



## Exclusion of NHS Staff from Work Procedure

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| DOCUMENT CONTROL             |   | PROCEDURE NO.              |                                   |
|------------------------------|---|----------------------------|-----------------------------------|
|                              |   | 3.04                       |                                   |
| <b>Procedure Group</b>       | Occupational Health and Safety                                |                            |                                   |
| <b>Author</b>                | Cathy Baty  | <b>Version no.</b>         | 4.0                               |
| <b>Reviewer</b>              | Elaine Ross<br>Justine McCuaig                                | <b>Implementation date</b> | From Policy to procedure May.2020 |
| <b>Scope (Applicability)</b> | Board wide  |                            |                                   |
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| <b>Approved by</b>           | Infection Control - when a policy, Guidance reviewed May 2020 | <b>Last review date:</b>   | May 2020                          |

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Title: Exclusion from work procedure  
 Date: May 2020  
 Version: 4.0  
 Author: Cathy Baty

The only current version of this procedure is on the intranet

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## 1. PURPOSE AND SCOPE

The purpose of this procedure is to detail the required procedures for the exclusion from work on infection control grounds of NHS Dumfries & Galloway staff. The procedure 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 procedure 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 procedure is not exhaustive and if in any doubt OH, Infection Control or the Health Protection Team should be consulted.

## 2. PROCEDURE AIMS

The aims of this procedure 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 procedure.

### ***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 procedure, 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 Procedure 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 procedure
- 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 procedure 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 procedure. The issues identified were:

- The procedure 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

|                           |   |
|---------------------------|---|
| <b>Title</b>              | <b>Exclusion from Work Procedure</b>              |
| <b>Author</b>             | Cathy Baty  |
| <b>Approver</b>           | Andy Howat  |
| <b>Version number</b>     | 1 of new procedure (version 5 of previous policy) |
| <b>Title</b>              | Medical Exclusion from Work Procedure             |
| <b>Author</b>             | Cathy Baty  |
| <b>Approver</b>           | Infection control committee                       |
| <b>Document reference</b> | 3.04  |
| <b>Version number</b>     | 4.0   |

### Document Amendment History

| <b>Version</b> | <b>Section(s)</b> | <b>Reason for update</b>                      |
|----------------|-------------------|---|
| 1.1            |                   |   |
| 3              |                   | Review of procedure and legislation updates   |
| 4              |                   | Review of policy to procedure with IC updates |
|                |                   |   |

### 3. Distribution

| <b>Name</b>                         | <b>Responsibility</b>  | <b>Version number</b> |
|-------------------------------------|------------------------|-----------------------|
| <b>Corporate Procedure Register</b> | <b>Jennifer Wilson</b> |                       |
| <b>Intranet</b>                     | <b>Jennifer Wilson</b> |                       |
| <b>O.H. and Safety Page</b>         | <b>Andy Howat</b>      |                       |

## **Associated documents**

National Infection Prevention and Control Manual

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

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

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

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

The childcare guidance has exclusion tables

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

See page 90 for exclusion chart (reviewed 2019 )

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1\\_infection-prevention-control-childcare-2018-05.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf)

## **Appendices**

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

## APPENDIX 1

### General Infections

| <b>DISEASE</b><br>General Infections  | <b>USUAL INCUBATION PERIOD</b> | <b>PERIOD OF COMMUNICABILITY</b>  | <b>EXCLUSION ( or alternative duties if appropriate) STAFF WITH ILLNESS</b>   | <b>NON-IMMUNE CONTACT</b><br>staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity   |
|---|--------------------------------|---|---|---|
| <b>CHICKENPOX</b><br>All staff with direct patient contact are screened on commencement of post and offered immunisation as appropriate | 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   | Susceptible contacts are potentially infectious from 8 days after first infective contact until day 21 after the last contact and should be excluded from contact with those at increased risk ie antibody negative pregnant women, neonates and immunocompromised. |
| <b>CONJUNCTIVITIS (Viral or Bacterial)</b>  | Depends on cause               | Whilst symptoms persist   | Until clinically recovered or until treated with an antibiotic for 24 hours (if indicated).   | No exclusion for contacts   |
| <b>FIFTH DISEASE (Slapped Cheek Syndrome)</b>   | 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  |
| <b>GLANDULAR FEVER</b>  | 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  |
| <b>Herpes simplex (cold sore)</b>   | NA                             | Spread by direct contact  | Using strict standard precautions unlikely to infect a patient however staff working with women during delivery, neonates and immunocompromised should perform alternative duties | No exclusion  |
| <b>HERPES ZOSTER (Shingles)</b>   | 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  |



