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SOP Objective


To prevent Healthcare Workers (HCWs) being a possible source of cross-infection to either patients or colleagues.

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


- **Inclusion of PPHU responsibility**
- **Update of significant exposure for Chickenpox**

Approved by and date	Board Infection Control Committee 7th October 2019
Date of Publication	14 th October 2019
Developed by	Infection Control Policy Sub-Group
Related Documents	National Infection Prevention and Control Manual NHSGGC Hand Hygiene Policy See also NHSGGC Sickness/Absence Policy
Distribution/Availability	NHSGGC Prevention and Control of Infection Manual and the Internet: www.nhsggc.org.uk/your-health/infection-prevention-and-control
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this SOP.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this SOP cannot be followed.
- Report to the Occupational Health Service (OHS) and Line Manager if they have any of the symptoms or conditions listed.

Managers must:

- Ensure HCWs are aware of their responsibilities if they develop any of the listed symptoms or conditions.
- Advise HCWs to contact the OHS as necessary.

IPCTs must:


- Keep this SOP up-to-date.
- Give advice as required to OHS staff and all HCWs and liaise with OHS as required.

OHS must:

- Liaise with IPCTs regarding any possible infection/ return to work issues when necessary.

PHPU:


- Provide support where formal exclusion or restriction of duties under Public Health Act 2008 is required.

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2. Symptoms/ Conditions and Actions to be taken by HCWs

Symptom/ Condition	Restrictions and Actions	Duration
Abscess (skin)	Restrict from patient contact, contact with the patient environment and food handling. Alternative work can be considered.	Until lesions have resolved or can be covered to prevent infection spread.
Chickenpox Varicella active Chickenpox post-exposure	Exclude from duty. A susceptible person is someone who has no history of the disease or immunisation. If exposure is significant (Face to face contact, contact for more than 15 minutes, direct contact with a case of chickenpox at any point in the period of 48 hours before rash appears until the vesicles have crusted over), it may be necessary to exclude from duty. Particularly if staff work in a high risk area. Pregnant staff who have been exposed to Chickenpox should contact OHS immediately who will check OH records regarding immune status and advise the staff member to contact their maternity unit or named nurse for further advice. Refer to OHS if in a high-risk group. Refer to Persons most at risk section of Chickenpox SOP.	Until there are no new lesions and existing lesions are dry and crusted. (5 – 7 days) From day 10 after 1st exposure until 21st day after last exposure (or day 28 if VZIG given). Refer to OHS for advice.
Conjunctivitis	Restrict from contact with the patient and the patient environment.	Until discharge ceases or until 48hrs after treatment commenced.

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Symptom/ Condition	Restrictions and Actions	Duration
Dermatitis	Dermatitis is not infectious but some skin disease can be associated with secondary infection. Individual assessment required.	Refer to OHS.
Diarrhoea / diarrhoea/vomiting (unexplained)	Exclude from duty.	For diarrhoea, where no pathogen is isolated or until symptoms have resolved for 48 hours. See Section 3 for Clearance Criteria for Specific Pathogens.
Enteroviral infections	Individual assessment.	Until asymptomatic for 48 hours.
Hand Foot and Mouth	Restrict from duty.	Until lesions are healed
Head Lice (Pediculosis)	Restrict from patient contact.	Refer to Head Lice SOP Head Lice SOP
Hepatitis A	Restrict from patient contact, contact with patient's environment and food handling.	Until 7 days after onset of jaundice.
Hepatitis B	Individual assessment.	Refer to OHS.
Hepatitis C	Individual assessment.	Refer to OHS.
(Herpetic Whitlow) Hands	Restrict from patient contact including surgery, and contact with the patient environment.	Until lesions heal.
Orofacial	Restrict from high-risk patients including maternity services. Alternative work away from patients may be considered.	Until lesions heal.

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Symptom/ Condition	Restrictions and Actions	Duration
Human Immunodeficiency Virus (HIV)	Individual assessment.	Refer to OHS.
Measles (active)	Exclude from duty.	Until 4 days after rash appears.
Measles post-exposure of a *susceptible person	Exclude from duty. * a person who has no history of the disease or immunisation.	From 5th day after 1st exposure until 21st day after last exposure and/or 4 days after rash appears. Offer MMR. Refer to OHS for assessment. In some instances restriction of duties or activities may be a suitable alternative for some staff. The OHS will advise on this.
Mumps (active)	Exclude from duty.	Until 5 days after onset of parotitis.
Mumps post-exposure of a *susceptible person	Exclude from duty. * a person who has no history of the disease or immunisation.	From 12th day after 1st exposure until 26th day after last exposure or until 9 days after onset of parotitis. Refer to OHS for advice.
Respiratory Infection (including viral and acute)	Risk assessment to exclude symptomatic staff from care of high-risk patients. during community outbreaks of RSV and influenza.	Based on risk assessment by Occupational Health in conjunction with IPCT. Staff with Influenza are excluded until 48hours asymptomatic of coryzal symptoms.
Parvovirus B19 (Slapped cheek disease)	HCW less than 20 weeks pregnant and immunocompromised staff should avoid contact with affected patients and be referred to OH for assessment and review of immune status	In most cases not infectious after onset of rash.

