



Exclusion of NHS Staff from Work Policy

Printed copies must not be considered the definitive version

DOCUMENT CONTROL		POLICY NO.	3.04
Policy Group	Occupational Health and Safety		
Author	Original author Dr David Breen Reviewed by Dr Calvert 2014	Version no.	4.0
Reviewer	Dr Swales Cathy Baty	Implementation date	November 2011
Scope (Applicability)	Board wide		
Status	Final and approved	Next review date	March 2016
Approved by	Area Partnership Forum	Last review date:	March 2014

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1. PURPOSE AND SCOPE

The purpose of this policy is to detail the required procedures for the exclusion from work on infection control grounds of NHS Dumfries & Galloway staff. The policy is to be applied by managers of staff within NHS Dumfries and Galloway, who are responsible for excluding staff from work to protect patients, colleagues and the public from spread of communicable diseases and transmissible infections. This primarily involves Occupational Health (OH) but also includes Public Health, Infection Control, Microbiology Laboratory and community and acute service clinical staff.

This policy refers to all NHS staff and includes guidance to **staff with illness** and **non-immune contacts** i.e. staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity. The policy is not exhaustive and if in any doubt OH, Infection Control or the Health Protection Team should be consulted.

2. POLICY AIMS

The aims of this policy are to ensure that:

- The risk of NHS staff transmitting infections to patients and to other NHS staff is minimised
- Patients are protected as far as possible from transmissible infections and communicable diseases
- Staff with infections are allowed to recover from infections at home or hospital until they are fit for work
- Exclusion from work does not affect an employees pay or sickness absence record if they would otherwise be fit to work.

3. RESPONSIBILITIES AND ORGANISATIONAL ARRANGEMENTS

Chief Executive

- The Chief Executive has overall strategic responsibility for ensuring the development and compliance of this policy.

Executive Directors, Associate Directors, General and Nurse Managers, Clinical Leads and Departmental Heads:

- Are responsible for ensuring that the Departments for which they have line management or clinical responsibility, comply with this policy, this includes students, locum and agency staff.

Occupational Health

- Employment screening to identify new staff who may pose a risk of transmitting infectious disease
- Immunising staff to provide protection against transmissible diseases where possible
- Highlighting hazards and risks to staff associated with conditions in which hand hygiene requirements may be compromised, this may preclude certain posts or work areas (see Policy for Staff with skin problems)
- Providing health surveillance
- Advising staff, management and Human Resources on any work exclusion (**see appendix 1 for guidance**) accommodations, restrictions or redeployment
- Ensuring staff have the appropriate screening and treatment e.g. for blood borne viruses.
- Notifying Public Health or HSE (RIDDOR) as required under Statutory requirements.

Infection Control Team

- Identifying work place outbreaks and informing OH of any staff who may require exclusion.
- The education and training of staff in standard infection control precautions
- Providing specialist advice as required (**see appendix 1 for guidance**).

Line Managers

- Referring any staff who may be suffering from or recovering from certain infections to Occupational Health.

Staff (including temporary staff and students)

- Safeguarding their own health, colleagues' health and the health of patients by following the advice set out in this policy
- Referring themselves to Occupational Health with any infection or condition that may be transmissible to others or a condition that means they may not comply with standard infection control precautions.

- Complying with any necessary screening, investigation, treatment or work restrictions as advised by OH.

Public Health

- Should the Public Health etc (Scotland) Act 2008 be used to exclude a member of staff on public health grounds, the Consultant in Public Health Medicine (or competent team member) will write to Occupational Health, the patient, the patient's GP and the Local Authority informing them that the patient has been excluded from work on public health grounds.

4. MONITORING

Monitoring of incidents will be via the Occupational Health referral process (cohort outcomes module), and RIDDOR reporting. Local statistics and incident reports will be reviewed annually to monitor the effectiveness of this policy and associated procedures.

