

Name	HEALTHCARE ASSOCIATED INFECTION (HAI): POLICY FOR STAFF SCREENING DURING INCIDENTS AND OUTBREAKS
Summary	<p>The aim of this policy is to ensure effective staff screening during an outbreak or incident to protect patients, visitors, staff and their families including household contacts from the consequences of avoidable infections.</p> <p>This policy is based on the requirements to be taken by NHS Scotland if staff screening is required during a healthcare associated infection incident (HAI) or outbreak of infection. The document also provides guidance on the management of staff testing positive or where treatment fails.</p>
Associated Documents	<p>DL (2020) 1, 31 January 2020: Healthcare Associated Infection (HAI): Guidance for Staff Screening during Healthcare Associated Infection Incidents and Outbreaks.</p> <p>Immunisation against infectious disease: the green book. National Infection Prevention and Control Manual (NIPCM)</p> <p>Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams (2017)</p>
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NHS Golden Jubilee (NHSGJ) Values Statement

What we do or deliver in our roles within NHS Golden Jubilee (NHSGJ) is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, NHSGJ have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality care and service across the organisation. These values are closely linked to our responsibilities around Equality.



Valuing dignity and respect

A can do attitude

Leading commitment to quality

Understanding our responsibilities

Effectively working together

Our policies are intended to support the delivery of these values which support employee experience.

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HEALTHCARE ASSOCIATED INFECTION (HAI): POLICY FOR STAFF SCREENING DURING INCIDENTS AND OUTBREAKS

Summary

This document sets out the requirements to be taken by NHS Golden Jubilee if staff screening is required during a healthcare associated infection incident (HAI) or outbreak of infection. The document also provides guidance on the management of staff testing positive or where treatment fails. The document does not provide detail on vaccine preventable diseases and advice on this can be found in the [Immunisation against infectious disease: the green book](#).

This policy is based on the guidance issued on 31 January 2020 for NHS Scotland within DL (2020)1: Healthcare Associated Infection (HAI): Guidance for Staff Screening during Healthcare Associated Infection Incidents and Outbreaks. This guidance supersedes The previous HDL (2006) 31.

Background

The [National Infection Prevention and Control Manual](#) (NIPCM) provides guidance to all those involved in care provision and should be adopted for infection prevention and control practices and procedures. In regard to staff screening [Chapter 3 'Healthcare Infection Incidents, Outbreaks and Data Exceedance'](#) is designed to support the early recognition of potential infection incidents and to guide Infection Prevention and Control Teams (IPCTs)/Health Protection Teams (HPTs) in the incident management process within care settings.

The NIPCM is also aligned to the [Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams \(2017\)](#)

The aim of this policy is to ensure effective staff screening during an outbreak or incident to protect patients, visitors, staff and their families including household contacts from the consequences of avoidable infections.

1 PART 1: POLICY FOR STAFF SCREENING IN THE EVENT OF A HEALTHCARE INFECTION INCIDENT OR OUTBREAK

An early and effective response to an actual or potential healthcare associated infection (HAI) incident or outbreak is crucial. NHSGJ Infection Prevention and Control Team (IPCT) and/or Health Protection Team (HPT) must be aware of and refer to [Chapter 3 of the National Infection Prevention and Control Manual \(NIPCM\)](#) and the [Management of Public Health Incidents](#) guidance when assessing the need for staff screening. This will be the responsibility of the Incident Management Team (IMT) which will be set up to respond to an incident or outbreak.

1.1 Staff Screening requirements

The Incident Management Team (IMT) responsible for managing an incident or outbreak of infection within a care setting may decide that staff screening is necessary as part of the control measure to manage a specific infectious agent.

NHSGJ will work in partnership with trade unions/staff side/professional organisations to develop and agree specific pathogen policies on staff screening depending on the incident/outbreak. The Board's IMT will base the decision to undertake staff screening on the following criteria:

- The principles and rationale behind the need to screen staff (or groups of staff) in specific circumstances
- The role of the IMT during staff screening.
- Support for staff and maintaining confidentiality during the process.
- Management of staff refusing to be screened following HR policies.
- Management of staff testing positive and when there is treatment failure, including absence from work and financial arrangements.
- The consideration for redeployment if treatment fails.
- The role of occupational health.

1.2 IMT assessment for screening

The decision to screen staff is the responsibility of the IMT and should not be embarked upon lightly. The rationale for staff screening may include one or more of the following:

- To characterise the epidemiology of the incident/outbreak in terms of time, place and person.