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Symptom/ Condition	Restrictions and Actions	Duration
Rubella (active)	Exclude from duty.	Until 4 -6 days after rash appears.
Rubella post-exposure of a *susceptible person	Exclude from duty. * a person who has no history of the disease or immunisation.	From 7th day after 1st exposure until 21st day after last exposure. Refer to OHS for advice.
Scabies	Restrict from patient contact. Refer to OHS when diagnosed or if there is more than one member of staff infected.	24 hours after treatment has commenced.
Shingles	Individual assessment.	Refer to OHS.
Staphylococcus aureus infections	Restrict from patient contact, contact with the patient environment and food handling.	Until infection has resolved.
Staphylococcus aureus carrier	No restriction, unless epidemiological link to transmission.	
MRSA (Meticillin resistant <i>Staphylococcus aureus</i>)	Individual assessment.	Refer to OHS
Streptococcal infection Group A	Exclude from patient contact, contact with the patient environment and food handling.	Until 48 hours after start of effective antimicrobial therapy and definite clinical improvement.
Tuberculosis	Exclude from duty.	Until proven non-infectious. On advice of Respiratory Physician.
Whooping Cough (Pertussis) active	Exclude from duty.	From beginning of catarrhal stage until 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.

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Symptom/ Condition	Restrictions and Actions	Duration
Whooping Cough post-exposure <u>asymptomatic</u>	No restriction. Chemoprophylaxis may be indicated dependent on risk assessment. Vaccination should be encouraged. Refer Pertussis policy.	
post-exposure <u>symptomatic</u>	Exclude from duty.	Until 5 days after start of effective antimicrobial therapy.

3. NHSGGC Food Poisoning Exclusion and Clearance Criteria


- GROUP A:** Any person of doubtful hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.
- GROUP B:** Pre-school children.
- GROUP C:** Food workers whose work involves preparing or serving unwrapped foods not subject to further heating.
- GROUP D:** Clinical and social care staff in high risk care facilities who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences.

These categorisations are approximations. They do not and cannot describe in detail the exact nature of the work of the people included within them, nor their intellectual acumen, nor the exact standards of hygiene to be expected of them. Members of all groups, but especially Group D, present a wide spectrum of risk. Decisions on the exclusion of cases and contacts in these groups should be governed by individual expert risk assessment.


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Infection	Incubation Range	CRITERIA OF CLEARANCE	
		Case	Asymptomatic
Aeromonas	1 - 2 days (1 - 7 days)	None	None
Campylobacter	3 - 4 days (1 - 10 days)	None	None
<i>Vibrio cholerae</i> O1 and O139 (Cholera)	2 - 3 days (3hrs - 5 days)	2 negative stool specimens, taken 24 hours apart for Groups A, B, C and D	None
Cryptosporidiosis	7 - 14 days (1 - 21 days)	None	None
Dysentery: amoebic	2 - 4 weeks	None after treatment	None
Infection	Incubation Range	CRITERIA OF CLEARANCE	
		Case	Asymptomatic
Dysentery: <i>S. sonnei</i>	1 - 3 days (8hrs - 7 days)	Usually none but for groups A & B, discuss with Consultant Public Health Medicine (CPHM)	None
Dysentery: <i>S. boydii</i> <i>S. dysenteriae</i> <i>S. flexneri</i>	1 - 3 days (8hrs - 7 days)	2 negative stool specimens 48 hours apart for Groups A, B, C and D	None
<i>E.coli</i> gastroenteritis	12 - 72 hrs	None	None
VTEC (<i>E.coli</i> O157)	2 - 7 days (1 - 14 days)	2 negative stool specimens taken 24 hours apart, minimum of 24 hours after resolution of symptoms for Groups A, B, C and D	2 negative stool specimens taken 24 hours apart, for Groups A, B, C and D


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Food Poisoning (no organism or toxin identified)	1 - 36 hrs	None	None
Giardiasis	7 - 10 days (5 - 28 days)	None	None
Hepatitis A	28 days (5 - 50 days)	7 days after onset of disease - Jaundice	None
Salmonellosis (excl typhoid and paratyphoid)	12 - 36 hrs (6 hrs - 7 days)	None	None

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Infection	Incubation Range	CRITERIA OF CLEARANCE	
		Case	Asymptomatic
Typhoid and Paratyphoid	10 - 14 days (1 - 3 weeks)	<p>Generally 3 clearance samples for those in risk groups. However, the clearance requirements for Typhoid and Paratyphoid are complex and based on risk assessment.</p> <p>All cases and contacts should be discussed with PHPU</p>	All cases and contacts should be discussed with PHPU
Viral gastroenteritis	12 - 48 hrs (12 hrs-10 days)	Until asymptomatic for 48 hours.	None
Yersiniosis	3 - 7 days	None	None
Bacillus cereus C.perfringens V.parahaemolyticus S.aureus	(1 - 16 hrs) (8 - 22 hrs) (2 - 48 hrs) (1 - 7 hrs)	None	None
<i>Entamoeba histolytica</i>	-	Risk Group C (food handlers) 1 negative sample, 1 week after completion of treatment	None
<i>Taenia solium</i>	-	Risk Group C (food handlers) 2 negative samples taken at 1 week and 2 weeks post treatment	None

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4. Evidence Base / Current Guidance

Fraise, AP., Bradley C, eds. Ayliffe's Control of Healthcare Infection, 5th Edition. Hodder and Arnold 2009.

Damani N, Manual of Infection Prevention Control, 3rd Edition. Oxford University Press 2012

<https://www.cdc.gov/chickenpox/hcp/index.html>

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<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

[HPS National IPC Manual](#)

Guideline for the Control of Measles Incidents and Outbreaks in Scotland (2014 Edition) accessed via <http://www.nipcm.hps.scot.nhs.uk/a-z-pathogens/>

Scottish CPHM Working Group Good Practice Statement on the management of cases and contacts of infectious intestinal disease including food borne disease. 2013

<http://www.nipcm.hps.scot.nhs.uk/a-z-pathogens/>

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