5. EQUALITY AND DIVERSITY

NHS Dumfries and Galloway is committed to equality and diversity in respect of the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. An Equality and Diversity impact assessment has been carried out on this policy. The issues identified were:

- The policy aims are to prevent the spread of infectious or communicable diseases and is applicable to all staff.
- It may include exclusion from work and recommendations in relation to accommodations, restrictions and/or temporary alternative working/redeployment.
- Exclusion from work does not affect staff pay or sickness absence record if the staff member would otherwise be fit to work.

6. DOCUMENT CONTROL SHEET

1. Document Status

Title	Medical Exclusion from Work Policy
Author	Dr D. Breen, Dr C. Jamieson, Cathy Baty
Approver	Area Partnership Forum
Document reference	3.04
Version number	4.0

2 Document Amendment History

Version	Section(s)	Reason for update
1.0		Compliance with D& G policy document guidance
2.0		Implementation of Public Health etc (Scotland) Act 2008
3.0		New policy format and to update guidance and process
4.0		Updated reference and reviewers

3. Distribution

Name	Responsibility	Version number
Jennifer Wilson	Place on policy register	3.0
Cathy Baty	Place on intranet and in 'latest news'	3.0
Infection control committee	Dissemination to IC team and relevant teams	3.0
Area Partnership Forum	Dissemination to all staff through line management	3.0

Associated documents

Heyman D.L. Control of Communicable Disease Manual APHA 19th ED 2008

Hawker J, Begg N, Blair I et al. Communicable Disease Handbook 3rd edition Wiley-Blackwell

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/exclusion-criteria-childcare-A3-2011-12.pdf>

NHS Ayrshire and Arran Policy on Medical Exclusion of staff from work

RIDDOR(1995) Reporting of Injuries, Diseases, Dangerous Occurrences Regs)

National Infection Prevention and Control Manual

5. Action Plan for Implementation

Action	Lead Officer	Timeframe
Place on policy register	Jennifer Wilson	30 November 2011
Place on intranet	Elaine Simpson	30 November 2011
Dissemination to senior staff through line management	Infection control committee and Area Partnership Forum	30 November 2011
Raise awareness and inform staff	All line managers	30 November 2011
Use policy	All staff	30 November 2011

Appendices

1. Exclusion guidelines
2. Flow chart of exclusion process
- 3 Work exclusion notification letter sent from OH to manager and HR

APPENDIX 1 Exclusion Guidelines – General Infections

DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
CHICKENPOX	8 – 21 days	From 2 days before the onset of rash until all lesions have crusted	Until clinically recovered and for 5 days after vesicles appear	From 8 days after first infective contact until day 21 after the last contact
HERPES ZOSTER (Shingles)	Not applicable	Until all lesions have crusted	Risk assessment required. Staff member should be excluded if lesions are moist and exposed. Care required if in contact with susceptible groups e.g. immunocompromised, pregnancy	No exclusion
CONJUNCTIVITIS (Viral or Bacterial)	Depends on cause	Whilst symptoms persist-	Until clinically recovered	No exclusion for contacts
FIFTH DISEASE (Slapped Cheek Syndrome)	4 - 14 days	From onset of symptoms until after rash appears	Until clinically recovered	No exclusion unless advised by Infection Control Team for outbreak control
GLANDULAR FEVER	28 - 49 days	Prolonged infectivity but once the symptoms have subsided, risk is small apart from very close contact i.e. kissing	Until clinically recovered	No exclusion

APPENDIX 1 Exclusion Guidelines – General Infections (continued)

DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
HAND, FOOT AND MOUTH DISEASE	3 - 5 days	Usually while symptoms persist	Until clinically recovered N.B faecal spread possible for several weeks after acute infection	No exclusion
MEASLES	7 – 18 days	Five days before to 5 days after onset of the rash until 21	Until clinically recovered and 5 days from onset of rash	Consider MMR within 3 days of potentially infective contact. From 5 days after first contact until 21 days after the last contact
RUBELLA (German Measles)	14 - 21 days	About 7 days before to 4 days after onset of rash	6 days from appearance from rash	14 days after contact until 21 days after last exposure
MENINGOCOCCAL INFECTION (Meningitis) Infection Control Manual (click on policy 5.02)	2 - 10 days (commonly 2 - 5 days)	Until completed 24 hours of appropriate antibiotic treatment	Until clinical recovery and once appropriate antibiotics given to eradicate carriage	Consider prophylaxis for close contacts
HAEMOPHILUS INFLUENZA / MENINGITIS / SEPTICAEMIA Infection Control Manual (click on policy 5.03)			Until clinically recovered	Consider prophylaxis for close contacts

