

## **1. Introduction and Who Guideline applies to**

- 1.1 This guideline applies to all UHL staff, including staff (clinical and non-clinical) with temporary or short term contracts as well as staff with permanent contracts. It also applies to voluntary workers working in UHL. This guidance sets out action to be taken by staff following exposure to infectious diseases, before and after any illness becomes apparent.
- 1.2 Staff members may be exposed to a variety of communicable diseases during the course of their work or outside of the work environment.
- 1.3 There may be instances where staff members require preventive treatment (prophylaxis) following exposure in the workplace, and rarely exclusion from work may be also recommended because of the risk that the exposure could lead to transmission to others.
- 1.4 Likewise, staff diagnosed or confirmed as having certain infections may be required to stay away from work to protect patients and colleagues.
- 1.5 In all circumstances the first point of contact for staff health and work concerns is the occupational health service. Liaison with the Trust's Infection Prevention and Control Team and UK Health Security Agency (UKHSA) may be required

## **2. Guideline Standards and Procedures**

### **2.0 Role of the Occupational Health Department**

- 2.1 The role of the occupational health departments is to provide an independent, impartial source of advice on all aspects of the relationship between work and health, including work related ill health and exposure to health risks in the work environment.
- 2.2 A particular responsibility is to assist in the protection of healthcare staff from infections to which staff may be exposed in the course of their work and to protect patients from infections which may be transmitted by staff.
- 2.3 Specialist occupational physicians contribute to the development of local policies and guidelines for the Prevention and Control of Infection within Leicestershire, meeting national guidelines when relevant. This guideline should be read in conjunction with other relevant policies and guidelines (See Reference section 6).
- 2.4 The occupational health departments, sited on the main hospital sites, 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 restrictions or exclusions from work when appropriate;
  - Liaison with other professionals locally in relation to control of infection issues.

- 2.5 Occupational health provides advice regarding illness or accident that could have potential infectious consequences. An answerphone is available out of hours.

WHERE TO FIND OCCUPATIONAL HEALTH DEPARTMENTS	TELEPHONE NUMBERS
Leicester Royal Infirmary (LRI) Balmoral Building, opposite restaurant	Ext. 15307 Direct line (0116) 2585307
Leicester General Hospital (LGH) Beattie House	Ext 15307 Direct line (0116) 2585307
Glenfield Hospital (GH) Baldwin Lodge	Ext 15307 Direct line (0116) 2585307

### 3.0 Recommendations

#### 3.1 Routine Screening and Immunisation

- 3.1.1 Line managers have responsibility for ensuring new starters to the Trust arrange an appointment in Occupational Health as part of their Trust induction. This will enable Occupational Health to undertake routine screening and offer work related immunisation relevant to the role at the start of employment.
- 3.1.2 Not all infections can be prevented by immunisation. The following guidance covers routine occupational health practice.
- 3.1.3 It is emphasised that the most important means of controlling most hospital infections is strict observance of hand hygiene and adherence to the safe working practices and routine infection prevention measures detailed elsewhere (See Reference section 6).

#### 3.2 Guidelines For Routine Screening And Vaccination

- 3.2.1 The guidance in the following table covers those conditions for which **routine** screening and immunisation have been considered appropriate, following national guidance / best practice or local risk assessments. If advice is required in relation to other infectious diseases, for example, pertussis or meningitis, this should be sought from the occupational health department. **See also 3.3.**

NB. Immunisations provided will be in accordance with the current OH administration protocol (written instruction) and following Green Book Guidance.

