Salmonella & Typhoid)	All staff	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 and support should be sought from Occupational Health.
	Food handlers	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 scabbed over or are dry. 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.
Chickenpox (contacts)	Staff in contact with the following patients: immunosuppressed obstetric/neonatal	If VZ AB negative, exclude from work from 8 to 21 days after contact with chickenpox. If

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Conjunctivitis with discharge	Food handlers. Staff in close patient contact	chickenpox develops, exclude as case. Inform Occupational Health on return to work. 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 UK Health Security Agency (UKHSA) 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

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		positive antibody blood test. If neither of these give two doses of MMR vaccine four weeks apart.
HIV and AIDS	All staff	<p>Inform Occupational Health Physician in total confidence. Advice must be obtained to identify:</p> <ol style="list-style-type: none"> 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.	<p>Normally do not require prophylaxis. Contact the Consultant in Communicable Disease Control at UK Health Security Agency (UKHSA) UKHSA will follow up any contacts as a matter of priority.</p>
Methicillin 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	<p>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.</p>
	Any staff in patient contact (other than food handlers)	Exclude from work until symptom free for 48 hours.
Scabies	Staff in close patient contact	Individuals and close family should have treatment. May return to work after first

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		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 areas.	Sampling and exclusion from work will be discussed by Occupational Health physician, Infection control nurse and consultant in communicable diseases.
Pulmonary Tuberculosis	All staff	Inform Occupational Health and UK Health Security Agency (UKHSA) 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.

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

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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

4.0 Occupational health

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

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.Regulations 1999. All Health Service staff has access to the services of the Occupational Health Department. Any alternative advice may be sought from the UK Health Security Agency (UKHSA).

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 programs.
- 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.

Occupational health contact details are as follows:

Please note that occupational health service, advice and support is provided to LPT externally through University Hospitals of Leicester (UHL).

Telephone -0116258307

UK Health Security Agency (UKHSA) (East Midlands Branch) contact details are as follows:

Telephone- 03442254254 (Option 1)

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5.0 References and Bibliography

Centre for Diseases Control: Recommendations for Prevention of HIV Transmission to Healthcare Personnel April 2006

Department of Health – www.dh.gov.uk

Department of Health (1998) Guidance for Clinical Health Care Workers:

Department of Health (2015) *The Health and Social Care Act 2008. Code of Practice on the Prevention and Control of infections and related guidance*. London

Health and Safety at Work Act 1974

Control of Substances Hazardous to health (COSHH) 2002

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Public Health England – The Management of HIV infected Healthcare workers who perform exposure prone procedures. (January 2014)

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NHS Executive (1999) Controls Assurance in Infection Control HSC 1999/123 Royal

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

Infection with Blood Bourne Viruses London: HMSO

Leicestershire partnership Trust (2024) Hand Hygiene Policy (Including Bare Below the Elbows)

Leicestershire Partnership Trust (2023) The Management of Sharps and Exposure to Blood Borne Viruses Policy

Leicestershire Partnership Trust (2023) Personal Protective Equipment for use in Healthcare Policy

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6.0 Duties within the Organisation

Duties regarding this policy can be located in the LPT Infection Prevention and Control Assurance Policy.

7.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

8.0 Monitoring Compliance and Effectiveness

Compliance with this policy is outlined in the LPT Infection Prevention and Control Policy.

9.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery, and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or

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receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

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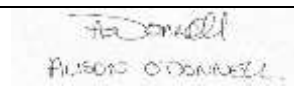
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Appendix 1 Training Needs Analysis

Training topic/title:	No training required to support implementing this policy		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	YES - Not required. <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) <input type="checkbox"/> Desirable or Developmental		
Directorate to which the training is applicable:	<input type="checkbox"/> Directorate of Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Estates and Facilities <input type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	NA		
Governance group who has approved this training:	NA	Date approved:	
Named lead or team who is responsible for this training:	NA		
Delivery mode of training: elearning/virtual/classroom/informal/adhoc	NA		
Has a training plan been agreed?	NA		
Where will completion of this training be recorded?	<input type="checkbox"/> uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?	NA		
Signed by Learning and Development Approval name and date			Date: 17 th July 2024

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Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes to all.

Respond to different needs of different sectors of the population yes.

Work continuously to improve quality services and to minimise errors yes.

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes.

Help keep people healthy and work to reduce health inequalities yes.

Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance yes

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Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	The management of staff health relating to communicable disease.
Date Screening commenced	3 rd July 2024
Directorate / Service carrying out the assessment	Infection Prevention and Control
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection Prevention and Control Nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: This aim of this policy is 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.	
OBJECTIVES: The objective of this policy is to ensure that staff have clear guidance in place in relation to communicable infections which will help them to minimise the risk of transmission of organisms from staff members to other staff, patients or members of the public and remove the risk/impact it would have on the organisation.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	No Impact expected
Disability	No Impact expected
Gender reassignment	No Impact expected
Marriage & Civil Partnership	No Impact expected
Pregnancy & Maternity	No Impact expected
Race	No Impact expected
Religion and Belief	No Impact expected
Sex	No Impact expected
Sexual Orientation	No Impact expected
Other equality groups?	Yes, some Impact Expected-There may be some impact to staff who are within the protected characteristics groups where there may be an increased incidence of certain communicable diseases defined within this policy. Therefore, any interventions that are being considered to help manage this communicable disease may need to be considered alongside the reasonable adjustment policy.
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.
Section 4	
If this proposal is low risk, please give evidence or justification for how you.	

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reached this decision:			
This policy sets out the standards of the management of staff health relating to communicable diseases in line with the national standards for the prevention and control of infection and also gives consideration to the reasonable adjustment policy.			
Signed by reviewer/assessor	Claire King	Date	3 rd July 2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

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Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) 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.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require 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 diseases policy.	
Completed by:	Claire King	
Job title	Infection Prevention and Control Nurse	Date 3 rd July 2024
Screening Questions	Yes / No	Explanatory Note
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 them? 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	

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If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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