[Exclusion Guidelines – General Infections \(cont.\)](#)

DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
MUMPS	12 - 25 days	From 6 days before to 9 days after the onset of parotid swelling	Until 5 days after the onset of parotid swelling	No exclusion. Give MMR
SCARLET FEVER & OTHER STREPTOCOCCAL INFECTION	12 hours - 5 days	Whilst organism is present in the nasopharynx or skin lesion, until 2 days after commencing antibiotics	Until clinically recovered and 2 days after commencing antibiotics Seek advice for skin infections. May require bacteriological clearance in certain circumstances	Not applicable
TUBERCULOSIS Infection Control Manual (click on policy 5.04)	25 - 90 days	Whilst organism is present in sputum. Usually non-infectious 2 weeks after starting treatment with standard anti-tubercular drugs	Exclusion for 2 weeks after commencing treatment. Seek advice from treating consultant	No exclusion
WHOOPING COUGH Infection Control Manual (Protocol click on PROT02)	6 - 21 days	From onset of symptoms until 21 days after onset of paroxysmal coughing. Highly infectious	21 days from onset of paroxysmal cough, or 5 days after commencement of antibiotics	No exclusion. Consider antibiotic prophylaxis and / or booster immunisation

[Exclusion Guidelines - Gastro-Intestinal Illness](#)

[Infection Control Manual - Gastro Intestinal infections other than e-coli \(click on 5.09\)](#)

DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
CAMPYLOBACTER (see Gastro Intestinal infections other than e-coli link at top of page 10)	1 - 10 days (usually 2 - 5 days)	Whilst organism is present in stools, but mainly until diarrhoea has ceased for 48 hours	All staff should be excluded until clinically fit with no diarrhoea for at least 48 hours	Not applicable
CRYPTOSPORIDIOSIS (see Gastro Intestinal infections other than e-coli link at top of page 10)	1 – 14 days (usually 7 days)	Whilst organism is present in stools, but mainly until diarrhoea has ceased for 48 hours	All staff should be excluded until clinically fit with no diarrhoea for at least 48 hours	Not applicable
SHIGELLA SONNEI (see Gastro Intestinal infections other than e-coli link at top of page 10)	12 – 96 hours (usually 1 - 3 days)	Whilst organism is present in stools, but mainly until diarrhoea has ceased for 48 hours	All staff should be excluded until clinically fit with no diarrhoea for at least 48 hours	Not applicable
SHIGELLA FLEXNERI, BOYDII AND DYSENTERIAE (see Gastro Intestinal infections other than e-coli link at top of page 10)	12 - 96 hours (usually 1 - 3 days)	Whilst organism is present in stools, but mainly until diarrhoea has ceased for 48 hours	All staff should be excluded until clinically fit with no diarrhoea for at least 48 hours. Some staff may require exclusion until clearance samples obtained – discuss with Public Health	Not applicable

[Exclusion Guidelines - Gastro-Intestinal Illness \(cont.\)](#)

DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
DIARRHOEA AND VOMITING (No Organism Identified) (see Gastro Intestinal infections other than e-coli link at top of page 10)	24 - 48 hours	Whilst organism is present in stools, but mainly until diarrhoea has ceased for 48 hours	All staff should be excluded until clinically fit with no diarrhoea / vomiting for at least 48 hours	Not applicable
ECOLI O157 Infection Control Manual (click on policy 5.08)	1 – 10 days	Whilst organism is present in the stool but mainly until diarrhoea has ceased for 48 hours	All staff should be excluded until clinically fit and clearance criteria as agreed with public health are met, (usually 2 negative stool specimens). Refer to E coli O.157 policy (3.1.f algorithm 2) in Infection Control Manual	Exclude if at-risk contact until two negative stool specimens Refer to E coli O.157 policy in Infection Control Manual Discuss with the Health Protection Team
SALMONELLA (see Gastro Intestinal infections other than e-coli link at top of page 10)	4 hours to 5 days	Whilst organism is present in stools, but mainly until diarrhoea has ceased for 48 hours	All staff should be excluded until clinically fit with no diarrhoea for at least 48 hours. Clearance of food handlers who are symptomatic or asymptomatic cases contact Health Protection	Not applicable
GIARDIASIS (see Gastro Intestinal infections other than e-coli link at top of page 10)	5 – 20 days (usually 7 – 10 days)	Whilst cysts are present in the stools, but mainly while diarrhoea is present	All staff should be excluded until clinically fit with no diarrhoea for at least 48 hours	Not applicable

[Exclusion Guidelines - Gastro-Intestinal Illness \(cont.\)](#)

DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
HEPATITIS A (Infective Hepatitis)	2 – 6 weeks (usually 28 – 30 days)	From 7 -14 days before, to 7 days after onset of jaundice	7 days from onset of jaundice and when clinically fit with no symptoms	No exclusion but should be monitored by Occupational Health
TYPHOID & PARATYPHOID	6 – 33 days (usually 14 days)	Whilst organism is present in stools or urine	All staff should be excluded until clinically fit, 3 weekly negative stool samples (6 for food handlers at two weekly intervals) and agreed with Public Health	Contacts in at-risk groups excluded until 3 negative stool specimens (see Gastro Intestinal infections other than e-coli link at top of page 10)
CHOLERA (Vibrio cholerae O.1)	24 hours – 5 days	Two negative stool samples at 24 hour intervals	Two negative stool samples at 24 hour intervals	Not applicable
NOROVIRUS	12 – 48 hours	Until 48 hours after symptoms completely resolved	Until 48 hours after symptoms completely resolved	Not applicable

[Exclusion Guidelines – Skin Infections / Broken Skin](#)

