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**Management of Staff with Infection or Exposure to Infection Policy**

**June 2025**

**Date Approved**

**Document Profile**

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**Version Control/Changes Made**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Version** | **Summary of changes** | **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 |
| June 2025 | 3 | Policy transferred to new template.  Full review of policy and update in line with current best practices and evidence-based research. | Rachel Foster |
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# INTRODUCTION

## Rationale

Family Nursing & Home Care (FNHC) is committed to protecting the health, safety and wellbeing of its staff, service users and the wider community. This policy outlines the organisational response when staff have a suspected of confirmed infection, or have been exposed to an infectious agent.

The purpose of this policy is to minimise the risk of transmission of communicable diseases in the workplace, by promoting timely identification, appropriate risk assessment, and proportionate action. This includes temporary exclusion from work when clinically or operationally required.

The policy aligns with the current infection prevention and control (IPaC) guidance from UK Health Security Agency (UKHSA), the Government of Jersey (GoJ), and professional standards across the health and care sector. It supports FNHC’s broader aim of maintaining a safe working environment and reducing the likelihood of healthcare associated infections (HCAIs).

## Scope

This policy applies to all FNHC employees, students on placement, agency staff, and co-located staff. It outlines the appropriate management of staff who have, or are suspected of having, an infection that could pose a risk to others in the workplace.

This policy provides guidance on:

* Identification and reporting infection or exposure to infection.
* Risk assessment and referral to Occupational Health or Infection Prevention and Control (IPaC).
* Temporary exclusion from work when necessary.
* Documentation and management of sickness absence related to infection.

## Role and Responsibilities

**Chief Executive Officer (CEO)**

The CEO is responsible for ensuring that this policy reflects organisational priorities for infection prevention and staff safety, and that adequate resources are available to support its implementation.

**Director of Governance and Care**

The Director of Governance and Care is responsible for maintaining oversight of this policy, ensuring alignment with up-to-date clinical guidance, and supporting governance processes for safe staff management when infections are identified.

**Human Resources Department (HR)**

The HR department is responsible for coordinating access to Occupational Health services, ensuring consistent documentation of infection related absence, and upholding fair and equitable treatment of staff with communicable diseases in line with employment legislation and equality principles.

**Operational and Service Leads**

Operational and Service Leads are responsible for embedding this policy within their teams, supporting line managers, and ensuring appropriate escalation to Infection Prevention and Control or Human Resources as required.

**Line Managers**

Line Managers are responsible for applying this policy consistently, advising staff on appropriate actions when infections or exposure occur, and facilitating prompt referral to Occupational Health or IPaC when needed.

**All Staff**

All employees are expected to comply with this policy, report any suspected or confirmed infection or exposure promptly, and participate in any assessments, reviews, or preventative actions that are necessary to protect colleagues and service users.

# POLICY

## General Principles

The health, wellbeing and safety of both staff and service users are of utmost importance to FNHC. All reasonable steps must be taken to protect healthcare workers from exposure to communicable infections and to prevent the avoidable spread of infection in the workplace.

Infection prevention is a shared responsibility. All staff must be educated in standard infection prevention and prevention (IPaC) practices and should understand the principles of risk reduction, including the appropriate use of personal protective equipment (PPE), hand hygiene, respiratory etiquette, and early reporting of symptoms.

Where there is a risk of transmission, temporary exclusion from work may be necessary as part of a proportionate response. However, preventative measures such as effective hand hygiene, vaccination and adherence to IPaC protocols remain the foundation of safe practice.

Staff must not be discriminated against because of a communicable infection. All information relating to staff health must be treated with strict confidence and in accordance with Data Protection legislation and professional standards.

## Infections in Healthcare Staff

Staff may develop or be exposed to infections that have the potential to be transmitted to others in the course of their duties. Some infections may be minor and self-limiting, requiring only good personal hygiene and self-care. Others may pose a significant risk to colleagues or service users and require temporary exclusion from work, specialist advice or medical treatment.

Where an infection is suspected or confirmed, staff are expected to consult their GP and follow clinical advice. The Occupational Health provider for FNHC or the IPaC team may provide additional input, particularly where workplace risk assessment or contact tracing is required.

Any staff member who may pose a risk of infection transmission, or those whose health status could compromise the safety of patients or colleagues, may be required to refrain from work pending further assessment.

Managers and staff must seek and follow the most up-to-date infection-specific guidance. Managers should also consult FNHC’s Occupational Health Provider for advice where appropriate.

## Vulnerable Staff

Some staff may have underlying health conditions or medical treatments that increase their vulnerability to infections that would not usually pose significant risks to healthy individuals. These may include:

* Individuals undergoing treatment for cancer or immune system disorders
* Those receiving high-dose corticosteroids or other immunosuppressive therapies
* Staff with congenital or acquired conditions affecting immunity
* Staff with complex, long-term health conditions, including those recognised as clinically vulnerable or extremely vulnerable

Vulnerable staff should inform their line manager and Occupational Health of any known risks. Where necessary, a risk assessment will be completed in consultation with Occupational Health and the Infection Prevention and Control (IPaC) Team.

