



**GUIDANCE ON STAFF SCREENING DURING
INCIDENTS AND OUTBREAKS OF HEALTHCARE
ASSOCIATED INFECTIONS
(where carriage may pose a risk to patients)**

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This policy will
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**The provisions of this policy, which was developed by a partnership group
on behalf of Grampian Area Partnership Forum, apply equally to all employees of
NHS Grampian.**

NHS GRAMPIAN
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(where carriage may pose a risk to patients)

If you have difficulty understanding the English language, this policy can be made available to you in a language of your choice.

This policy can also be made available, on request, in other formats e.g. in large print or on a computer disk.

For all requests for copies of this policy in another language, or in an alternative format, please call the Corporate Communications Team on 01224 554400.

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NHS GRAMPPIAN

GUIDANCE ON STAFF SCREENING DURING INCIDENTS AND OUTBREAKS OF HEALTHCARE ASSOCIATED INFECTIONS

(where carriage may pose a risk to patients)

1 INTRODUCTION

NHS Grampian has a responsibility to protect patients, staff and visitors from Healthcare Associated Infections (HAIs). This document outlines the procedure for screening of staff in the event of an outbreak or any incident relating to healthcare associated infections where carriage may pose a risk to patients. This guidance highlights criteria for implementing staff screening, the support framework available to staff eligible for screening, management of staff who test positive, negative or decline screening and the employment implications where treatment is refused, contra-indicated and where treatment fails.

It also details the role of both Occupational and Health Protection departments and the measures to be taken regarding confidentiality are also specified.

This guidance complements existing guidance on screening processes and treatment for specific infections outlined in other NHS Grampian Policies.

The Scottish Executive Ministerial HAI task force has outlined guiding principles for the actions required in the event of outbreaks and incidents relating to healthcare associated infections, including the potential for staff screening. The basic aim of staff screening is to protect not only patients and visitors but also to protect staff, their families and household contacts from the consequences of potentially hazardous infections. ⁽¹⁾

It should be noted that the General Medical Council (GMC) identifies a professional responsibility to comply with such screening activity. The Nursing and Midwifery Council (NMC) has also stated that participation in screening programmes is implicit in their NMC code of practice. Those registered with the Health Care Professional Council are also required to comply with screening where the carriage of the organism by staff poses a risk to others.

It is not intended to attribute blame to any individual through screening but to identify those who may be affected, treat them both appropriately and effectively and enable them to continue their work safely. A further intention of such an exercise is to learn of improved ways of dealing with such issues, should similar incidents arise again.

It is the intention of NHS Grampian that this guidance on staff screening will be not only effective but also ethical and acceptable to both management and staff involved.

⁽¹⁾ Healthcare associated infection: Human resources policy for staff screening during incidents and outbreaks. NHS HDL 2006 31 Published by the Scottish Executive Health Department Workforce Directorate. 19th May 2006

2 RESPONSIBILITIES

Chief Executive NHS Grampian:

- Ensure the guidance is approved by GAPF and implemented.

Director of Human Resources:

- Ensure that supporting policies and procedures are in place across NHS Grampian and available freely to staff

Incident Management Team (IMT) (or Outbreak Control Team):

The Chair of the IMT/OCT leads the risk assessment, risk management and risk communication of the incident/outbreak including:

- Identification of when staff screening is appropriate – this should be only when the outbreak is at least classified as “yellow” (low risk) or higher according to the “Watt report” matrix. This is outlined in Appendix A.
- Inform the following people, if not already represented on the IMT, when the decision to screen staff is made:
 - Chief Executive of NHS Grampian & Medical Director
 - General Manager at sector level (Acute, 3 CHPs)
 - Director of Human Resources for NHS Grampian
 - Director of Corporate Communications
 - Employee Director
 - Key trade unions and professional organisations, including a nominated Staff Side GAPF representative
 - Relevant managers and staff
 - Occupational Health Service
 - Infection Control Team
 - Health Protection Team

Establish the staff screening criteria – this will vary with each individual situation, taking into consideration the nature and seriousness of the incident or outbreak as defined by the risk assessment and include who the screen will benefit – patients, staff or both &/or others

Define explicitly the staff groups which do not require to be screened and those who are eligible for screening, considering whether the organism identified may be found in all staff groups and not just those associated directly with an incident. Staff may be affected coincidentally and their subsequent management may not alter the course of the incident.

