SOP Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of cross-infection and the importance of diagnosing patient's clinical conditions promptly.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Section High Risk, page 4: Change 'any patients on steroids…' to 'most patients …'

Document Control Summary

Approved by and date	Board Infection Control Committee 25th March 2019
Date of Publication	3rd April 2019
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National Infection Prevention and Control Manual NHSGGC Hand Hygiene Policy NHSGGC Chickenpox Policy SOP Terminal Clean of Isolation Rooms SOP Twice Daily Clean of Isolation Rooms
Distribution/Availability	NHSGGC Infection Prevention and Control Policy Manual and the Internet www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/
Implications of Race Equality and other diversity duties for this document	This policy must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

Contents

1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this SOP.
- Inform a member of the Infection Prevention Control Team (IPCT) if this SOP cannot be followed.

Senior Charge Nurses (SCNs) / Managers must:

- Ensure that staff are aware of the content of this SOP.
- Support HCWs and IPCTs in following this SOP.

Infection Prevention Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.
- Advise and support HCWs to undertake risk assessment where this SOP cannot be followed.

Occupational Health Service (OHS)

- OHS must request and store information on staff immunity through the pre-employment health screen.
- Support staff screening during an investigation / outbreak.

2. General Information on Shingles

Communicable Disease / Alert Organism /	Shingles - Herpes Zoster
Clinical Condition	Shingles is a local manifestation of reactivation of latent (chickenpox) varicella zoster infection in the dorsal root ganglia. The rash is vesicular with an erythematous base and restricted to the skin areas supplied by sensory nerves. Severe pain and paraesthesiae (spontaneously occurring abnormal tingling sensation) are usually present. The symptoms are more severe and prolonged in the immunocompromised patient.
Mode of Spread	**Contact**: transfer of fluid from the vesicles to the mucous membrane of a susceptible individual usually via hands.
Notifiable Disease	No.
Period of Communicability	Until all the lesions are crusted.
Persons most at risk of acquiring chickenpox from shingles	Any person not immune to chickenpox (varicella). A history of chickenpox is considered adequate evidence of immunity. Non-immune and immunocompromised patients are at risk of more severe disease. A non-immune pregnant woman may become infected and this can be harmful to both mother and baby. You cannot acquire shingles from a person with shingles but you can acquire chickenpox from a person with either chickenpox or shingles, if you have no immunity to chickenpox.
High-risk	Oncology, Haematology, Transplant Units, Maternity Units, Paediatric Wards. Most patients on steroids or immunosuppressive therapy. Patients identified with shingles in any of these high-risk areas, who have not been placed in isolation with appropriate PPE, then the IPCT / Consultant in Infectious Diseases and / or Ward Clinicians must asses other patients in the area.

3. Transmission Based Precautions for Shingles in High-risk Areas

Accommodation *(Patient Placement)*	Patients do not need to be in a single room unless they are being nursed in a 'high-risk' area (i.e. an area with immuno-compromised patients, maternity, neonatal or paediatric ward) or unless lesions cannot be covered, in which case optimal placement is a single room irrespective of unit. . In this case contact the IPCT for assistance. In some instances a patient with disseminated herpes zoster may require isolation precautions. Contact a member of the local IPCT for advice.
Care Checklist available	No.
Clinical Waste	No special requirements.
Contacts	Refer any non-immune HCW who has had direct or indirect contact with vesicle fluid to the Occupational Health Service (OHS).
Domestic Advice	No special requirements unless patient is in isolation. See SOP Twice Daily Clean of Isolation Rooms.
Equipment	No special requirements unless patient is in isolation. See SOP Cleaning of Near Patient Equipment.
Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection with Shingles. Hands must be decontaminated before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged to carry out thorough hand hygiene. Please refer to NHSGGC Hand Hygiene Policy
Linen	Treat used linen as soiled/ infected, i.e. place in a water soluble bag then a clear bag tied and then into a laundry bag. (Brown polythene bag used in Mental Health areas) Please refer to National Guidance on the safe management of linen.
Moving between wards, hospitals and departments (including theatres)	Ensure receiving ward / area is aware of the patient's condition pre-transfer. If patient is isolated movement of patients is minimised unless clinically essential.

Notice for Door	Yellow IPC isolation sign only if patient is isolated.
Patient Clothing	No special requirements.
Personal Protective Equipment (PPE)	To prevent spread through direct contact PPE (disposable gloves and yellow apron) must be worn for all direct contact with the patient or the patient's environment/equipment. A fit tested FFP3 mask is recommended if Aerosol Generating Procedures (AGP) are undertaken on a patient with shingles of the respiratory tract. See National Infection Prevention and Control Manual.
Precautions required until	If the patient is nursed in a 'high-risk' area they can be removed from isolation when all lesions are dry and crusted and no new lesions have appeared in the last 24 hours.
Screening of Staff	Not required unless a significant exposure of vesicle fluid from the patient comes in contact with a mucous membrane of a person who is not immune or who is unaware of their immune status. If this occurs refer staff to OHS.
Specimens Required	Generally, clinical diagnosis of zoster is obvious (if lesions are not vesicular patients are not infectious). Specimens are not normally required. Specimens of vesicle fluid or vesicle/ulcer swab in VPSS (Viral PCR Sample Solution) can be tested by PCR.
Visitors	Visitors who have no history of chickenpox should be discouraged from visiting until the patient's lesions are dry and crusted and no new lesions have appeared in the last 24 hours. Hand hygiene is recommended for visitors before entering and when leaving the patient's room. Restrict visitors in paediatric wards to parents and carers.

4. Evidence Base

Varicella: the green book, chapter 34 - GOV.UK

National Infection Prevention and Control Manual