| <b>DISEASE</b><br>General Infections<br>continued   | <b>USUAL<br/>INCUBATION<br/>PERIOD</b> | <b>PERIOD OF<br/>COMMUNICABILITY</b>  | <b>EXCLUSION</b>   |   |
|---|--|---|--|---|
|   |  |   | <b>STAFF WITH ILLNESS</b>  | <b>NON-IMMUNE CONTACT</b><br>staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity |
| <b>MENINGOCOCCAL INFECTION (Meningitis)</b>   | 2 - 10 days<br>(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   |
| <b>RUBELLA (German Measles)</b><br>(all staff with direct contact should have had 2 MMR or serological testing) | 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. If pregnant see GP urgently.   |
| <b>HAEMOPHILUS INFLUENZA / MENINGITIS / SEPTICAEMIA</b>   |  |   | Until clinically recovered   | Consider prophylaxis for close contacts   |
| <b>MUMPS</b><br>(all staff with direct contact should have had 2 MMR)   | 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  |
| <b>SCARLET FEVER &amp; OTHER STREPTOCOCCAL INFECTION</b>  | 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<br>Seek advice for skin infections.<br>May require bacteriological clearance in certain circumstances | Not applicable  |
| <b>TUBERCULOSIS</b>   | 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  |
| <b>WHOOPING COUGH</b>   | 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 48 hours after commencement of antibiotics  | No exclusion. Consider antibiotic prophylaxis and / or booster immunisation   |

Exclusion Guidelines - Gastro-Intestinal Illness

| <b>DISEASE</b><br><i>Gastro-Intestinal Illness</i> | <b>USUAL INCUBATION PERIOD</b>     | <b>PERIOD OF COMMUNICABILITY</b>   | <b>STAFF WITH ILLNESS</b>   | <b>EXCLUSION NON-IMMUNE CONTACT</b> staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity |
|--|------------------------------------|--|---|--|
| <b>CAMPYLOBACTER</b>                               | 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   |
| <b>CRYPTOSPORIDIOSIS</b>                           | 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   |
| <b>SHIGELLA SONNEI</b>                             | 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   |
| <b>SHIGELLA FLEXNERI, BOYDII AND DYSENTERIAE</b>   | 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   |

| <b>DISEASE</b><br><i>Exclusion Guidelines – continued</i><br><i>Gastro-Intestinal Illness</i> | <b>USUAL INCUBATION PERIOD</b>     | <b>PERIOD OF COMMUNICABILITY</b>   | <b>EXCLUSION</b>  |  |
|---|------------------------------------|--|---|--|
|   |                                    |  | <b>STAFF WITH ILLNESS</b>   | <b>NON-IMMUNE CONTACT</b> staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity                             |
| <b>DIARRHOEA AND VOMITING (No Organism Identified)</b>  | 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   |
| <b>ECOLI O157</b>   | 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<br><br><b>Discuss with the Health Protection Team</b> |
| <b>SALMONELLA</b>   | 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   |
| <b>GIARDIASIS</b>   | 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   |
| <b>HEPATITIS A (Infective Hepatitis)</b>  | 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  |

| <b>DISEASE</b><br><i>Exclusion Guidelines – continued</i><br><i>Gastro-Intestinal Illness</i> | <b>USUAL INCUBATION PERIOD</b> | <b>PERIOD OF COMMUNICABILITY</b>                  | <b>EXCLUSION</b>   |  |
|---|--------------------------------|---|--|--|
|   |                                |   | <b>STAFF WITH ILLNESS</b>  | <b>NON-IMMUNE CONTACT</b> staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity |
| <b>TYPHOID &amp; PARATYPHOID</b>  | 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   |
| <b>CHOLERA (Vibrio cholerae O.1)</b>  | 24 hours – 5 days              | Two negative stool samples at 24 hour intervals   | Two negative stool samples at 24 hour intervals  | Not applicable   |
| <b>NOROVIRUS</b>  | 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

| <b>DISEASE</b><br><i>Skin Infections / Broken Skin</i>                             | <b>USUAL INCUBATION PERIOD</b>                                       | <b>PERIOD OF COMMUNICABILITY</b>  | <b>STAFF WITH ILLNESS</b>   | <b>EXCLUSION NON-IMMUNE CONTACT</b> staff who have had close contact with a transmissible infection or communicable disease to which they have no immunity |
|--|--|---|---|--|
| <b>IMPETIGO</b> ( <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   |
| <b>PEDICULOSIS</b> (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.   |
| <b>RINGWORM OF THE SCALP</b>   | 2 - 4 weeks  | As long as active lesions are present                                   | Until successfully treated. No exclusion usually necessary.   | Not applicable   |
| <b>RINGWORM OF THE BODY</b>  | 2 - 4 weeks  | As long as active lesions are present                                   | Until successfully treated. No exclusion usually necessary  | Not applicable   |
| <b>SCABIES</b><br>See also infection control manual                                | 14 - 42 days   | Whilst live mites are present   | Treat (Treatment takes twelve hours to complete – preferably overnight and reapplied one week later) No exclusion usually necessary | Household and close personal contacts need to be treated.  |

| <b>DISEASE</b><br><i>Skin Infections / Broken Skin</i> | <b>USUAL INCUBATION PERIOD</b> | <b>PERIOD OF COMMUNICABILITY</b>  | <b>STAFF WITH ILLNESS</b>   | <b>EXCLUSION NON-IMMUNE CONTACT</b> 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. Please seek advice from Occupational Health        | Not applicable   |
| MRSA<br>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<br>On some occasions exclusion from work may be necessary | Not applicable   |

Appendix 2

Work Exclusion Process