- Determine prior to testing, the appropriate initial management of staff who test positive, negative or refuse testing and/or treatment or in whom appropriate treatment is contraindicated or ineffective and whether staff can continue to work pending results of screening when appropriate.
- Review periodically the management of staff members who continue to test positive, refuse testing and/or treatment or in whom appropriate treatment is contraindicated or ineffective as the incident evolves
- A final revision/assessment must be undertaken at the time of declaring the incident closed but can be undertaken at other stages.

In partnership with the Infection Control Team, Health Protection Team and OHS:

- Advise the ambulance service, primary care, peripheral hospitals and their staff as deemed necessary where patient movement is an issue.
- Inform care homes and their staff as deemed necessary.
- Devise a communication strategy for staff.

This information should include:

- process for informing staff members who are eligible for screening, explaining the rationale and emphasising the importance of the process being undertaken
- the specific organism being screened for
- details of the screening process, including the nature of the specimens and the follow-up of staff members who test positive
- the target staff groups
- timeframe for screening
- details on support to be provided for staff including their right to consult with Unions, etc
- implications of possible/potential positive results and treatment options available for family, contacts and colleagues
- implications of possible/potential positive results and treatments for their future health

- implications for themselves, family, contacts and colleagues

Human Resources (HR)

- Management of staff declining to be screened.

Staff declining to be screened will be offered counselling and support. In circumstances of persistent refusal to be screened where there is a potential risk to patients and staff and dependent upon the seriousness of the incident or outbreak it may be necessary to move the employee to other duties or as a last resort suspend the employee from duty whilst further investigation of the risk is undertaken. The matter may be dealt with under the appropriate conduct policies. Professional codes of practice generally outline explicit or implicit responsibility to comply with screening exercises in the interests of patient and staff safety. In addition there may be pertinent legal Health and Safety at Work issues.

- Management of staff screening positive and management of staff for whom the recommended management or treatment is contraindicated.

Any period of absence which results from a positive screening test or staff who are unable to work in their substantive role as treatment is contraindicated will not be classed as on sickness absence but as Special Paid Leave. This means that the employee concerned will receive full pay for their contracted hours, including enhancements, throughout the required period of absence. The member of staff will continue to be reviewed under medical supervision and, where appropriate, alternative employment options will be explored.

If comparable employment cannot be found the employee will be asked to consider re-training/reskilling in order for them to take up alternative suitable employment. Employees will be offered counselling and support throughout this process. In the event that no suitable employment can be found through redeployment, as a last resort termination/retirement on grounds of ill health may have to be considered

- Treatment and post-treatment screening should any staff member fail to respond to treatment.

Any period of absence which results from a positive screening test or staff who are unable to work in their substantive role as treatment has failed will not be classed as on sickness absence but as Special Paid Leave. This means that the employee concerned will receive full pay for their contracted hours, including enhancements, throughout the required period of absence. These members of staff will continue to be reviewed under medical supervision and where appropriate alternative employment options explored.

If comparable employment cannot be found the employee will be asked to consider re-training/reskilling in order for them to take up alternative suitable employment. Employees will be offered counselling and support throughout this process. In the event that no suitable employment can be found through redeployment, as a last resort termination/retirement on grounds of ill health may have to be considered.

At all meetings held in relation to the above stages, staff have the right to be accompanied by a Trade Union or Staff-Side Organisation representative (including full-time Trade Union Officers), a fellow member of staff, or a friend or relative not acting in a legal capacity.

Employees who have little or no experience of working life and employees with learning difficulties, also have the right to be accompanied by a parent/guardian at any such meeting.

