SOP Objective

To ensure Healthcare Workers (HCWs) are aware of the actions and precautions necessary to prevent the transmission of communicable disease from staff, patients or others.

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

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STAFF SCREENING
STANDARD OPERATING PROCEDURE

The most up-to-date version of this policy can be viewed at the following website:
www.nhsggc.org.uk/your-health/infection-prevention-and-control

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1. Responsibilities

**Healthcare Workers (HCWs) must:**
- Follow this SOP.
- Inform their line manager/supervisor if they have been exposed to a communicable disease.

**Senior Charge Nurses (SCNs) / Managers must:**
- Compile lists of exposed personnel in the event of a possible communicable disease exposure.
- Provide support to staff undergoing screening

**Infection Prevention Control Teams (IPCTs) must:**
- Consult with the Occupational Health Service (OHS) in the event of an incident or outbreak which necessitates staff referral.
- Provide information to the IMT, OHS and staff as required.
- Keep this SOP up-to-date.

**Occupational Health Service (OHS) must:**
- Provide if required, vaccination, screening, diagnosis and post exposure evaluation, and treatment for communicable diseases as required for all staff.
- Provide staff with advice as appropriate.
2. **Introduction**

In the event of an incident or an outbreak it may be necessary to screen staff for communicable diseases. Staff screening should not be embarked upon lightly. Incidents or outbreaks of infection are stressful and challenging for all staff. It is therefore critical that staff are supported throughout this process.

3. **Rationale for screening**

The rationale for embarking on a staff screening programme must include one or more of the following:

- to characterise the epidemiology of the outbreak; time, place, person
- to identify the likely source and index case, with a view to control
- to assist with interrupting the chain of transmission of an outbreak
- to confirm eradication of the outbreak

The final decision to screen, including which staff group to be included, will rest with the Incident Management Team (IMT). The rationale for screening and staff groups to be screened must be stated in the minutes.

Staff screening may be indicated in the investigation of surgical site infection if there is an increased incidence of a particular organism and a common operator. In this case an IMT may not be held but a discussion will take place between the Infection Control Doctor, clinical lead and OHS as to the appropriate action. This may involve swabbing of the operator (surgeon or scrub team), decolonisation and a review of duties whilst investigation and treatment is ongoing.

4. **Once a decision to screen has been agreed**

The IMT chair will inform:

- Director of the Service or HSCP Director
- Head of Human Resources for the Service or HSCP
- Chiefs of Nursing for the Directorate / Professional Lead HSCP
- Chiefs of Medicine for the Directorate/ Clinical lead HSCP
- The Area Partnership Forum
- The Laboratory Manager(s) involved
- Consultant Virologists (if required)
- Associate Director of Nursing Infection Control
- Lead / deputy Lead Infection Control Doctor
- Infection Control Manager
- Occupational Health Service

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The IMT will develop and implement a communications strategy with a no blame culture.

5. The screening process

Staff screening is a confidential process which will be undertaken by the OHS. In certain situations screening may be undertaken by the ICT following discussion with OHS. Any screening undertaken will focus specifically and exclusively on the detection of the organisms known or suspected to be involved in the outbreak. No other organisms will be tested for.

6. Responsibility of the OHS

The OHS will liaise with the Infection Control Doctor, Human Resources, Trade Unions and appropriate clinical teams to agree information to be provided to staff both by face-to-face and written communication on the following:

- what specific organism(s) are being screened for
- timeframe and coordination for carrying out screening
- written details of the screening process, including the nature of the specimens, timescales for results and follow-up screening of staff identified as being positive
- what support will be provided to staff
- how confidentiality will be maintained
- management of staff refusing to be screened
- management of staff testing positive, including absence and financial arrangements
- treatment and post treatment screening
- treatment failure and issues of redeployment

The OHS will also:

- implement and co-ordinate the screening programme in consultation with the IMT with support from senior management
- invite staff for screening and obtain appropriate consent
- take receipt of results and communicate them to the individual staff member
- Liaise with managers regarding exclusion from work
- arrange treatment on advice of microbiologist/ virologist
- inform appropriate managers when staff may return to work
- ensure that staff are fully supported during the process

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7. Confidentiality

Confidentiality will be managed by the OHS and the relevant laboratory. Only members of the OHS or the Infection Control Doctor (ICD) should be able to identify individuals. Any breach of confidentiality will be investigated as per HR or other relevant policies.

8. Refusal of staff to be screened

Professional codes of conduct/practice and terms and conditions of employment of health care staff generally outline explicit or implicit responsibility of HCWs to comply with screening exercises in the interests of patient safety.

Members of staff who refuse to be screened:

- Should be offered counselling and support through one-to-one discussions and be given further opportunities to participate in the screening process.
- Persistent refusal to be screened may pose a potential risk to patients and staff. Depending on the seriousness of the incident or outbreak, it may be necessary to suspend the employee from duty whilst further investigation of risk is undertaken. This action would be undertaken by management and Human Resources. The employee would be entitled to representation by their trade union.
- A full review of employment options should take place as soon as possible and the member of staff kept informed throughout the review.

9. Absence from work

The IMT will advise OHS staff as to whether colonised/infected staff should be sent home from work and for how long. The IMT will also define the clearance criteria and what additional screening may be required. Any period of leave associated with positive results will be classified as ‘Special Leave’. Affected individuals will be afforded full pay including enhancements.

10. Treatment Failure

If a member of staff is unable to return to his/her original post, a meeting will be convened with the staff member and their trade union/professional/organisational representative, a senior human resources representative and
appropriate representative from the IMT. The purpose of the meeting is to explain and discuss the nature of the colonisation/ infection and the reasons why the employee may not return to their original position. Suitable alternative employment options will be discussed.

11. Redeployment

In circumstances where a member of staff is unable to return to their original post NHSGGC will:

- explore all reasonable steps for redeployment within NHSGGC
- ask if the employee would consider re-training/ re-skilling to enable them to take up other suitable alternative employment within NHSGGC
- if no suitable alternative employment can be found and efforts to redeploy are exhausted the individual may be considered eligible for early retirement on the grounds of ill-health
- where all solutions described above have been explored and deemed inappropriate by the current employee then termination of contract may need to be considered in accordance with current employment legislation

12. Evidence Base

NHS DL (2020) 1 Healthcare Associated Infection (HAI): Guidance for Staff Screening during Healthcare Associated Infection Incidents and Outbreaks

Chapter 3 National Infection Prevention and Control Manual