CONDITION	STAFF CATEGORY	ACTION
Blood Borne Viruses: Hepatitis B Hepatitis C HIV	All new employees  Staff undertaking EPPs (exposure prone procedures)	All new entrants to the NHS will be offered screening for blood borne viruses. This testing is mandatory for staff undertaking Exposure Prone Procedures (see section 4.4) OH department Standard Operating Procedure C11
Chickenpox	All staff in patient contact	History of chickenpox to be recorded in OH notes. Varicella Zoster antibody testing and immunisation if necessary. OH department Standard Operating Procedure C3
Diphtheria	Selected staff (biomedical scientists) handling non-toxic strains	Check serology and immunise if required – a level of 0.01IU/mL is satisfactory.
Hepatitis A	Microbiology and virology staff and selected Estate workers as risk assessed by line managers	Primary Hep A course then booster as recommended by Green Book Guidance OH department Standard Operating Procedure C11G
Hepatitis B	All staff in potential contact with patients' blood or other body fluids.	Immunise and document antibody response in OH record. OH department Standard Operating Procedure C11A
Influenza	All staff	Vaccine available usually early October each year via occupational health and peer vaccinators. OH department Standard Operating Procedure C26
Meningitis	Selected biomedical scientists, and biomedical assistants working in bacteriology.	To be offered ACW135Y vaccine and meningitis B vaccine if indicated. Risk assessment of vaccination need for each Laboratory worker will be made by the Laboratory manager and notified to occupational health when booking their post-employment health interview. OH department Standard Operating Procedure C18
Measles	All staff in patient contact	Enquire about history of Measles and MMR immunisation history. Staff will be offered screening and vaccination in line with the current OH department Standard Operating Procedure C14

CONDITION	STAFF CATEGORY	ACTION
Mumps		Specific screening and immunisation not essential but protection provided by 2 doses of MMR vaccine. OH department Standard Operating Procedure C14
MRSA	Staff working in areas indicated by infection prevention after identification of a specific problem	Screening for MRSA where appropriate in agreement with the infection prevention team. This may include following outbreaks or serious untoward incidents relating to MRSA Staff identified as having MRSA will be managed in line with the current Occupational Health Standard Operating Procedure C9
Pertussis (whooping cough)	All staff in clinical contact with at risk groups (currently defined as pregnant women and infants < 3 months)	To be offered a pertussis containing vaccine if none received in the past 5 years  OH department Standard Operating Procedure C29
Rubella	All staff in patient contact	Establish if had two doses of MMR or positive antibody blood test. Screening and vaccination will be offered in line with the current OH Standard Operating Procedure C14
Tetanus and Polio	All staff	All staff should have up-to-date vaccination with GP as part of standard national recommendations for children and adults
Tuberculosis (TB)	All staff in patient contact.  Laboratory Staff who handle samples	Screening for history, symptoms of and exposure to TB including travel to TB prevalent countries. Screening, testing and vaccination will be done in line with the current OH Standard Operating Procedure C7 and may include: BCG scar check Mantoux test BCG Vaccination Interferon Gamma Release Assay (IGRA) test Chest X-Ray
Typhoid	Selected biomedical scientists, biomedical assistants and medical staff working in bacteriology who may be handling relevant specimens.	Typhoid vaccine - Primary dose then booster after 3 years

### 3.3 Exclusion from Work

3.3.1 Staff who are in patient contact or work in specified jobs, e.g. Food Handlers, must report the following suspected or established infections to Occupational Health for advice regarding fitness for work.

CONDITION	STAFF CATEGORY	ACTION
Acute diarrhoea and/or vomiting (see separate notes on Salmonella & Typhoid)	Staff with patient contact	Exclude from work until symptom-free for 48hrs.
	Food handlers	Exclude from work until symptom free for 48 hours. If symptoms last more than 12 hours or if food poisoning suspected, stool cultures should be sent.
Conjunctivitis (bacterial and viral)	Food handlers and staff in patient contact.	Exclude from work if eyes are discharging, exclude for 24 hours from start of any treatment. If eyes are not discharging, can return to work and observe strict attention to hand hygiene.
Sars-cov-2 (coronavirus)	All staff	Advice changes frequently – check <a href="https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result">https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result</a> for current information
Hand foot and mouth disease	All staff	To be discussed with OH dept who will follow guidance in their current Standard Operating Procedure C27
Headlice	Staff with head lice in patient contact	Individual and close family should have treatment. May return to work after first treatment.
Contact with patient with headlice	Very close contact with that patient.	Inspect for infestation – treat if appropriate.
Hepatitis A	All staff	Exclude from work until recovered or for 7 days from onset of jaundice.
Domestic contact of Hepatitis A	All staff	Particular attention to hand hygiene. If indicated OH will liaise with public health and immunisation may be offered to contacts if indicated.
Hepatitis B	All staff	Inform Occupational Health. If role involves exposure prone procedures staff have a professional responsibility to report to OH who will establish fitness in line with current guidelines.