Occupational Health Service (OHS)

- Perform screening and re-screening of staff as appropriate in line with predetermined criteria. The specific screening test used will depend primarily on the infection and the organism(s) likely to be involved. In some cases delegation of staff screening to Health Protection Team may be appropriate where there are statutory requirements or as per local agreement.
- Label all specimens with a unique OHS number. Only OHS should be able to link the number with the name. This information may need to be shared with Health Protection Teams with clients' consent when there are implications for the wider community e.g. contact tracing members.
- Update the OCT/IMT regularly on progress with staff screening. If some staff refuse screening, OCT/IMT will not be informed of the individual's details.
- Communicate results of screening to individual staff members. In some circumstances this may be better undertaken by interview, with the staff member being accompanied by a staff rep etc. In some circumstances this would be the responsibility of Public Health.
- Collate the group results of staff screening and relay them in writing to the appropriate manager with details of the proposed management plan.
- Arrange appropriate treatment or referral for those employees testing positive if they agree.
- Ensure that counselling and support is made available to all employees who request such resources.
- Decide in consultation with the IMT whether or not staff testing positive require to be sent home, re-deployed temporarily/permanently or are considered able to continue their usual duties.

- In the event of failure of treatment, with OCT/IMT guidance, and in consultation with the affected staff member, make recommendation to management about the employees future employment.
- In the event that any member of staff decides NOT to undergo screening:
 - ensure access to support and advice if they wish from a person of their own choosing
 - explain why screening is important – emphasise the need to protect not only them and their families but also their colleagues and patients
 - reiterate the screening process
 - ensure that the staff member understands fully and answer honestly any questions that they may have
 - make recommendations, along with the member of staff, union representative and other appropriate professional organisations about their future employment
 - ensure that confidentiality is maintained throughout

Infection Control Team:

Responsible to OCT/IMT for managing the outbreak in the institution

- Promote good basic hygiene and safe working practice at all times
- Identify an infection outbreak and inform the Infection Control Doctor
- Follow up the results of patient screening but do NOT become involved in the follow up of any staff members who are screened unless delegated by appropriate body.

Ward Managers and any other managers

- Inform staff of the NHS Grampian outbreak guidance, this document and specific guidance relating to an incident including NHS web/health protection publication/outbreak plan
- Encourage staff to attend for screening as appropriate
- Promote an ethos of “no blame” on the ward/and or department
- Co-operate with OHS and OCT/IMT in redeployment/absence of staff testing positive, have treatment failure , in whom treatment is contraindicated or who decline screening where appropriate.

Trade unions and professional organisations:

- Back the need for screening of staff in such situations and support their members as they consider appropriate.
- Support staff undergoing screening and offer appropriate advice as needed, particularly when staff either refuse screening, test positive, fail to respond to treatment or in whom treatment is contra-indicated.

Laboratory staff

- Process staff samples as quickly and as safely as possible
- Develop appropriate systems and introduce a protocol dealing specifically with the handling of samples, reporting of results and retention of confidentiality (see HDL) in staff screening issues
- Test only for the specific organism(s) requested on the request form
- Report results only to OHS or as delegated to Health Protection Team

Employees

- Consider the need for screening and consult where necessary with Trade Unions
- Attend screening appointments
- Follow IMT/OHS/Public Health guidance on work absence or re-deployment during treatment or while awaiting results.
- Comply with treatment regimens as prescribed

APPENDIX A

**THE WATT GROUP REPORT.
INFECTION CONTROL OUTBREAK/EPISODE RISK MATRIX**

CRITERIA	QUANTIFICATION CRITERIA	RISK CATEGORY
3 or more met	Death and/or serious illness Major implications for public health Exceptional or unusual infection episode Major disruption of health and/or public services Major public anxiety and concern	Red - High Risk
1 or 2 met	Death and/or serious illness Major implications for public health Exceptional infection episode Major disruption of health and/or public services Major public anxiety and concern	Orange – Moderate Risk
3 or more met	Serious illness and/or moderate infection episode and/or cases Moderate impact on public health Short-term disruption of health and/or public services Moderate public anxiety and concern	Yellow - Low Risk
All 4 met	Minimal infection episode and/or case Minimal impact on public health Minimal disruption of health and/or public services Minimal public anxiety and concern	Green - Very Low Risk