Managers must remain alert to evolving infections, such as seasonal influenza or emerging pathogens, which may present additional risks for vulnerable individuals. Reasonable adjustments to duties or work environments should be considered where appropriate, in line with the Health and Safety at Work Act (1974) and the Equality Act (2010).

## Pregnancy

Pregnant staff may be at increased risk from certain infections, which can have implications for both maternal health and the developing foetus. Common infections of concern include rubella, parvovirus B19, cytomegalovirus (CMV), varicella (chickenpox), and influenza.

Pregnant employees should inform their line manager at the earliest opportunity. A pregnancy risk assessment must be completed promptly in accordance with the Management of Health and Safety at Work Regulations (1999) and UK Health Security Agency (UKHSA) guidance on infections in pregnancy.

Where required, advice should be sought from Occupational Health, the Infection Prevention and Control (IPaC) Team, or the individual’s GP or Midwife. Reasonable adjustments or temporary changes to duties may be necessary to minimise risks.

## Exclusion from Work

In certain circumstances, staff may need to be excluded from the workplace to prevent the risk of infection transmission, even if they are not acutely unwell. Scenarios may include:

* Colonisation with transmissible microorganisms that could pose a risk to patients or colleagues (e.g. MRSA carriage)
* Significant exposure to an infectious agent, particularly when the staff member is non-immune and may develop symptoms during the incubation period (e.g. varicella-zoster virus)
* Presence of a confirmed infection or symptoms suggestive of an infectious illness (e.g. diarrhoea, vomiting, respiratory illness)

Decisions about exclusion from work should take into account:

* The nature of the infection and its mode of transmission
* The staff member’s role and the vulnerability of those they work with
* Relevant risk assessments and up-to-date infection prevention and control guidance

Return to work should be guided by clinical advice from the staff member’s GP, Occupational Health, or the Infection Prevention and Control (IPaC) Team, with consideration of any necessary workplace adjustments or temporary redeployment where appropriate.

# PROCEDURE

## Summary of Work Restrictions for Healthcare Workers

The table below provides general guidance on managing common infectious conditions that staff may encounter. These recommendations are based on current UK Health Security Agency (UKHSA), NHS National Infection Prevention and Control Manual (NIPCM), and Jersey Infection Prevention and Control (IPaC) guidance.

Specific advice should be sought from Occupational Health or the Infection Prevention and Control (IPaC) Team for individual cases or where emerging infections are concerned.

Note: Infection guidance is regularly updated in response to evolving evidence and local epidemiology. Staff and managers must always refer to the most current advice at the time of an incident.

| Infection | Work Restrictions / Exclusion Criteria | Additional Notes |
| --- | --- | --- |
| Chickenpox (Varicella) | Exclude until all lesions are dry and crusted. | Non-immune staff exposed to chickenpox may require exclusion during incubation period. Seek Occupational Health/IPaC advice. |
| Conjunctivitis | Risk assessed. Usually no exclusion unless severe or linked to outbreak. | Follow good hand hygiene and environmental cleaning. |
| COVID-19 and Respiratory Illness | Exclude if symptomatic and febrile or otherwise unfit for work. Return when feel well with no fever. | Testing generally not required unless directed by IPaC during outbreaks. |
| Cytomegalovirus (CMV) | No restrictions. | Standard precautions apply |
| Diarrhoea/Vomiting (infectious) | Exclude until symptom-free for 48 hours. | Longer exclusion may be needed during outbreaks. |
| Head Lice | No exclusion. | Treatment advised. |
| Hepatitis A | Exclude from patient care and food handling until 7 days after onset of jaundice and clinically well. | IPaC advice in outbreaks. |
| Hepatitis B or C (non-exposure prone procedures) | No restrictions. | Standard precautions always. |
| Hepatitis B or C (performing exposure prone procedures) | Occupational Health risk assessment required. | Follow UKAP guidance. |
| Herpes Simplex (cold sores, whitlow) | Usually no exclusion. Lesions should be covered if possible. | IPaC/Occupational Health advice if lesions are extensive or duties involve high-risk patients. |
| HIV | No restrictions unless performing exposure prone procedures. | Occupational Health advice required for EPP. |
| Impetigo | Exclude until lesions are crusted/healed or 48 hours after starting antibiotic treatment. | Hygiene measures essential. |
| Influenza or Influenza-Like Illness (ILI) | Exclude until clinically well and fever-free for at least 48 hours. | Promote vaccination. |
| Measles | Exclude for 4 days after rash onset and until clinically well. | Non-immune pregnant staff exposed to measles must seek prompt advice. |
| MRSA carriage | No routine exclusion unless causing cross-infection or directed by IPaC. | Standard precautions. |
| Mumps | Exclude for 5 days after onset of swelling and until clinically well. | Vaccination reduces risk. |
| Ringworm | No exclusion if lesion is covered. | Seek advice for scalp infections. |
| Scabies | Exclude until after first treatment. | Crusted scabies may require extended exclusion and multiple treatments. |
| Shingles (Herpes Zoster) | Exclude only if rash cannot be covered or if working with highly vulnerable patients. | IPaC advice recommended. |
| Group A Streptococcal Infection | Exclude until 24-48 hours after starting appropriate antibiotic treatment and clinically well. | Household contacts: monitor for symptoms. |
| Pulmonary Tuberculosis (active) | Exclude until declared non-infectious by specialist. | Screening and clearance for staff exposure. |
| Whooping Cough (Pertussis) | Exclude until 2 days after starting appropriate antibiotic treatment or 21 days after symptom onset if untreated. | Vulnerable patient contact may require longer exclusion. |