CONDITION	STAFF CATEGORY	ACTION
Herpes Simplex (facial)	Staff working in obstetrics/care of neonates or ophthalmology	Exclude from participation in vaginal delivery; from giving eye care and neonatal care. Exclude until lesions healed.  Staff in any other clinical contact should observe strict hand hygiene.
Herpes Varicella/Zoster Chickenpox (cases)	All staff	Exclude from work until all lesions scab over or are dry.
Chickenpox (contacts)	Staff with patient contact	Inform Occupational Health who will undertake screening in line with their current Standard Operating procedure C3. Non immune staff may have to be excluded from work from 8th to 21 <sup>st</sup> day after contact with chickenpox
Shingles (cases only)	Staff with patient contact	If lesions are in exposed areas (e.g. not trunk), to be excluded from work until scabbed over.
HIV	All staff	Inform Occupational Health in total confidence. Advice must be obtained to identify:  1. If patients are at risk especially where exposure prone procedures are undertaken.  2. Whether staff member is at risk of infections in the course of their work.  Assessment and advice will be given in line with the OH current Standard Operating procedure C11
Influenza (Includes pandemic influenza)	All staff	May return to work once symptom free for 24 hours

CONDITION	STAFF CATEGORY	ACTION
Contact with meningococcal infection	Hospital contacts.  Exposure to large droplet secretions.	Normally do not require prophylaxis, unless exposed to large droplet secretions.  Report to Occupational Health who will liaise with Consultant in Communicable Disease Control at the Health Protection Unit for further advice and arrange any required post exposure prophylaxis
Measles	All staff	If infected, exclude from work until 4 days after onset of rash. If working in high risk area e.g. oncology, maternity discuss with OH  Measles contacts following exposure should be discussed with OH; non-pregnant HCW may be offered MMR vaccine. Pregnant HCWs seek urgent advice from GP/Midwife. Non immune staff may have to be excluded from work for 5-21 days after exposure.
Mumps	All staff	If symptomatic i.e. Parotid swelling should stay off work until symptoms resolve  Mumps contacts require no exclusion from work unless they develop symptoms
MRSA	Any staff in patient contact	Screening to be arranged by Occupational Health in liaison with Trust Infection Prevention and Control Team in line with the current Standard Operating procedure C9
Parvovirus	All staff	To be discussed with OH dept who will advise in line with their current Standard Operating Procedure C25
Pertussis	All Staff	Contacts should be reported to OH who will assess the need for post exposure prophylaxis in line with their current Standard Operating Procedure C29
Salmonellosis	Food handlers	Exclude from work until symptom free for 48 hours.

CONDITION	STAFF CATEGORY	ACTION
	Staff in critical care areas e.g. ITU, BMTU, HDU, Renal Unit, PICU, and NNU.	Usually exclude from work until symptom free for 48 hours. Return to work should be discussed by Occupational Health Physician/ Occupational Health Nurse with PHE
	Staff in patient contact other than above	Exclude from work until symptom free for 48 hours.
Scabies	Staff with patient contact	Individual and close family should have treatment. May return to work after first treatment
<u>Skin Lesions</u> 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 (as above) and staff in patient contact	Sampling and exclusion from work will be discussed by Occupational Health Physician with PHE
Respiratory Tuberculosis	All staff	Inform Occupational Health And TB Service (if not aware). A multidisciplinary incident meeting may be convened to discuss risk. Exclude from work until sputum smear negative or 2/52 after treatment commences and there is clinical improvement.
Other forms of Tuberculosis	All staff	Exclusion is generally unlikely to be required but should be discussed with OH.

### 3.4 Exposure Prone Procedures (EPPs)

3.4.1 Exposure prone 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 patients open body cavity, where the hands or fingertips may not be completely visible at all times.



3.4.2 All staff applying for a post involving these procedures **must** have specific screening carried out by Occupational Health according to national guidelines. The national guidelines, produced by UKHSA can be viewed [here](#).