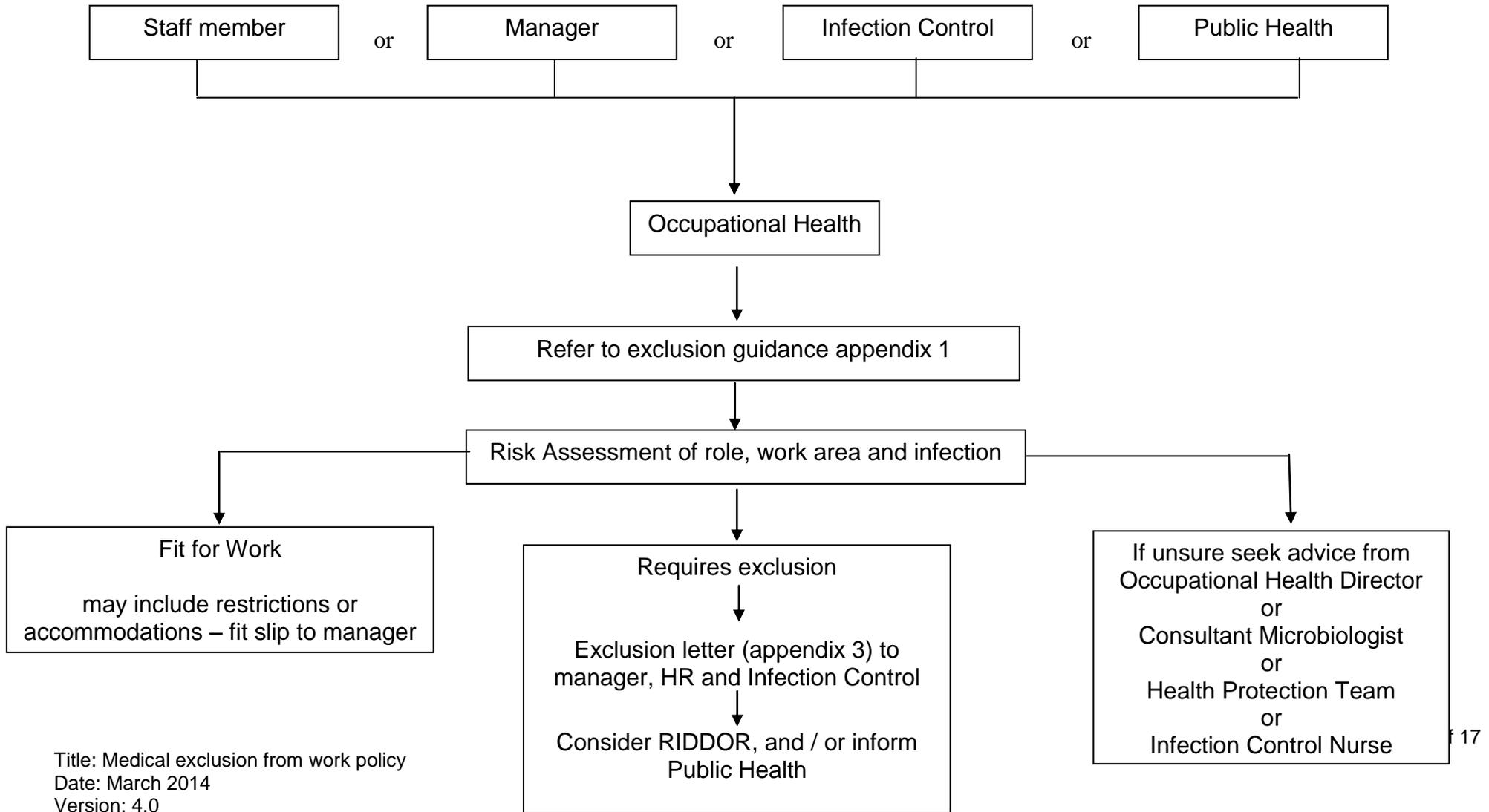
DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
IMPETIGO (<i>Streptococcus pyogenes</i> and <i>Staphylococcus aureus</i>)	Usually 4 – 10 days, but can occur several months after colonisation	Whilst lesions remain moist or until 48 hours after starting antibiotic	Until 48 hours after starting antibiotics. Treatment is rapidly effective	Not applicable
PEDICULOSIS (Head lice)	Eggs hatch in a week and reach maturity in 8 - 10 days	As long as eggs or lice remain alive	No exclusion usually necessary. Treat.	No exclusion. Treat.
RINGWORM OF THE SCALP	2 - 4 weeks	As long as active lesions are present	Until successfully treated. No exclusion usually necessary.	Not applicable
RINGWORM OF THE BODY	2 - 4 weeks	As long as active lesions are present	Until successfully treated. No exclusion usually necessary	Not applicable
SCABIES Infection Control Manual (click on 6.02)	14 - 42 days	Whilst live mites are present	Treat. No exclusion usually necessary See infection IC manual section	Not applicable

Exclusion Guidelines – Skin Infections / Broken Skin (cont.)

DISEASE	USUAL INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	EXCLUSION	
			STAFF WITH ILLNESS	NON-IMMUNE CONTACT staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity
ECZEMA / DERMATITIS	Not applicable	Not applicable	Until can tolerate alcohol rub or other approved hand hygiene routine	Not applicable
MRSA See Infection control manual Management of staff with MRSA Policy	Not applicable	Prior to commencing topical treatment and / or when clinical symptoms present	Seek advice from Occupational Health and Infection Control Team On some occasions exclusion from work may be necessary	Not applicable

Appendix 2

Work Exclusion Process



Title: Medical exclusion from work policy
Date: March 2014
Version: 4.0
Author: Cathy Baty

The only current version of this policy is on the intranet

