



Family Nursing & Home Care

Policy for Management of Staff with Infection or Exposure to Infection

2 June 2021

Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
May 2021	2	Previous policy transferred to new template and retitled (previously Staff Health & Preventing the Spread of Infection Policy) Content reviewed and updated, including references New section added on common infections and control measures	Mo de Gruchy

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1. INTRODUCTION

1.1 Rationale

This policy aims to prevent the spread of infection when staff have an illness that may pose an infection risk to others.

Promoting the health and welfare of both staff and service-users forms part of Family Nursing & Home Care's (FNHC) staff health responsibilities and patient safety agenda.

Implementation of this policy will help to reduce the risk of avoidable outbreaks of infection occurring.

1.2 Scope

This policy covers the action that needs to be taken when staff have a suspected or known infection. It also includes exclusion from work due to the presence of an infection and the recording considerations for staff sickness.

It does not cover patient isolation or staff immunisation.

This policy is relevant to all Family Nursing & Home Care staff, students on placement and staff seconded to work for the organisation.

1.3 Role and Responsibilities

Chief Executive Officer (CEO)

The CEO is responsible for ensuring that this policy meets the requirements of the organisation and that access is available to resources for supporting staff and patient safety in relation to managing staff infection.

Head of Quality Governance and Care

It is the responsibility of the Head of Quality Governance and Care to ensure that the organisation maintains an up to date policy for preventing the spread of infection when staff present with a communicable infection or have been exposed to such an infection.

Human Resources (HR) Department

The HR Department is responsible for enabling staff to access occupational health services where this is required and for appropriately recording staff absence due to infection. This department is also responsible for ensuring that staff are treated fairly and are not discriminated against should they present with a communicable disease.

Operational/Service Leads

The Operational Leads/other Service Leads are responsible for ensuring that this policy is implemented within their areas and that Line Managers have access to relevant resources to support the implementation of this policy.

Line Managers

Line Managers are responsible for using this policy for the management of staff with infections that may be transmitted to others. They are also responsible for advising staff of the need to consult their own GP if this has not already happened or referring staff to the Infection Prevention & Control (IPaC) Team at Jersey General Hospital or the outsourced Occupational Health Service where these options are appropriate.

All Staff

Staff have a responsibility to adhere to this policy and local guidance for the management of staff with an infection or exposure to infection. They are also responsible for reporting to their Line Manager when they have an infection or think they may have been exposed to an infection that has the potential to harm others.

2. POLICY

2.1 General Principles

Staff wellbeing and the safety of patients is of the utmost importance. So far as is reasonably practicable, healthcare staff must be free of and protected from exposure to communicable infections during the course of their work, and all healthcare staff must be suitably educated in the prevention and control of infection.

The exclusion of staff from work is one of a number of measures that can be implemented to prevent the avoidable spread of infection, however strict observance of hand hygiene is arguably one of the most important means of achieving this aim.

No member of staff will be discriminated against due to the presence of a communicable infection.

Confidentiality regarding staff health must be observed.

2.2 Infections in Healthcare Staff

Staff may present with a range of infections that have the ability to be passed to others. Some infections may be of a minor nature and require no special measures, beyond basic good hygiene practices e.g. good cough etiquette, to prevent the spread of infection to others. However, other infections may require treatment, special precautions and a period of time off work.

Where the presence of an infection goes beyond simple homely remedies, diagnosis and treatment will normally be undertaken by the staff member's own General Practitioner (GP). Staff should follow the advice and guidance of their GP regarding their return to work.

The welfare of patients and staff is of utmost concern, therefore any employee suspected of being able to transmit infections and/or be likely to compromise patient care or the welfare of colleagues, will be required to take appropriate levels of sick leave. This will be paid in accordance with the sickness entitlement outlined in their statement of employment terms, until a full risk assessment has been undertaken, as per [FNHC Staff Handbook 2020](#) (page 26).

Specific management guidance documents are available through the Health & Community Services (HCS) Infection Prevention and Control Team (IPaC) Team and staff/managers should access these and follow their recommendations where this is required. They are available on-line via the HCS intranet site or directly from the IPaC Team at Jersey General Hospital (JGH).

In some instances, the IPaC team at JGH may be involved in the management of the staff member with an infection. Where the IPaC Team or the organisation (FNHC) requests the staff member to go/remain off work for occupational reasons, this absence may not always count in the number of days' sickness accrued by the staff member. Where required, clarification should be sought on this matter e.g. from the HR Department or the IPaC Team.

