INFECTION PREVENTION AND CONTROL POLICY AND PROCEDURES
Sussex Partnership NHS Foundation Trust (The Trust)

IPC13

MANAGEMENT OF INFECTIONS IN STAFF

INTRODUCTION

On occasions, healthcare staff may develop infections which could expose some service users and colleagues to the risk of infection.

Symptoms or signs of infection can appear trivial to staff who are usually fit and well, but can cause severe problems in vulnerable service users.

REPORTING

Early reporting and implementation of suitable control measures can prevent cross-infection and subsequent outbreaks of infection.

Confirmed or suspected transmissible infections in healthcare staff should be reported by the staff member to the Occupational Health Department. In addition, advice can be sought from the Infection Prevention and Control Lead or Public Health England (PHE) if there is concern regarding spread to other staff and / or service users. The staff member's line manager should also be informed.

TREATMENT

If necessary, treatment should be undertaken by the individual's General Practitioner (GP) or if appropriate the Occupational Health provider (OH) who should inform the individual's GP.

EXCLUSION FROM WORK

The necessity for exclusion from work should be discussed with the Occupational Health Department and in liaison with the Infection Prevention and Control Lead / PHE / Environmental Health Officer (EHO) as necessary.

Staff with gastro-intestinal infections who handle or prepare food in the course of their work may be required to stay off work until their stool specimens are free of micro-organisms. Guidance must be sought from Occupational Health Department or the individual's GP who will make the decision regarding return to work after liaising with a medical microbiologist / CCDC where necessary.

Although not an exhaustive list, the following table summarises the risks to service users from staff with some infectious diseases.

See Appendix 1 for Infectious Diseases and Advice To Staff.

APPENDIX 1 INFECTIOUS DISEASES AND ADVICE TO STAFF

Infection	Service User Risks	Advice To Staff
BLOOD BORNE VIRUSES (BBV) including Hepatitis B Hepatitis C HIV	The risk of transmission of a blood borne virus from a healthcare worker (HCW) to a service user is extremely low. Not all staff will be aware of their possible infectious status therefore standard infection control precautions should be applied at all times.	Staff should seek confidential advice from Occupational Health as soon as possible following diagnosis, or if concerned that they may have been exposed to a Blood-Borne Virus (BBV). An assessment will be made regarding further clinical management, in consultation with the Health Protection Team (HPT). If a staff member is diagnosed with a BBV) some modification of working practices may be necessary in some situations.
INFECTED SKIN LESIONS or skin conditions, i.e. psoriasis, eczema, impetigo etc.	A bacterial infection is the usual cause which can then be spread to service users. Particularly vulnerable service users are those with open lesions, surgical or traumatic wounds, the immuno-compromised or elderly.	Staff suffering with these infections may be required to remain off duty until the infection has resolved unless it can be covered by an occlusive dressing. Antibiotics are often required.

CHICKEN POX (Varicella)	Non-immune and immune-suppressed service users may require active protection e.g. immunisation and guidance should be sought from the service users GP immediately exposure is confirmed or suspected.	Non-immune health care staff, i.e. those who have not had the disease or vaccination, should seek immediate advice from OH and may be medically suspended from clinical work from day 8-21 post- exposure. Non-immune pregnant staff (particularly < 20 weeks pregnant or in last 3 weeks of pregnancy) must discuss with OH and their Obstetrician urgently. Immune-suppressed staff who have had contact with an infectious case must discuss their exposure with their clinician and / or Occupational Health provider immediately. Immunisation against Varicella (chickenpox) is now widely available for non-immune individuals. See section – Vaccination Programme for Staff.
COLD SORES and GENITAL HERPES INFECTIONS	Caused by the herpes simplex virus, which may expose some service users who are immuno-compromised, neonates and pregnant women to particular risks. Viral encephalitis may ensue in these susceptible service users.	Depending on working environment staff may need to remain off duty until resolution of symptoms and lesions are dry. Seek OH guidance. Do not touch lesions, wash hands thoroughly. Staff should seek advice from their GP as to the required on-going treatment.

DIARRHOEA and / or VOMITING	These may be symptoms of food poisoning or viral infection, which can result in cross infection causing outbreaks. Viral outbreaks spread rapidly & vulnerable service users are at particular risk especially babies and the elderly.	Staff must remain off duty until 48 hours after resolution of the symptoms. Food handlers must discuss their condition with OH before returning to work. Notify the Senior Manager if more than 2 service users/staff affected.
INFLUENZA	A viral infection which usually spreads to service users and other staff if prompt action is not taken. It can cause high morbidity and mortality rates, particularly in the elderly.	Staff should remain off duty until resolution of symptoms. Uptake of influenza vaccine is recommended for both care workers and vulnerable service users.
MEASLES, MUMPS and RUBELLA	Cases are highly infectious.	Non-immune staff must inform OHD of exposure to an infectious source. Non-immune pregnant staff, i.e. those who have no history of disease and/or no positive antibody test must seek guidance from Occupational Health especially in the first trimester of pregnancy.
SCABIES	Staff may be infected by skin to skin contact with service users. Scabies is often difficult to diagnose in the elderly. Service users remain contagious until 24hrs post-treatment. If > 1 service user affected, treatment will need to be undertaken simultaneously.	Staff contacts of infested service users may require treatment. If staff member is affected, family contacts will also require treatment. Contact IC/HPU for further guidance.

SORE THROATS	These may have many causes but are usually viral. Bacterial causes e.g. streptococcal infections can cause severe infections in vulnerable service users.	Staff should remain off duty until resolution of symptoms, if unwell and with a severe sore throat associated with pyrexia. Notify the ICP and the OH provider if more than one member of staff is affected.
TUBERCULOSIS	Physical isolation is only required for those who are pulmonary smear positive for AFBs (acid fast bacilli). Isolation should continue until at least 14 days after commencing appropriate anti-tuberculosis therapy and/or until advised by TB specialist/team.	The necessity for exclusion of diagnosed staff members from work will be discussed by Occupational Health in conjunction with the TB specialist team. Contacts will be investigated by the TB nurse specialist, PHE and OH
PARVOVIRUS (FIFTH DISEASE)	Mild, non-febrile viral disease characterized by erythema of cheeks. Most infectious prior to development of rash but not infectious thereafter.	Can cause foetal abnormality. Pregnant staff less than 20 weeks pregnant should seek advice from Occupational Health and / or their obstetrician.