- To identify the potential source of the incident/outbreak
- To assist with interrupting transmission of an infectious agent during an ongoing outbreak/incident.
- To confirm eradication of an infectious agent or outbreak.

The more the above criteria are satisfied, the stronger the case is for staff screening. These are the guiding principles but, as the circumstances of each incident/outbreak will differ, the final decision is the responsibility of the IMT.

In all instances where the IMT determine that it is necessary to screen staff, the Chief Executive, HAI Executive Lead, Director of Human Resources, and Employee Director will be informed as well as the trade unions/staff side and any other professional organisations considered by the IMT. A cohesive approach to screening must be adopted. The inclusion of a Partnership Forum/staff side representative will ensure key trade unions and professional organisation representatives are involved at the earliest and all stages of the process. It is also vital that a communications strategy for staff is developed, agreed and implemented by the key stakeholders at an early stage. Communications, whilst remaining the responsibility of the IMT should be sensitive and support the needs of individual staff members.

1.3 Staff screening process

Staff screening is a confidential process requiring consent and record keeping. This will be undertaken by the occupational health service/department and the staff member will be provided with written details of the process. Screening involves the collection of specimens from areas of the body where the suspected or confirmed infectious agent is most likely to be found. The screening may be undertaken by the occupational health or healthcare provider or the staff member depending on the assessment of the IMT. For example, this could include swabs of the nose, throat, rectum, perineum, skin lesions, faecal or blood samples.

The laboratory tests used will focus specifically and exclusively on the detection of the infectious agent known or suspected to be involved in the outbreak. No other infectious agent will be tested for.

1.4 Staff requiring screening

This will be determined by the IMT based on a risk assessment. The IMT will agree a definition for all staff groups requiring screening and recommend the required screening appropriate to the infectious agent. The criteria used by the IMT to determine which staff are screened will be based on the epidemiology of the infectious agent but could be:

- All clinical staff who had patient contact based on the agreed definition.

- Non-clinical staff with minimal direct patient contact such as domestic/ancillary staff.
- All staff clinical and non – clinical who have contact with healthcare equipment or the ward environment.

Each situation will require its own detailed procedure, setting out the details of the screening process. Non-clinical staff involved may on occasion include ancillary staff such as, estates, porters and administrative staff. It is recommended that there is clear and open communication about these procedures.

The IMT may also alert other organisations where patient movement has been a factor e.g. Scottish Ambulance Service.

The IMT with the support of senior management will provide written guidance for staff, on the following:

- What infectious agent are being screened for.
- Details of the screening process, including the nature of specimens and the follow up screening of staff if identified as positive.
- Information relevant to the infectious agent involved.
- Who the target groups of staff are.
- Timeframe for carrying out screening.
- 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.

1.5 Support for staff and confidentiality

The IMT should ensure that staff are fully supported throughout the screening process. The use of a counselling service is recommended, either through the occupational health provider or an alternative professional counselling organisation. Where practicable, one-to-one meetings should be held with individual employees, where they have the right to be accompanied by a trade union/staff side/professional organisation representative or a current work colleague, to ensure that they are kept as up to date as

possible with events around the outbreak. Where large numbers of staff are involved, this function may have to be substantially managed through open staff meetings and written briefings.

Incidents or outbreaks of infection can be particularly stressful and challenging for staff. They will have concerns about testing positive and all the challenges that will ensue from that, such as 'Is it treatable?' 'Will I still be able to work?' and 'In what capacity?'. Some may have feelings of guilt in that they may have passed on the infection, it is critical that staff are fully supported through this, and that a culture of blame and recrimination has no place in the ward, unit, hospital or board.

Maintenance of confidentiality is key to obtaining the trust and co-operation of staff and will help to reduce the development of a blame culture. The IMT, occupational health provider and the laboratory should develop systems and a protocol on the handling of samples, reporting of results and retaining confidentiality. Occupational health staff will also be directly responsible for informing staff about their results, and for treatment advice to those testing positive. Staff members' General Practitioners should be involved as the situation requires. It should be emphasised that any breach of confidentiality will be investigated as per Human Resources or other relevant policies.

1.6 Management of staff refusing to be screened

Professional codes of conduct/practice and terms and conditions of healthcare staff generally outline explicit or implicit responsibility to comply with screening exercises in the interests of patient safety. There may also be pertinent contractual and Health & Safety at Work Act issues.