2.3 Vulnerable staff

Some staff may have certain medical conditions which make them more vulnerable to infections. These may be infections that would not normally pose a problem for most people but within this vulnerable group illness may occur. Staff in this vulnerable group could include:

- those being treated for leukaemia or other cancers
- those on high doses of steroids by mouth
- those with conditions which seriously reduce immunity

Staff should be aware of any particular risks that exist for them and be mindful that evolving or novel infections e.g. pandemic influenza could affect those who are vulnerable to infections.

2.4 Pregnancy

Pregnant healthcare and child care staff should be aware of how some infections can affect either them or their unborn child and the precautions that should be adopted to minimise any risks.

2.5 Exclusion from work

Sometimes staff who are not actually ill may need to be excluded from work. This may be because they:

- are colonised with micro-organisms that may be a risk to others e.g. MRSA carriage
- have had significant contact with and are non-immune to an infectious disease and may become infectious during the incubation period e.g. chicken pox
- have a confirmed infection or indicative symptoms e.g. diarrhoea and/or vomiting

When exclusion from work is required, consideration should be given to where within the organisation the staff member works and the vulnerability of those they work with. Similarly, when returning to work following a period of absence due to infection, these issues will also need to be taken into account.

3. PROCEDURE

3.1 Summary of work restrictions for healthcare workers

This list provide information about common infectious conditions that employees may experience that could pose a risk to patients and colleagues, and the control measures required (adapted from HCS 2019; WH&CNHST 2019; HCS 2020).

In any event, further information and advice should always be sought from the IPaC Team/Occupational Health.

Disease/Infection	Work Restrictions
Chicken Pox	Restrict from work until rash is dry and individual feels well. Chickenpox is infectious from approximately 5 days before until 5 days after spots first appear. No infection prevention and control restrictions once out of this time frame.
Conjunctivitis	Seek advice on appropriateness of work - this will depend upon work area, number of cases presenting, extent of conjunctivitis, likely cause, potential for spread and treatment plan.
COVID-19	Any symptomatic staff should immediately go home, self-isolate and contact the COVID helpline/IPaC team to arrange testing. Following a positive result = exclude from work until symptom free plus 48 hours or seven days (whichever time frame is longer) Contact IPaC team for latest guidance
Cytomegalavirus	No restrictions.
Diarrhoea and/or Vomiting	If considered to be infectious in nature, staff should staff be excluded if they have D&V anyway and then return should be 48 hour symptom free prior to returning to work. In the event of an outbreak advice will be issued by IPaC Team that is dependent upon the source organism.
Head Lice	No exclusion, treatment or wet combing must be undertaken to eradicate colonisation.
Hepatitis A	Restrict from patient contact, contact with patients' environment and food handling until 7 days after onset of jaundice. In an outbreak situation IPaC Team will advise on management.
Hepatitis B: Healthcare Worker with acute or chronic Hepatitis B (HbsAG positive) who does not perform exposure prone procedures	No restrictions. Standard precautions should always be applied. This is a blood borne virus that is not infectious through normal casual contact.

Hepatitis B: Healthcare Worker with acute or chronic Hepatitis B (HbsAg positive) who does perform exposure prone procedures Hepatitis C	Do not perform exposure prone invasive procedures. Seek advice from Occupational Health who will review and recommend procedures.
Herpes Simplex: Hands (Herpetic Whitlow) Orofacial	In general, no exclusions necessary. Restriction from patient contact may be required dependent on location of lesion, work area and clinical tasks being undertaken. Seek advice from IPaC Team or Occupational Health.
HIV Infection	Do not perform exposure prone invasive procedures. Seek confidential advice from Occupational Health
Impetigo	Staff should be excluded until lesions are crusted/healed or for 48 hours after starting antibiotic treatment (Antibiotic treatment speeds up healing and reduces the infectious period).
Influenza Contacts	Contacts of someone with influenza who remains asymptomatic may continue to work. All staff should follow standard precautions to prevent spread of infection.
Influenza and Influenza Like Illness (ILI)	Staff with probable/suspected flu or flu like symptoms, (fever of >38°C or history of fever plus two or more symptoms of cough or other respiratory symptoms, chills, sore throat, headache, muscle aches) should stay away from work and inform their manager of symptom presentation. If influenza is suspected to be linked to healthcare contact or confirmed swab results staff should remain off work for a minimum of five days from symptom onset and should stay away from work until they feel well.
Measles	Staff with Measles must be excluded for four days from onset of rash and return to work only when feeling well. Measles is preventable by vaccination (2 doses of MMR) which should be offered to agreed staff groups. Pregnant staff who are contacts should seek prompt advice from their GP or midwife.
Methicillin Resistant Staphylococcus Aureus (MRSA)	No restrictions unless shown to cause cross infection Staff are not routinely screened for MRSA. Ordinarily, carriage of MRSA will not result in staff absence from work