3.4.3 Such procedures must not generally be performed by a healthcare worker who is an infectious carrier of a blood borne virus (Hepatitis B, Hepatitis C, HIV).

The working practices of each infected health care worker must be considered individually and when there is any doubt, expert advice should be sought in the first instance from a Specialist Occupational Health Physician, who may in turn wish to consult the UK Advisory Panel (UKAP) on Health Care Workers infected with Blood Borne Viruses.

All workers have an overriding ethical and legal duty to protect the health and safety of patients and colleagues and have personal accountability as set out in the codes of professional bodies such as the NMC, GMC, GDC and HPC and also the Health and Safety at Work Act 1974.

Workers must not rely on their own assessment of the risks that may be posed to patients or others by their health, and must seek and receive appropriate independent medical supervision of any clinical condition.

Workers have a right to confidentiality. However, in certain circumstances where a change of duties is necessary (for example to avoid exposure prone procedures) advice will be given to the worker's manager with regard to duties, but the diagnosis will not be divulged. In these circumstances, the need to provide such advice, how it will be given and the wording used will be discussed with the worker.

In rare cases when it is thought that patients may have been exposed to blood borne viruses from a health care worker, a "look back" exercise may need to be discussed with public health doctors and senior managers. In these circumstances the health care worker's right to confidentiality is vigorously protected but inevitably certain senior professionals would need to know the diagnosis.

The Occupational Physician will never divulge a diagnosis to a manager or employer without consent, unless in exceptional circumstances where there is, or is thought to be, ongoing risk to patients posed by a worker with an infectious disease.

3.4.4 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, the incision of abscesses or uncomplicated endoscopies. However, as stated in paragraph 3.4.3 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.

**3.4.5 All staff in clinical patient contact who are infected with a blood borne virus must be seen by an Occupational Physician whether or not their job involves exposure prone procedures**

#### **4. Monitoring Compliance**

This document is intended as a guideline. Individuals managers could measure their own compliance against it following an infection or exposure incident.

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Smart reporting and sickness absence reports	To ensure workers liaise with the managers and guidance followed	Individual managers accessing the document for advice	As the guidance is accessed	Locally within CMG's

#### **5. Education and Training**

None

#### **6. Supporting References and additional information. (Links correct at time of review)**

Department of Health (1998). Guidance for Clinical Health Workers: Protection against Infection with Blood Borne Viruses London: HMSO <http://www.nhs.uk/hepatitisc/hcp/resources-for-you/Pages/protection-against-infection-with-blood-borne-viruses.aspx>

Department of Health "Getting Ahead of the Curve". A strategy for combating infectious diseases (including other aspects of health protection). DOH 2002

Department of Health (2008) Health and Social Care Act 2008 – Code of practice on the prevention and control of infections and related guidance. (updated 2015)

Public Health England "Immunisation against Infectious diseases – The Green Book"  
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

[Hand hygiene UHL policy 2021](#)

[Blood Borne Viruses \(HBV, HCV and HIV\) Occupational Exposure UHL Policy 2019](#)

[Infection Prevention Policy UHL 2019 \(currently under review\)](#)

[www.aop.org.uk/advice-and-support/for-patients/eye-conditions/bacterial-and-viral-conjunctivitis](http://www.aop.org.uk/advice-and-support/for-patients/eye-conditions/bacterial-and-viral-conjunctivitis)

Public Health Control and Management of Hepatitis A. 2017

Integrated guidance on clearance of healthcare workers and eh management of health care workers living with bloodborne viruses (hepatitis B, Hepatitis C and HIV)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1033571/Integrated\\_guidance\\_for\\_management\\_of\\_BBV\\_in\\_HCW\\_November\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033571/Integrated_guidance_for_management_of_BBV_in_HCW_November_2021.pdf)

<https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result>

## **7. Key Words**

Staff Health  
Communicable Diseases  
Exclusion from work

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead (Name and Title): Catherine Brough, Senior Occupational Health Nurse.</b>	<b>Executive Lead: Dr Charles Goss, Head of Service</b>
<b>Details of Changes made during review:</b>	
<b>Review of advice and wording inline with current guidance. Amendment of references. Addition of Covid-19 advice. Addition of Pertussis section.</b>	