Once the IMT has decided that screening staff is necessary, all targeted staff should be actively encouraged to participate. Staff who are fully supported and informed, and working in a 'no blame' culture, whilst being apprehensive and concerned, should normally overcome these fears and participate in screening. However, refusal by any member of staff to participate in a screening process once they have been identified as requiring to do so, should be viewed seriously.

Refusal to participate in screening may constitute a breach of the employee's contract of employment and considered as a failure to comply with a reasonable instruction. It may also constitute a breach of the relevant professional code of conduct/practice.

NHS boards should develop an agreed procedure to be followed in this event. It is recommended that this procedure be based on the following:

- The member of staff should be offered counselling and support, and through one-to-one discussions be given further opportunities to participate in the screening process.
- Persistent refusal to be screened may pose a potential risk to patients and staff. Dependant on the seriousness of the incident or outbreak it may be necessary to

suspend/transfer the employee following an appropriate risk assessment.

- A full review of employment options should take place as soon as possible and the member of staff and their representative, as appropriate, kept informed and up to date throughout the review.

2 PART TWO – MANAGEMENT OF STAFF TESTING POSITIVE AND TREATMENT FAILURE

2.1 Management of staff testing positive

NHSGJ will develop and agree a local procedure which will be designed to ensure that a consistent, fair and supportive approach is adopted by managers throughout NHSGJ and should be based on the guidance given below.

The occupational health department, under advice from the Incident Management Team (IMT), should be responsible for establishing that an employee has tested positive for a particular infectious agent and for commencing appropriate treatment in consultation with the person's General Practitioner. Occupational health is responsible for informing staff of the results of the screening process.

2.2 Absence from work

As soon as it is established that an employee is infected/colonised with the identified infectious agent they may be sent home (if appropriate) by occupational health (with the authority of the IMT) who will advise and liaise with the appropriate manager.

The period of absence should not be classified as sickness absence but as Special Leave and employees should receive full pay including all enhancements normally received throughout the required period of absence.

2.3 Incident Management Team (IMT)

The IMT is responsible for overseeing the treatment programme for employees by occupational health and will keep managers advised of progress. A member of staff from Occupational health will normally be a member of the IMT where staff screening is involved. The IMT in conjunction with relevant health care practitioners will advise on criteria for determining when employees are fit to return to work.

2.4 Occupational health

The role of occupational health should include the following:

- Implementation and co-ordination of the screening programme in consultation with the IMT with support from senior management.
- Staff support and counselling (including pre-screen discussion).

- Development and application of the consent form.
- Management of personal data.
- Receipt of results and informing staff.
- Ensuring application of Special Leave as appropriate to remove those testing positive from the work environment, under advice from the IMT, and informing the appropriate manager.
- Arranging treatment in consultation with the IMT and the staff member's General Practitioner/treating practitioner.
- Arranging specialist referrals if appropriate.
- On the advice of the IMT, informing the appropriate manager of when the staff member is able to return to work.

2.5 Treatment Failure

If following appropriate treatment and risk assessment the IMT and occupational health, having taken appropriate advice, conclude that a member of staff is unable to return to their post, a meeting should be convened with the staff member, their trade union/staff side/professional organisation representative or a current work colleague, an HR representative and an appropriate representative from the IMT. The purpose of this meeting should be to explain and discuss the nature of the infection and the reasons why the employee is not able to return to their post, and to discuss redeployment options.

2.6 Redeployment

In circumstances where a member of staff is unable to return to their post, all reasonable steps should be identified within NHSGJ in accordance with the Board's Redeployment Policy.

If suitable alternative employment cannot be found within NHSGJ the employee should be asked to consider re-training/re-skilling to enable them take up other suitable alternative employment with the board.

Where no suitable alternative employment can be found and, every effort has been made to redeploy the individual, and as a last resort when all other options have been exhausted, consideration may be given to early retirement on ill-health grounds if eligible.

Where all the solutions described above have been explored and deemed inappropriate by the employee then termination of contract may need to be considered in accordance with current employment legislation.

3 REVIEW

This policy and procedure has been assessed for relevance and screened for equality impact, to identify and mitigate, where possible, any potential for the policy and procedure to have differential impact on employees having regard to their differences, such as ethnicity, gender, trans identity, disability, age, sexual orientation, religion, literacy or belief.

This policy will be monitored, reviewed and evaluated every three years by the Partnership Forum or equivalent, taking into consideration legislative changes and developments in good practice to ensure it meets the needs of all employees.