Mumps	Staff with Mumps must be excluded for five days from onset of swelling and must feel well before returning to work. Mumps is preventable by vaccination (2 doses of MMR) which should be offered to agreed staff groups. Staff who are contacts should seek prompt advice from Occupational Health.
Ringworm	Treatment will usually be provided from GP and member of staff if completing healthcare tasks will need to keep affected area covered. For staff with ringworm on their face/scalp further advice should be sought.
Scabies	Restrict from patient contact until treated. If crusted scabies, further treatments may be necessary prior to returning to work and advice from the IPaC Team/Occupational Health should be sought.
Shingles	If rash is dry, or covered with an occlusive dressing as long as the individual is medically well they are fit for work. Care should be taken if Shingles rash is sited on a face and further advice is required from IPaC or Occupational Health in this situation.
Streptococcal Group A infection (Strep pyogenes)	If infection is identified a course of antibiotic treatment is required. Staff may return to unrestricted duties after 48 hours treatment. If a member of staff is a household contact of someone identified with a Group A Streptococcal infection, the member of staff must be aware of need to be vigilant for any signs and symptoms of infection presenting in the 30 days from time of contact. If asymptomatic no further actions are required.
Pulmonary Tuberculosis	Exclude from work until proven non-infectious.
Whooping Cough (Pertussis)	Exclude until seven days of antibiotic treatment (and when feeling well). If illness prolonged seek advice from Occupational Health.

4. CONSULTATION PROCESS

Name	Title	Date
Judy Foglia	Director of Governance Regulation and Care	10/05/2021
Elsbeth Snowie	Clinical Effectiveness Facilitator	04/05/2021
Tia Hall	Operational Lead Adult Nursing	07/05/2021
Michelle Cumming	Operational Lead Child and Family Services	07/05/2021
Clare Stewart	Operational / Clinical Lead Out of Hospital Services	07/05/2021
Teri O'Connor	Home Care Manager	07/05/2021
Amanda De Freitas	Head of HR	07/05/2021
Justine Bell	Education and Practice Development Nurse	07/05/2021
Eleanor Burrell	Community IPaC Sister HCS	04/05/2021

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Policy to be placed on the organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification

6. MONITORING COMPLIANCE

Compliance with this policy will be monitored by the relevant Line Manager through audit of training records and follow up of any untoward incidents reported via Assure. Occupational Health/HR will monitor patterns of infection among staff/work areas to identify any issues and areas for improvement.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. The Equality Impact Statement for this policy is at Appendix 1.

8. GLOSSARY OF TERMS

None

9. REFERENCES

Health and Community Services (2019) *Source Isolation Policy*. Available at: [SOURCE ISOLATION POLICY](#). Last accessed 4th May 2021

Health and Community Services (2020) *Infection Control Guidance for Registered Homes, Care agencies, Children's healthcare facilities and day centres*. Available at: [Policy template HCS](#). Last accessed: 11th May 2021

North Devon Healthcare NHS Trust (2020) *Patient Isolation and Staff Exclusion Policy* Available at: [Patient-Isolation-and-Staff-Exclusion-Policy.pdf \(northdevonhealth.nhs.uk\)](#) Last accessed 28th April 2021

Worcestershire Health and Care NHS Trust (2019) *Occupational Health (Linked to Infection Prevention and Control) Guidelines*. Available at [IC Policy Section D - Occupational Health May 19.pdf](#). Last accessed 4th May 2021

10 APPENDIX

Appendix 1 Equality Impact Screening Tool

Stage 1 - Screening

Title of Procedural Document:

Policy for Management of Staff with Infection or Exposure to Infection

Date of Assessment	May 2021	Responsible Department	Human Resources
Name of person completing assessment	Mo de Gruchy	Job Title	Quality Performance and Development Nurse

Does the policy/function affect one group less or more favourably than another on the basis of :

	Yes/No	Comments
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment

What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer

Monitoring of Actions

The monitoring of actions to mitigate any impact will be undertaken at the appropriate level