## Additional Considerations

Where the appropriate course of action is unclear or where staff present with infections not specifically covered in this policy, line managers must seek timely advice from the Occupational Health provider or Health and Care Jersey’s (HCJ) Infection Prevention and Control (IPaC) Team.

All absence from work due to infection or exposure to infection must be managed in accordance with FNHC’s [Supporting Attendance Policy](https://www.fnhc.org.je/procedure-library/). Where exclusion is recommended on occupational grounds rather than due to illness, this may not be considered standard sickness absence, subject to HR confirmation.

Managers are responsible for documenting any advice received and the rationale for exclusion or return-to-work decisions. This documentation should be retained in line with FNHC’s record-keeping and confidentiality policies.

Emerging infections or outbreaks may necessitate updates to this guidance. Staff and managers must ensure they are following the most up-to-date information provided by the UK Health Security Agency (UKHSA), the Health and Care Jersey (HCJ) Infection Prevention and Control (IPaC) Team, and FNHC leadership.

# MONITORING COMPLIANCE

Compliance with this policy may be monitored at multiple levels:

* Line Managers will ensure local implementation through routine supervision, adherence to exclusion guidance, and documentation of infection-related absence. Line Managers are responsible for auditing compliance within their teams, including follow-up of incidents and near misses.
* Human Resources (HR) will oversee the consistent application of sickness absence policies and track patterns of infection-related absences to identify any emerging trends or areas requiring intervention.
* Occupational Health will provide expert input on individual cases, support managers in decision-making, and contribute to periodic reviews of staff health-related data where appropriate.
* Quality and Safety team may conduct periodic audits or reviews to ensure the policy remains aligned with best practice and is applied consistently across FNHC.

Any significant concerns or breaches will be reported through the organisation’s incident reporting system.

# CONSULTATION PROCESS

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Date** |
| Claire White | Director of Governance and Care | 1st May 2025 |
| Elspeth Snowie | Head of Quality and Safety |
| Tia Hall | Operational Lead / Registered Manager – Adult Services |
| Michelle Cumming | Operational Lead / Registered Manager – Child and Family Services |
| Teri O’ Connor | Registered Manager – Home Care Service |
| Amanda de Freitas | Head of Human Resources |
| Justine le Bon Bell | Head of Education and Development |

# 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 manifested 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. See below for the Equality Impact Assessment for this policy.

## EQUALITY IMPACT SCREENING TOOL

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stage 1 - Screening** | | | | | | | | | | |
| Title of Procedural Document: Management of Staff with Infection or Exposure to Infection Policy | | | | | | | | | | |
| Date of Assessment | | 01/05/2025 | | Responsible Department | | | | | Human Resources | |
| Completed by | Rachel Foster | | | Job Title | | | Quality & Performance 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 Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 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 | | | | | | | | | | |

# IMPLEMENTATION PLAN

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible Person** | **Planned timeline** |
| Policy to be uploaded to the Procedural Document Library | Education and Development Administrator | Within 2 weeks following ratification |
| Email to all staff | Education and Development Administrator | Within 2 weeks following ratification |
| Upload policy (+/- assessment tool) to Virtual College and allocate to relevant staff | Education and Development Department | Within 2 weeks following ratification |
| Relevant staff to sign (via Virtual College) that they have read and understood policy. | All staff notified via Virtual College. | Within 2 months of notification |

# GLOSSARY OF TERMS

**Clinically well -** No longer exhibiting signs or symptoms of active infection and deemed fit to work.

**Communicable infection -** An infection that can be transmitted from one person to another.

**Equality Act 2010** - UK legislation that protects individuals from unfair treatment and promotes a fair and more equal society.

**Exposure prone procedures (EPPs)** - Invasive procedures where there is a risk of injury to the healthcare worker, which could result in the exposure of the patient’s open tissues to the blood of the healthcare worker.

**Healthcare-associated infection (HCAI) -** Infections acquired as a result of healthcare interventions or through contact with the healthcare environment.

**Infection Prevention and Control (IPaC)** - The discipline concerned with preventing and controlling infections in healthcare settings.

**Occupational Health** - A specialist service providing advice and support on health-related issues affecting staff at work.

**Risk assessment** - A systematic process of evaluating potential risks that may be involved in a projected activity or undertaking.

**UK Health Security Agency (UKHSA)** - The UK government agency responsible for public health protection and infectious disease control.

**Vulnerable staff** - Employees who, due to medical conditions or treatments, are at higher risk of serious illness from infections.

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