

## STAFF HEALTH & ILLNESS RELATING TO INFECTION CONTROL

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This policy etc. covers: (Please tick  relevant box below)

Care Quality Commission Outcome No:	8	Monitor	
		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
<b>Other</b> (Please specify)	Health and Social Care Act 2008		

Note: This policy has been assessed for any equality, diversity or human rights implications.

### Controlled document

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## 1. Immunisation

All staff must be aware of the [Employee Screening and Immunisation Policy](#) and their professional obligation to ensure they are protected against common communicable diseases, thus providing a safeguard for themselves and their patients. If you feel you are not fully covered, contact the Occupational Health Department. Please refer to this policy for full guidance on immunisation against infectious diseases.

## 2. Blood Borne Viruses (Hepatitis B, Hepatitis C, HIV)

The [Employee Screening and Immunisation Policy](#) contains full guidance on screening for blood borne viruses, Hepatitis B vaccination and management of staff who have a blood borne virus. All staff who carry out duties in clinical areas should receive Hepatitis B vaccination.

Staff should contact their Occupational Health Department if they are concerned or have any questions regarding their vaccination status. Staff who undertake exposure prone procedures have a professional obligation to seek advice or testing for blood borne viruses if they may have been exposed.

## 3. Respiratory Illness

With the exception of staff working on the Neo-natal unit, from an infection control view point, a common cold is not an indication to be off duty. On the other hand, a febrile illness or an illness involving severe sore throat/tonsillitis is. In the latter case Occupational Health should be contacted and a bacterial throat swab should be taken.

All staff working on the Neo-natal unit must report respiratory symptoms to the nurse in charge. They should be excluded from clinical duties if they have a sore throat, uncontrolled coughing/sneezing, runny nose which cannot be managed by periodic wiping.

In all areas, staff working with a common cold should follow the advice below to further reduce risk of spread:

- Cough or blow nose away from patients/clinical areas
- Dispose of tissues immediately after use
- Clean hands after sneezing/coughing/handling used tissues and after all contact with the face

## 4. Influenza

Staff with probable/suspected 'flu or 'flu like symptoms, (fever of  $\geq 38^{\circ}\text{C}$  or history of fever **plus** two or more of cough or other respiratory symptoms, chills, sore throat, headache, muscle aches) should stay away from work and contact their manager. They should ask their GP or NHS Direct for advice if necessary and if there is additional current guidance for management of 'flu (e.g. issue of antiviral drugs) this should also be followed.

Staff unwell with 'flu like symptoms should stay off work for 7 days or longer if they remain unwell.

Staff who are suffering from significant chronic respiratory, heart or renal disease, diabetes requiring treatment other than dietary control, or are immuno-suppressed either as a result of disease or treatment and pregnant women are advised not to come into contact with confirmed or suspected influenza cases as far as possible. They should inform their line manager of their condition in order that suitable arrangements can be put in place. Such staff should be offered annual influenza immunisation by their GP.

Contacts of influenza who remain asymptomatic may continue to work.

All staff should follow guidelines for respiratory illness as stated in section 3 regarding use of tissues, disposal and hand hygiene.

## **5. Gastrointestinal Illness**

All staff with gastroenteritis should remain off duty until 48 hours have elapsed from their last symptom. In certain cases i.e. in those who have returned from foreign travel, whose symptoms are persistent or unusual e.g. bloody diarrhoea, or where there is the need to investigate a cluster of cases, a stool specimen may be required. After certain bacterial infections, clearance specimens may be necessary before an individual can return to work."

## **6. Skin Sepsis**

Septic skin lesions are a potential source of infection to patients. Swabs should be taken and the staff member referred to Occupational Health. Staff with skin problems affecting hands or forearms particularly if related to glove usage or hand washing should also be referred to occupational health for assessment and advice.

## **7. Herpes Simplex**

See [Herpes simplex guidance](#)

## **8. Chickenpox/Shingles**

See [Varicella zoster guidance](#). Staff must go off duty immediately if Chickenpox is diagnosed. If shingles is suspected/diagnosed staff should contact Occupational Health, Infection Control or their GP straightaway for advice on remaining at work. This will depend on the location of lesions, the occupation of the staff member and susceptibility of the patient group. The Infection Control Team must be informed as contact tracing etc may be required. Staff in close contact with chickenpox or shingles should contact Occupational Health or Infection Control if they have any doubt about whether they are immune.

## **9. Other Unexplained Rashes/Fevers**

Refer to Occupational Health/Infection Control if on duty, and to GP if at home. Diagnosis of any communicable infection e.g. measles should be reported to Infection Control Team as contact tracing etc may be required.

## **10. Conjunctivitis**

Exclusion from work might not be necessary, however high risk areas i.e. staff working in paediatrics need to contact occupational health or infection control for advise. Hand hygiene is essential after applying the ointment and touching the affected eye.